



PATIENT

Sasha Harley's Haven

SPECIES

Canine

BREED

Cavapoo

SEX

Female

AGE

11 Weeks

WEIGHT

4.9 pounds

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Dr. Kristen Carpenter

HOSPITAL NAME

Pennridge Animal
Hospital

REFERRING VET

Dr. Beth Mehaffey

INVOICE

12831

DATE

12/23/25

PRESENTING CLINICAL SIGNS

11 wk FI Cavapoo. New admit to hospital rescue (from puppy mill). Patient has a Grade II heart murmur (echo pending). Patient seems dull/ quiet in the foster home with a suspect syncopal like episode noted. On exam patient is quiet with slightly altered mentation. Chest rads were taken and an incidental finding of choleliths was seen on radiographs. Bile acids are pending. Bloodwork - NSF except mild lymphocytosis and monocytosis. BP: 130 mm HG systolic. * Patient was not fasted for this study and was about 3 hours post prandial (kibble).

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Nondependent particulate minor sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

No evidence of pathology in the area of the bilateral ovaries or uterus.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 4.2 cm in length. The right kidney measured 4.4 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.26 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.34 cm width at the caudal pole. The adrenal glands are normal given the patient's age and weight.

Spleen

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.

Liver

The liver presented with adequate size, symmetrical contour, homogenous parenchyma with subjective normal hepatic vascular volume. No obvious intrahepatic or extrahepatic macroscopic shunt on color doppler assessment of the portal vein, caudal vena cava and aorta with approximate 1:1 portal vein aorta ratio.

The gallbladder was non-distended in size with accumulated mineral/choleolith measuring approximately 0.75 cm. The cystic and common bile ducts were normal.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained variably echogenic, nonshadowing ingesta (consistent with food echogenicity) without signs of obstruction 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 parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

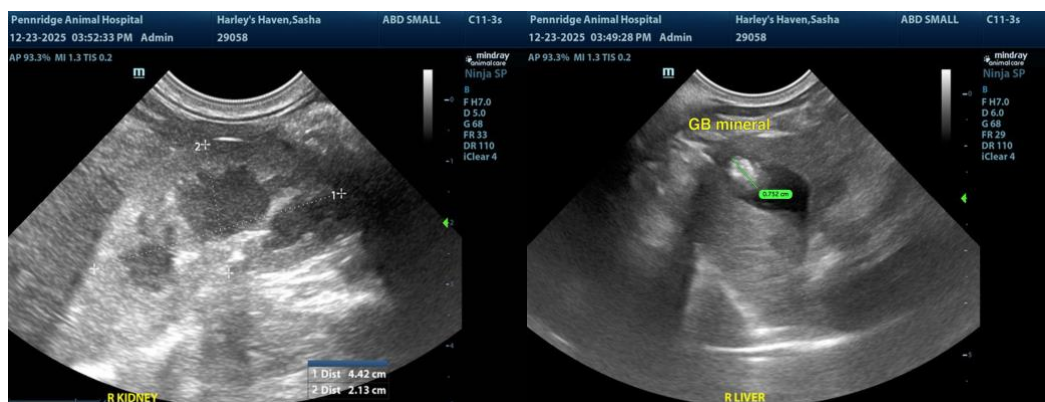
No visualized significant omental lymphadenopathy was present. Scant pockets of peritoneal free fluid were present likely consistent with physiologic/incidental free fluid given the patient's age.

ULTRASONOGRAPHIC FINDINGS

- Subjective normal volume liver.
- Accumulated gallbladder mineral/small nonobstructive cholelith.
- Normal kidneys and urinary bladder- no evidence of renal or urinary bladder mineral/calculi.
- Nonshadowing gastric ingesta- consistent with food echogenicity/post prandial presentation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A definitive intrahepatic or extrahepatic macroscopic shunt was not obvious in conjunction with subjective adequate hepatic vascular volume, normal portal vein/aorta ratio and lack of renal or urinary bladder mineral. Correlation with pending bile acid profile as well as assessment and monitoring of hepatic enzyme parameters is recommended. If evidence of hepatopathy and assuming normal clotting status, screening hepatic FNA cytology could be considered whereas if significant elevated post prandial bile acids, gold standard CT with contrast is indicated for definitive assessment of nonobvious vascular anomaly.





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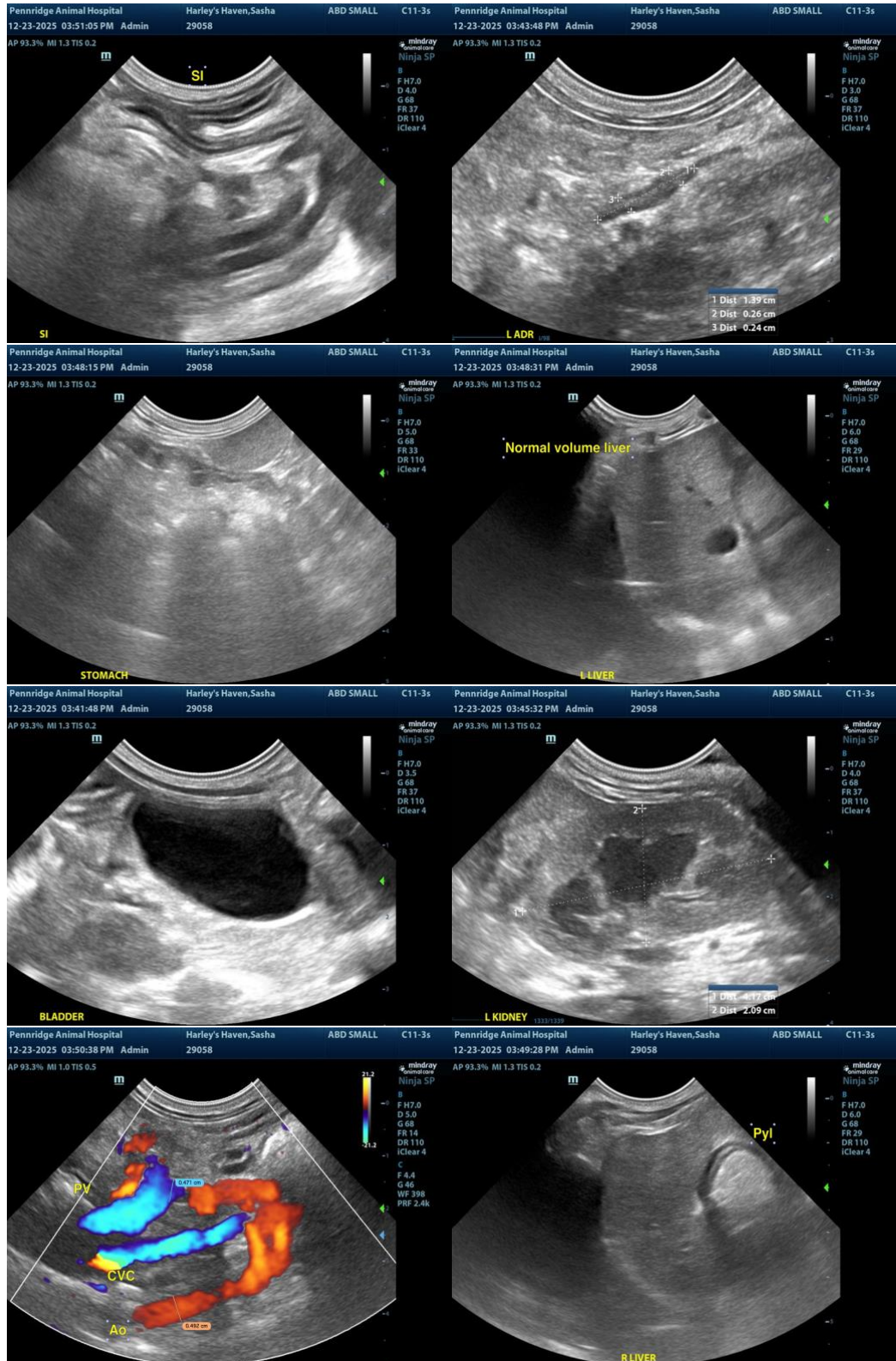
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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