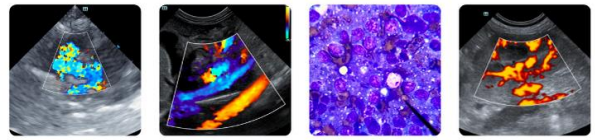




PATIENT	PRESENTING CLINICAL SIGNS
Bella Fisher	Presented for abdominal ultrasound. Hx of cardiac disease and hx of gall bladder mucocele. Currently on ursodiol and denamarin. Eating well and no vomiting .
SPECIES	
Canine	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Terrier Mix	Urinary System
SEX	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine or lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.
F/S	
AGE	No evidence of pathology in the area of the aortic trifurcation.
12 years	Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.9 cm in length. The right kidney measured 3.5 cm in length. Pinpoint hyperechoic cortical foci, which may indicate pinpoint areas of cortical microinfarction, fibrosis, or mineralization, were present. Concurrent pinpoint medullary mineral was noted.
WEIGHT	
7 kg	
INTERPRETED BY	Adrenal Glands
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry were present without suspicion for overt neoplasia. The left adrenal gland measured 0.49 cm width in the caudal pole. The right adrenal gland measured 0.36 cm width in the caudal pole.
IMAGING PERFORMED BY	Spleen
Dr. Sookhoo	The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.
HOSPITAL NAME	Liver/ Gallbladder
Calusa Veterinary Center	Hepatomegaly was present with homogeneous, mildly increased hepatic parenchyma echogenicity comparable to the spleen, exhibiting a mildly coarse echotexture. There were no visualized hepatic masses or nodules. The gallbladder was distended in size with a non-edematous wall. The gallbladder lumen was occupied by nondependent congealed to variably organized nonmineralized bile debris. The common bile duct was not definitively visualized. There was no evidence of pericholecystic inflammation.
REFERRING VET	
Dr. Sookhoo	
INVOICE	
10468	
DATE	
12/17/25	



PATIENT

Bella Fisher

SPECIES

Canine

BREED

Terrier Mix

SEX

F/S

AGE

12 years

WEIGHT

7 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Dr. Sookhoo

HOSPITAL NAME

Calusa Veterinary
Center

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DATE

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty without evidence of retained ingesta, fluid, or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

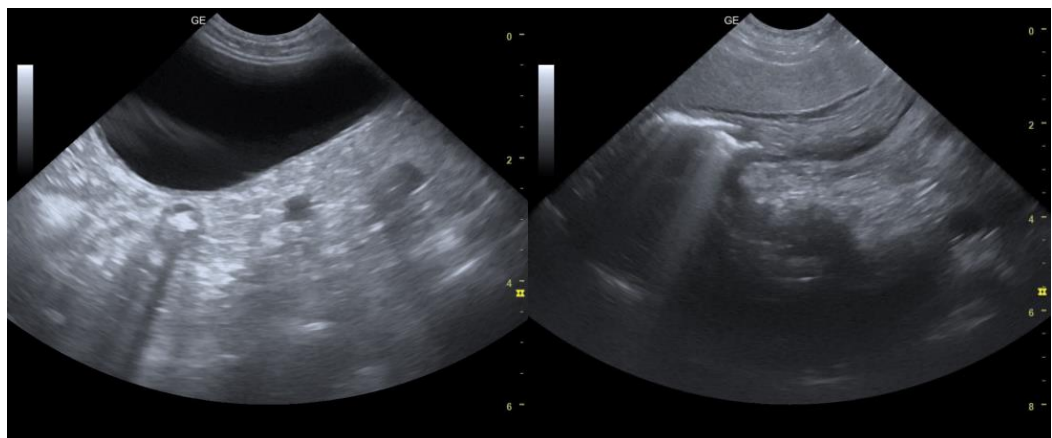
No overt lymphadenopathy or peritoneal effusion was present.

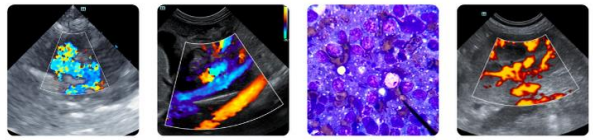
ULTRASONOGRAPHIC FINDINGS

- Enlarged mildly hyperechoic liver
- Gallbladder mucocele with distended gallbladder size
- Mild chronic renal changes exhibiting corticomedullary hyperechoic foci - pinpoint mineral, microinfarction, or fibrosis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status, cholecystectomy with hepatic biopsies should be considered in this patient, given the gallbladder presentation and suspect nonresponse to hepatosupportive medications. Continued hepatosupportive medications and serial monitoring of hepatic enzymes and sonogram would be a more conservative approach.





PATIENT

Bella Fisher

SPECIES

Canine

BREED

Terrier Mix

SEX

F/S

AGE

12 years

WEIGHT

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INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Dr. Sookhoo

HOSPITAL NAME

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Center

REFERRING VET

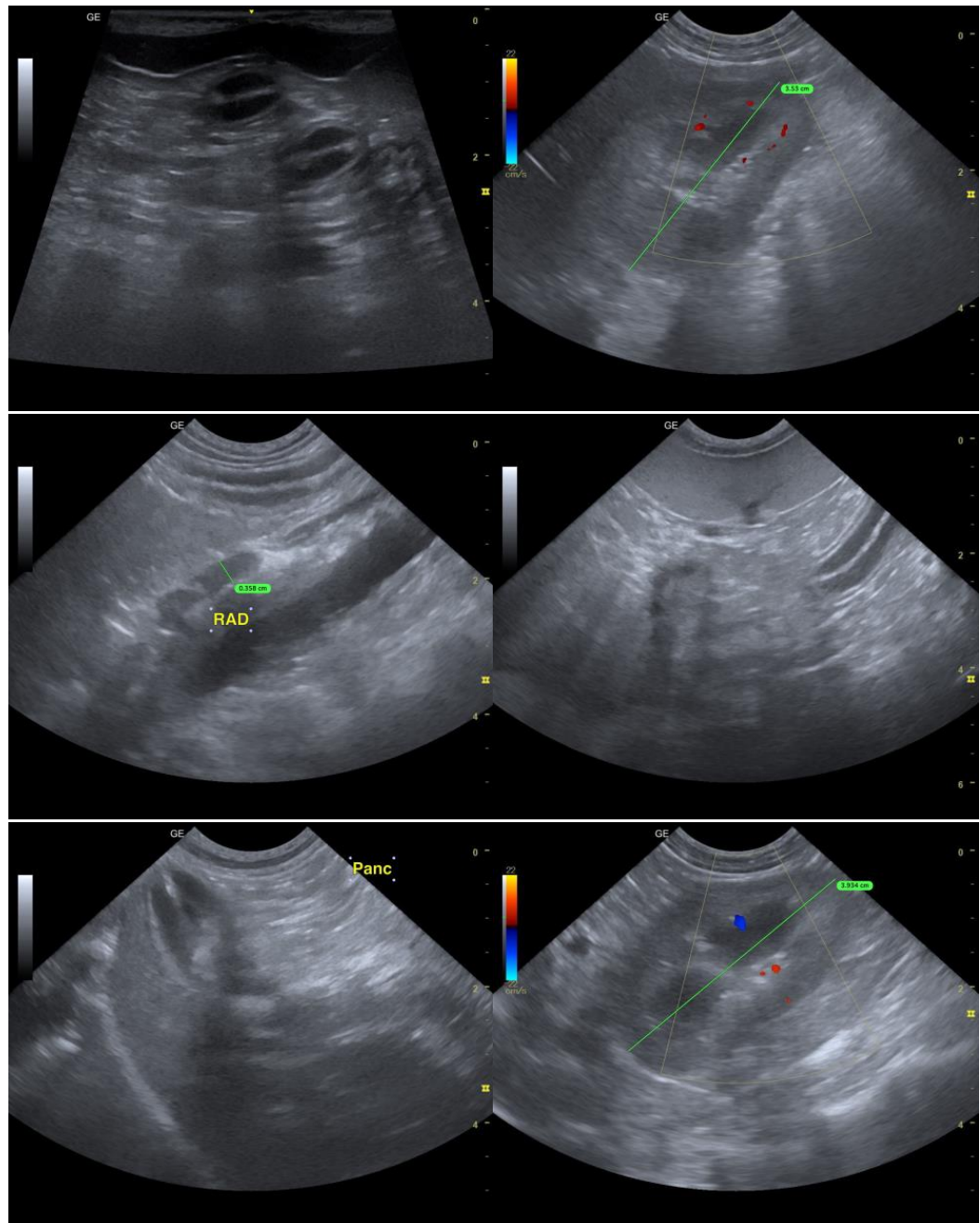
Dr. Sookhoo

INVOICE

10468

DATE

12/17/25





PATIENT

Bella Fisher

SPECIES

Canine

BREED

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F/S

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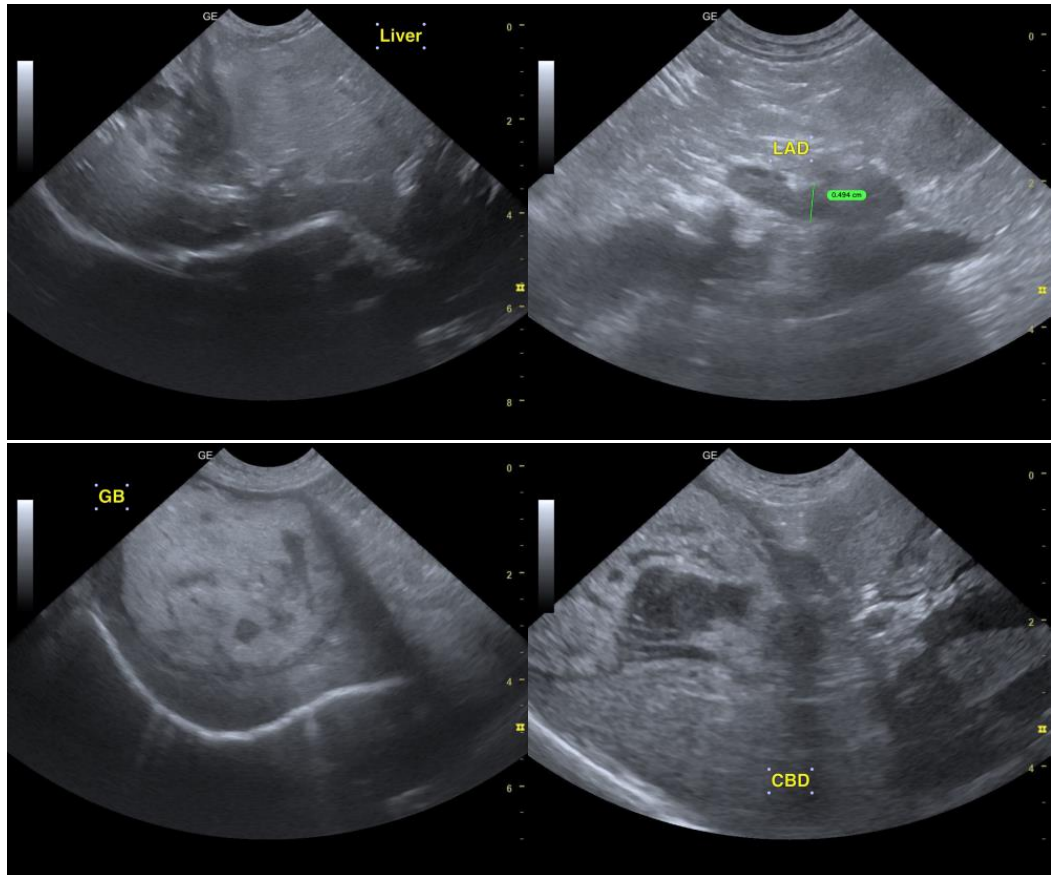
Dr. Sookhoo

INVOICE

10468

DATE

12/17/25



The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)

info@sonopath.com