



**PATIENT**

Bella Peterson

**SPECIES**

Canine

**BREED**

Shih Tzu Mix

**SEX**

Spayed Female

**AGE**

10 Years

**WEIGHT**

8.2 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

VCA River Road

**REFERRING VET**

Dr. Wadford

**INVOICE**

12856

**DATE**

12/29/25

**PRESENTING CLINICAL SIGNS**

Clinical Exam Findings: - Presented for suspected abdominal pain per O. Confirmed mid abdominal pain on palpation - Vitals wnl, stable on today's exam - Marked GGT elevation ABNORMAL Labwork Values CBC: Within normal limits Chemistry: BUN - 37.2 (H), TP - 9.3 (H), Glob - 4.6 (H), GGT - 125 (H), T-bill - 5.4 (H), CorCa - 8.6 (L), remainder wnl cPL: normal Urinalysis with culture: Antech - Pending (Brief in house microscopy revealed suspected rods) - empiric abx started Current Medications Clavamox - 125 mg - 1 tab BID

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

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 mild sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

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 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. Pinpoint medullary mineral was visualized with no evidence of pyelectasia. The left kidney measured 4.0 cm in length. The right kidney measured 3.9 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 0.47 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 0.51 cm width at the caudal pole.

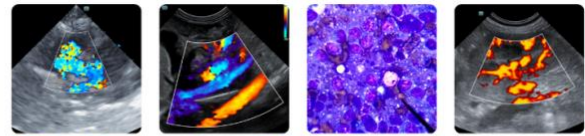
**Spleen**

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 mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

**Gastrointestinal**



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained a mild amount of retained anechoic fluid.

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 pancreas was normal in size and contour with isoechoic mildly heterogeneous remodeled parenchyma compared to adjacent nonreactive or inflamed omentum. No signs of active inflammation or neoplasia.

**Free Abdomen**

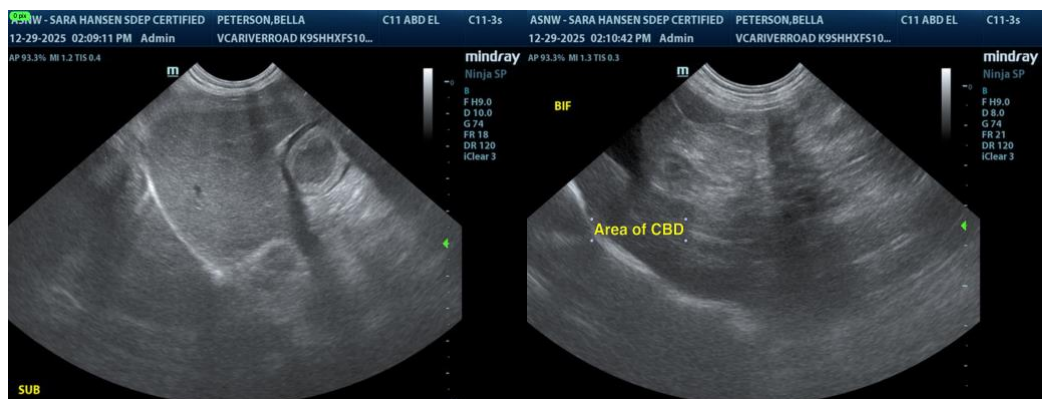
No overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

- Mild benign hepatomegaly.
- Sonographically normal gallbladder/area of common bile duct.
- Mild chronic renal changes.
- Normal adrenal glands.
- Mild remodeled heterogeneous pancreas.
- Mild urine sediment.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of hepatobiliary pathology or posthepatic obstruction. Assuming normal clotting status, screening hepatic FNA cytology could be considered to assess for occult disease i.e. nonobvious cholestasis or inflammation. Possible chronic pancreatitis may be suspected if cranial abdomen/subxiphoid discomfort on palpation, however, given normal cPL, age-related or incidental pancreatic remodeling is suspected. Hepatosupportive medications with monitoring and sonographic reassessment if progressive hepatopathy or if concern for cholestasis would be reasonable. Correlation with pending urine culture and sensitivity is recommended.





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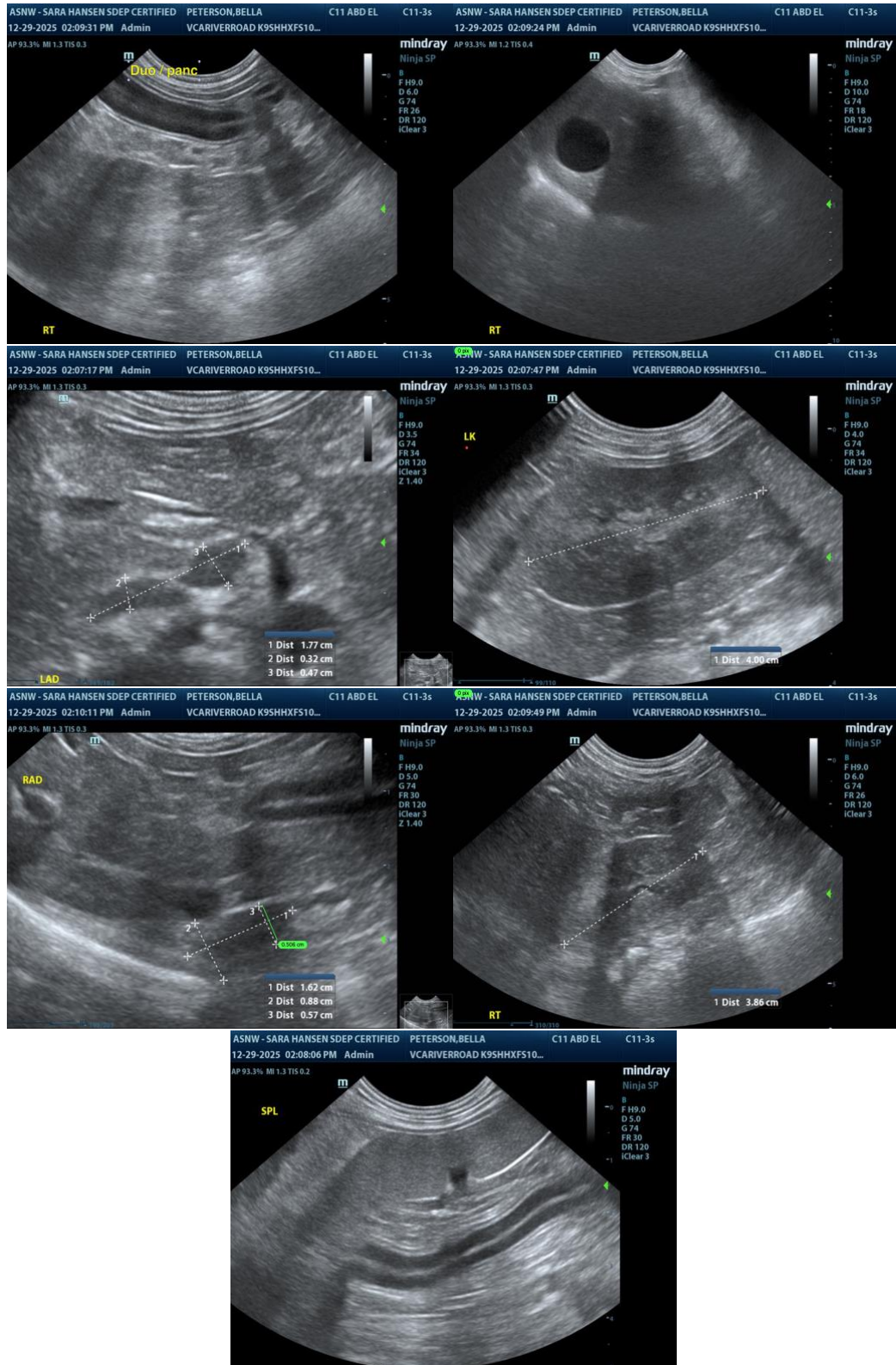
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)