



PATIENT

Bella Abarca

SPECIES

Canine

BREED

Toy Poodle

SEX

FS

AGE

11

WEIGHT

4.4lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Cathleen Whitcraft,
DVM

HOSPITAL NAME

Craig Road Animal
Hospital

REFERRING VET

Dr. A'dayre McNeal

INVOICE 23741

DATE
02/01/2026

PRESENTING CLINICAL SIGNS

- Bella is a 11yo FS Toy Poodle who previously presented for vomiting for 1 week with lime green color change to cataracts OU. She was started on Pred acetate OU BID and Diclofenac OU BID for 2 weeks and all signs have resolved, but chemistry values were sky high for liver and gallbladder signs. P was a hard stick and may potentially have a clotting disorder/IMHA, but O has not tested for either at this time.

Abnormal PE/Chem/CBC/UA Results: AST - 267 ALT - 823 Alk Phos - 1509 GGT - 83 T bili - 1.2 K+ - 5.8

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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 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 2.6 cm in length. The right kidney measured 3.0 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.27 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 0.31 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 presented borderline to 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.



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The gallbladder was non distended in size with moderate variably congealed echogenic, nonmineralized, non-dependent biliary sludge. Suspect mild concurrent peripheral lumen mucus between debris and gallbladder wall. No evidence of gallbladder/peripheral gallbladder inflammation or wall edema was present.

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

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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 mechanical/metabolic ileus, obstruction or foreign material.

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

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Pancreas

The pancreas was normal in size and contour with mild isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

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Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

4.4lb

Primary

- Hepatopathy
- Moderate congealed gallbladder debris/ immature mucocele
- Normal gastrointestinal tract
- Mild pancreatic remodeling
- Mild chronic renal changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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DVM

If tolerated, ursodiol /Denamarin or similar hepatosupportive medication with monitoring of hepatic response and as needed sonographic reassessment of the gallbladder if evidence of progressive cholestasis is recommended. No evidence of current post-hepatic obstruction. If normal clotting status and using a 25ga needle, hepatic FNA cytology could be considered primarily to assess for inflammatory criteria. No overt sonographic evidence of hepatic neoplasia. A spec cPL could be considered to assess for chronic pancreatitis if recurrent gastrointestinal signs.

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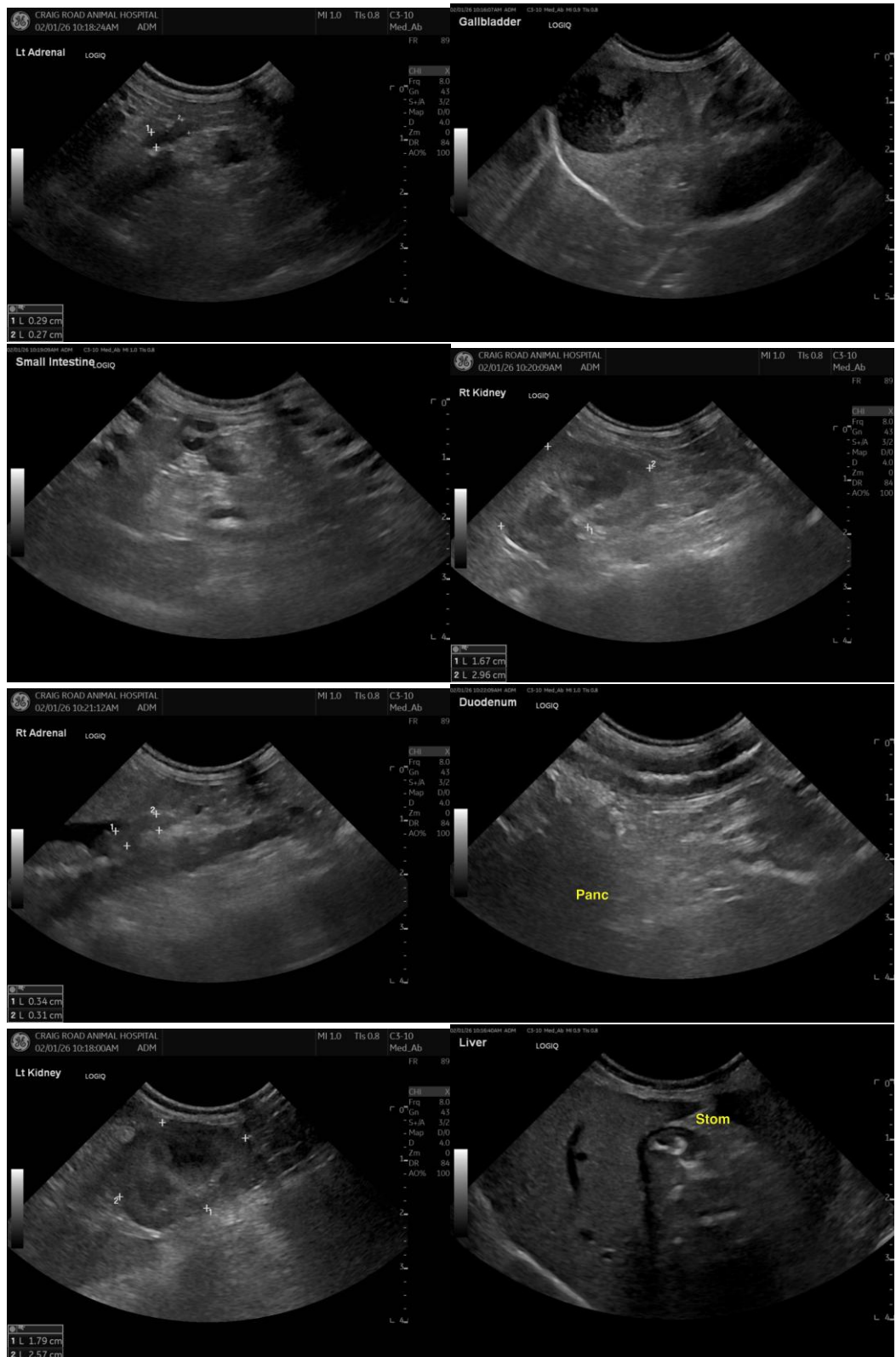
Dr. A'dayre McNeal

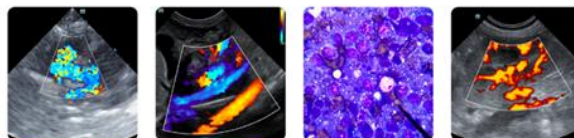
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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info@sonopath.com

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