



PATIENT

Brooklyn Logan

SPECIES

Canine

BREED

Chihuahua

SEX

Spayed Female

AGE

7 Years 3 Months

WEIGHT

12 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Brittney Beigel
DVM

HOSPITAL NAME

Bayside Animal
Medical Center

REFERRING VET

Dr. Rebekah Sims
DVM

INVOICE

13674

DATE

02/10/26

PRESENTING CLINICAL SIGNS

- Elevated ALP on BW
- Cranial abdominal pain and GI signs on PE in November 2025
- Fasted for US scan
- No sedation needed

Abnormal PE/Chem/CBC/UA Results: Attached

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 no uroliths or 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 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 5.2 cm in length. The right kidney measured 5.4 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 0.56 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 0.48 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 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 mild nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.



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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, mild nonshadowing ingesta without signs of obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Mild segmental hyperechoic intestinal mucosal speckling.

Normal visible colon wall layers were present with formed fecal matter in lumen.

Pancreas

The right pancreas presented prominent in size with mild capsule asymmetry and mild nonhomogenous hypoechoic parenchyma.

Free Abdomen

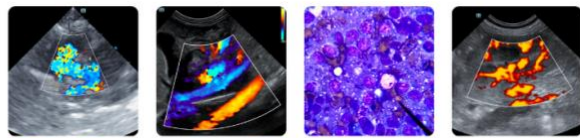
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy- consistent with benign criteria.
- Mild nonorganized gallbladder debris (non-mucocele).
- Chronic active pancreatitis pattern.
- Nonshadowing gastric ingesta- consistent with retained food echogenicity.
- Nonspecific mild intestinal mucosal speckling.
- Normal bilateral adrenal glands.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is suggestive of vacuolar, reactive or non-obstructive cholestatic hepatopathy in conjunction with ALP elevation with potential for hepatic inflammation is thought less likely. No evidence of hepatic or intra-abdominal neoplastic criteria. Correlation with the spec cPL is recommended. The intestinal mucosal speckling is nonspecific and possibly incidental yet may be associated with mild non-specific enteritis. Some degree of concurrent metabolic or functional gastric ileus is possible given reported documented NPO. Hepatogastrointestinal support and empirical therapy for chronic active pancreatitis with monitoring would be reasonable. Sonographic reassessment is indicated if progressive signs of pancreatitis, hepatopathy, or cholestasis.



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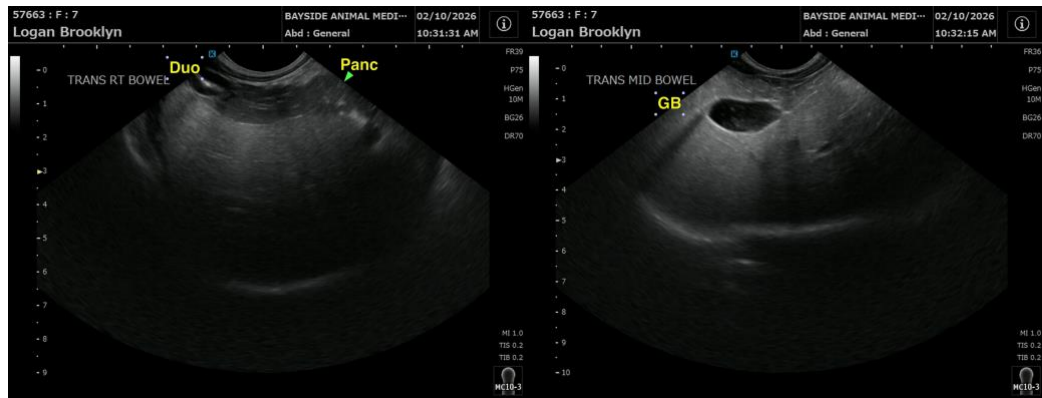
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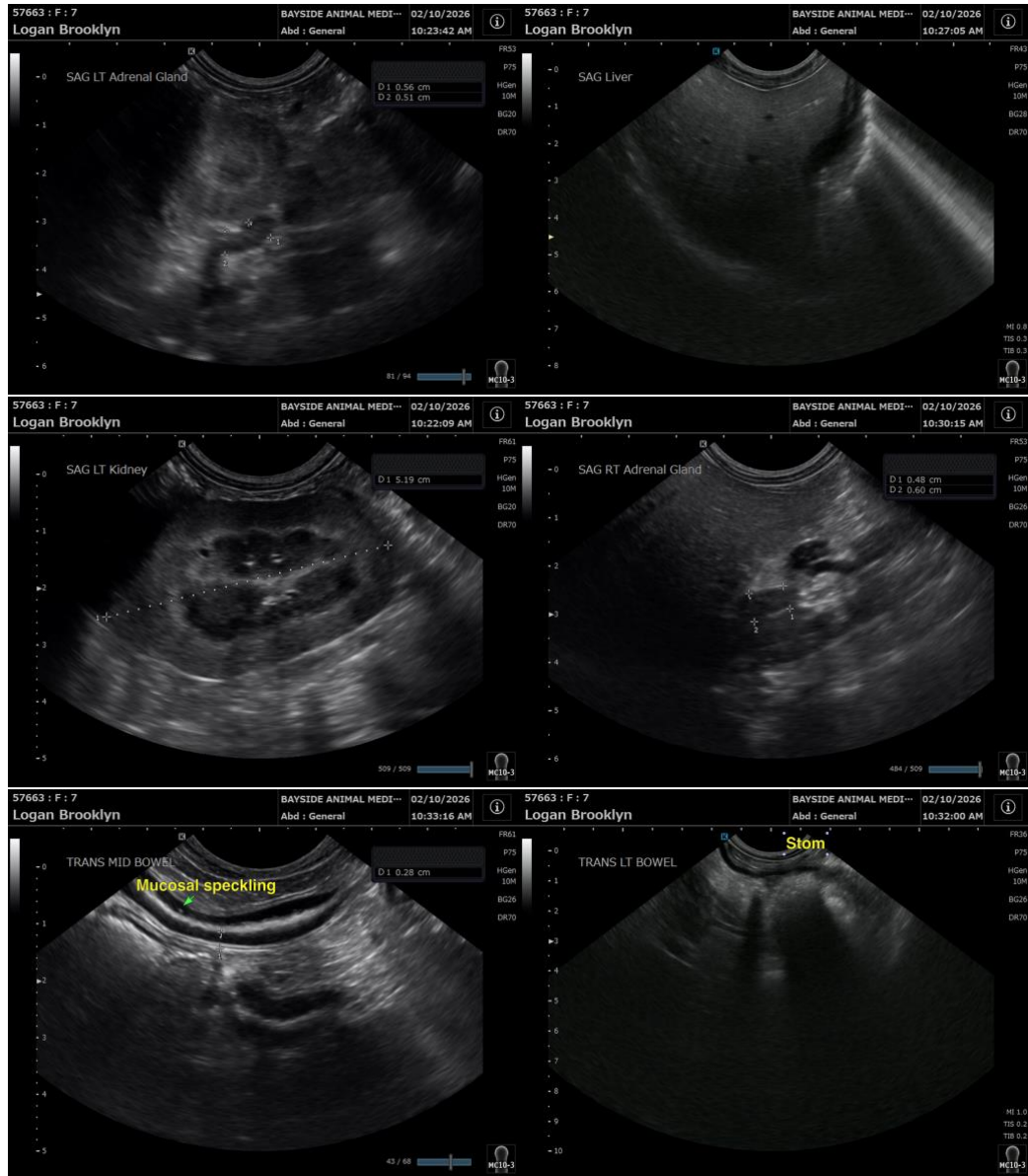
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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