



PATIENT

Meliora Reyes

SPECIES

Canine

BREED

Chihuahua

SEX

FS

AGE

6yr

WEIGHT

10.2lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Julissa Díaz, LVT

HOSPITAL NAME

Centro Veterinario del
Norte

REFERRING VET

Joanne Fernandez
López, DVM

INVOICE 23193

DATE 12/9/2025

PRESENTING CLINICAL SIGNS

Meliora was evaluated On 11/18/25 for weight loss for the last couple of weeks. Good appetite. No vomiting and no diarrhea then. On physical exam, mucous membranes mildly pale pink and heart murmur grade II/VI. Bloodwork Performed CBC/Chemistry panel: BUN 6 low, Chol 83 low, Amylase 413 low, MPV 13.4 hi, PDW 24.3, eos 2.34 hi, RBC 5.19 low, HHGB 12.4 low neutropenia mild. 4DX SNAP: neg. Fecal exam: neg Tx with Fenbendazole, Amoxi /clav susp & Pet Tabs. Today is here to perform Abd US & CBC . Other tests were recommended during last visit to identify any secondary cause of weight loss (resting cortisol (idexx), GI panel)electrolytes, T4. Today On CBC recheck, WBCs values improved. No anemia. Treatment during the last visit(12-2-25): Metronidazole trial, Vitamin B complex 0.5 ml SQ & Hydrolyzed protein diet. Today despite owner not giving food this morning, pet vomited food after sedation

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/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.

Normal size and margination were 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 4.1 cm in length. The right kidney measured 4.6 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was indistinctly visualized with no obvious pathology. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.43 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/Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and 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 was non-distended with retained echogenic fluid and mild gas.

The small intestine presented intact subjective prominent wall layering and mildly prominent intestinal mucosa, although overall non-thickened small intestinal wall was present. Segmental similar appearing non-shadowing ingesta/ chyme without obstructive pattern to the level of the colon was present. The duodenum wall measured 0.41 cm width. The jejunum wall measured 0.31 cm width. The ileocolic wall measured 0.33 cm width.

Normal visible colon wall layers were present. The colon exhibited generalized distention with soft fecal matter.

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 overt lymphadenopathy was present.

Focal to intermittent minor pockets of peri-intestinal free fluid were present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Mild non-obstructive hypomotile stomach
- Intact subjective mildly thickened small intestine exhibiting prominent intestinal mucosa, non-shadowing intestinal ingesta/ chyme
- Generalized mild colon distention with soft fecal matter
- Minor peri-intestinal free fluid

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IBD or other inflammatory enteropathy, malassimilation/ maldigestive disorder, mild pancreatitis which may present sonographically normal, infectious disease, dietary intolerance, occult Addison's disease, less likely occult neoplasia all potentials. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. No evidence of mechanical gastrointestinal obstruction or foreign material. Although considered less likely, a screening cortisol level to rule out occult Addison's disease warranted. In addition to current empirical therapy, empirical deworming Panacur 50 mg/kg PO SID for five days with repeat protocol in three weeks despite fecal testing and high colony count probiotics such as Provable may prove beneficial. Intestinal biopsies may be required for definitive diagnosis.



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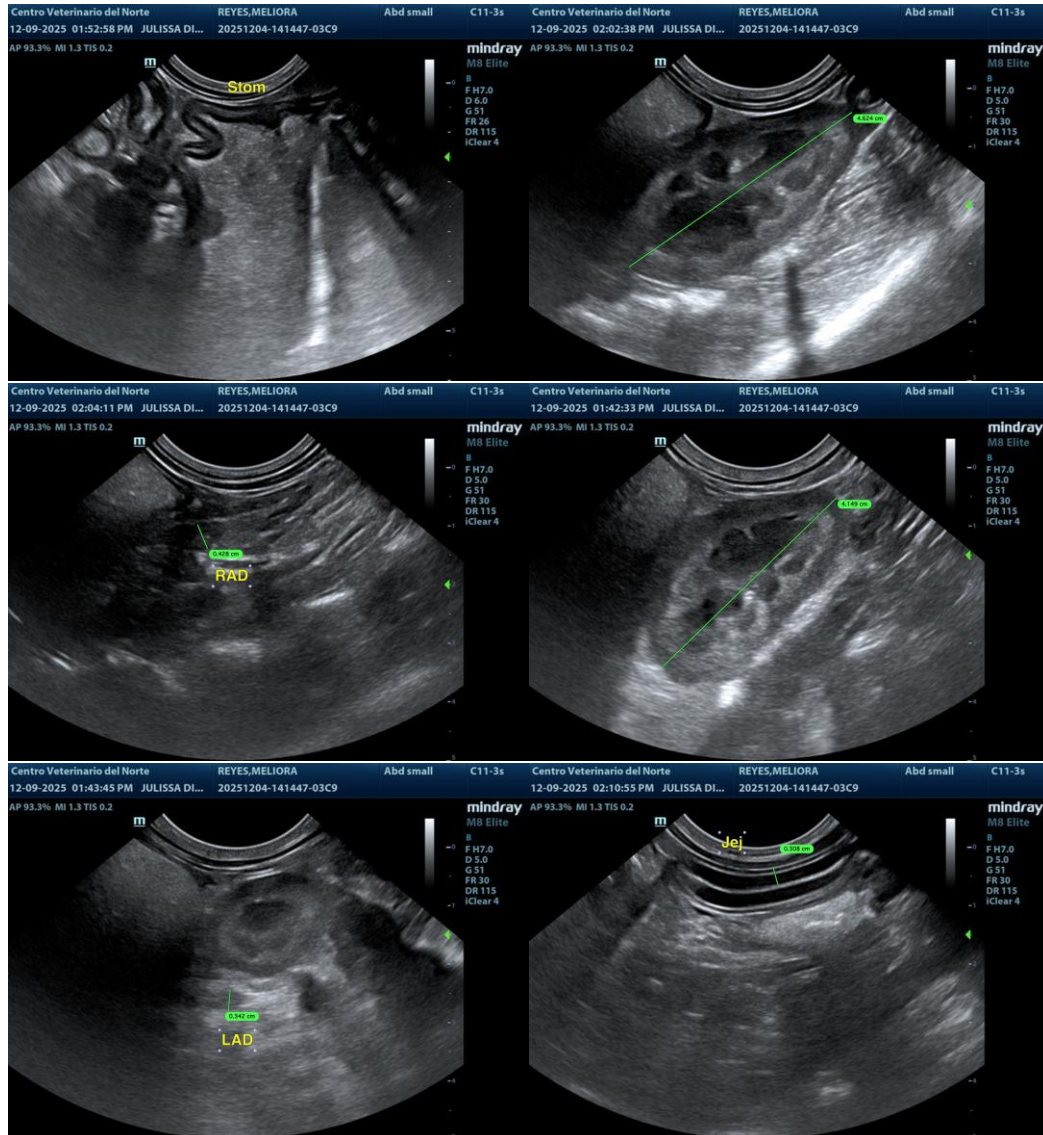
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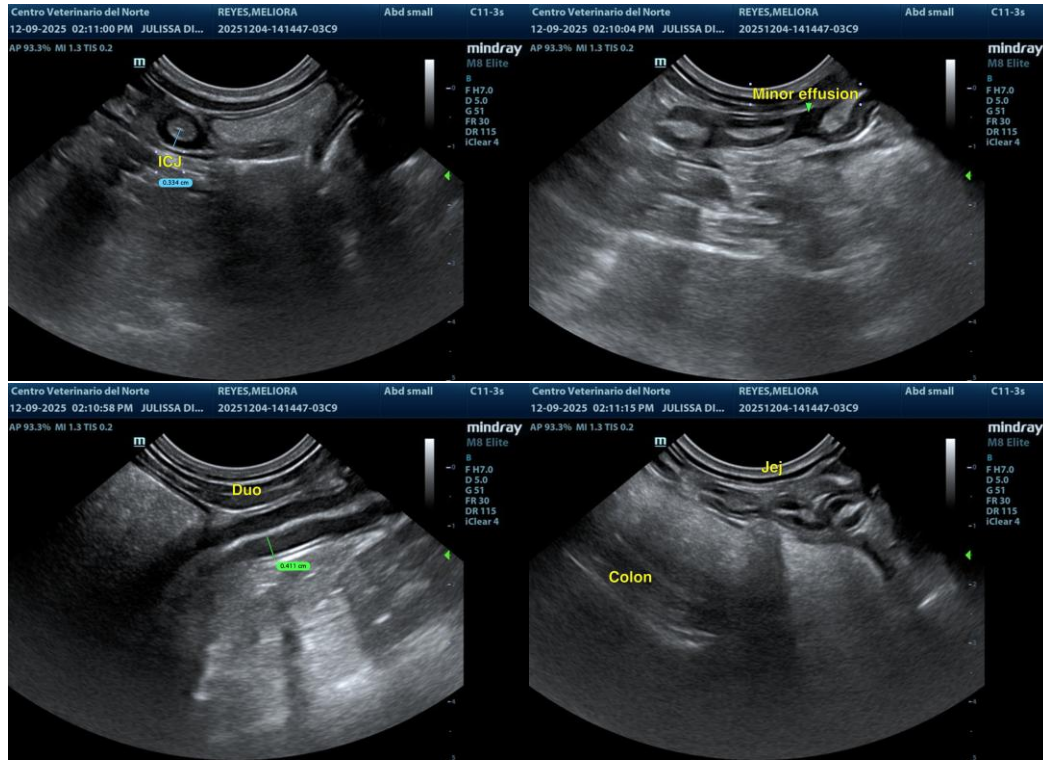
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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