



## PATIENT

Sky Perra

## SPECIES

Canine

## BREED

Chihuahua Mix

## SEX

FS

## AGE

10mo

## WEIGHT

2.07kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Patrick Hennigan,  
DVM

## HOSPITAL NAME

Mattydale Animal  
Hospital

## REFERRING VET

Patrick Hennigan,  
DVM

## INVOICE

24031

## DATE

02/27/2026

## PRESENTING CLINICAL SIGNS

- Originally presented August 2025 for a week of vomiting and diarrhea intermittently, Parvo test = negative, fecal negative.
  - December 2025 presented for "shaking" episodes off and on. CBC/Chem/UA revealed mild ALT elevation. Bile acids performed with mid elevation of post value. Started HP diet.
  - January 2026 presented for vomiting and hematochezia for a few days. Resolved on metronidazole and cerenia.
  - OVH performed in January 2026 and owner declined liver/intestinal bx.
  - Presented end of January for vomiting and hematochezia. Treated symptomatically and improved. AUS discussed.
  - Presented again February 2026 for hematemesis and hematochezia that responded to supportive care.
- Abnormal PE/Chem/CBC/UA Results: CBC-wnl/Chem-Inc ALT (141)/UA-wnl Repeat liver panel-wnl Bile acids Pre-14.1 (<13 normal), Post-58.5 (<25 normal)

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 1 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 3.0 cm in length. The right kidney measured 3.1 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 0.39 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 0.36 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 given patient breed and body weight. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. Subjective adequate



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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.

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Canine

### **Gastrointestinal**

The stomach presented mild thickened wall. Intact wall layering was maintained and distinct. The gastric lumen contained minor retained anechoic fluid with mild gas.

## BREED

Chihuahua Mix

The small intestine presented intact wall layering with maintained muscularis/mucosa ratio. Subtle hyperechoic intestinal mucosal speckling. 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 soft feces in lumen. The colon was non-distended.

## SEX

FS

### **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.

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### **Free Abdomen**

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

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## ULTRASONOGRAPHIC FINDINGS

### **Primary**

- Sonographically unremarkable subjective normal volume liver
- Normal gallbladder
- Non-specific gastroenterocolitis

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the gastrointestinal tract was non-specific with considerations including dietary intolerance / food hypersensitivity, infectious disease, enterotoxin, inflammatory bowel disease, occult parasitism, occult Addison's Disease or other. A GI panel to include PLI/TLI/Cobalamin/Folate, fresh fecal analysis to assess for parasitic ova / Giardia and resting cortisol is warranted.

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Empirically, a limited antigen or hydrolyzed diet trial with potential long term dietary therapy, prophylactic deworming (Panacur 50 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks even if fecal testing is negative), high colony count probiotic (Provable or Visbiome), cobalamin supplementation pending assessment of cobalamin level +/- antibiotic trial with consideration for adverse effects on normal GI flora with long term antibiotic use and as needed gastrointestinal support with assessment of clinical response may prove beneficial. Intestinal biopsies may be indicated if GI signs continue despite empirical therapy.

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Considerations for the liver may include primary or reactive inflammatory hepatopathy given mild ALT elevation, portal hyperplasia / microvascular dysplasia or other. A definitive intrahepatic or extrahepatic macroscopic shunt was not visualized. Concurrent hepatic support with monitoring of liver parameters would be reasonable. If evidence of hepatic dysfunction or clinical hepatopathy, hepatic biopsy for histopathology and gold standard CT with contrast may be indicated.



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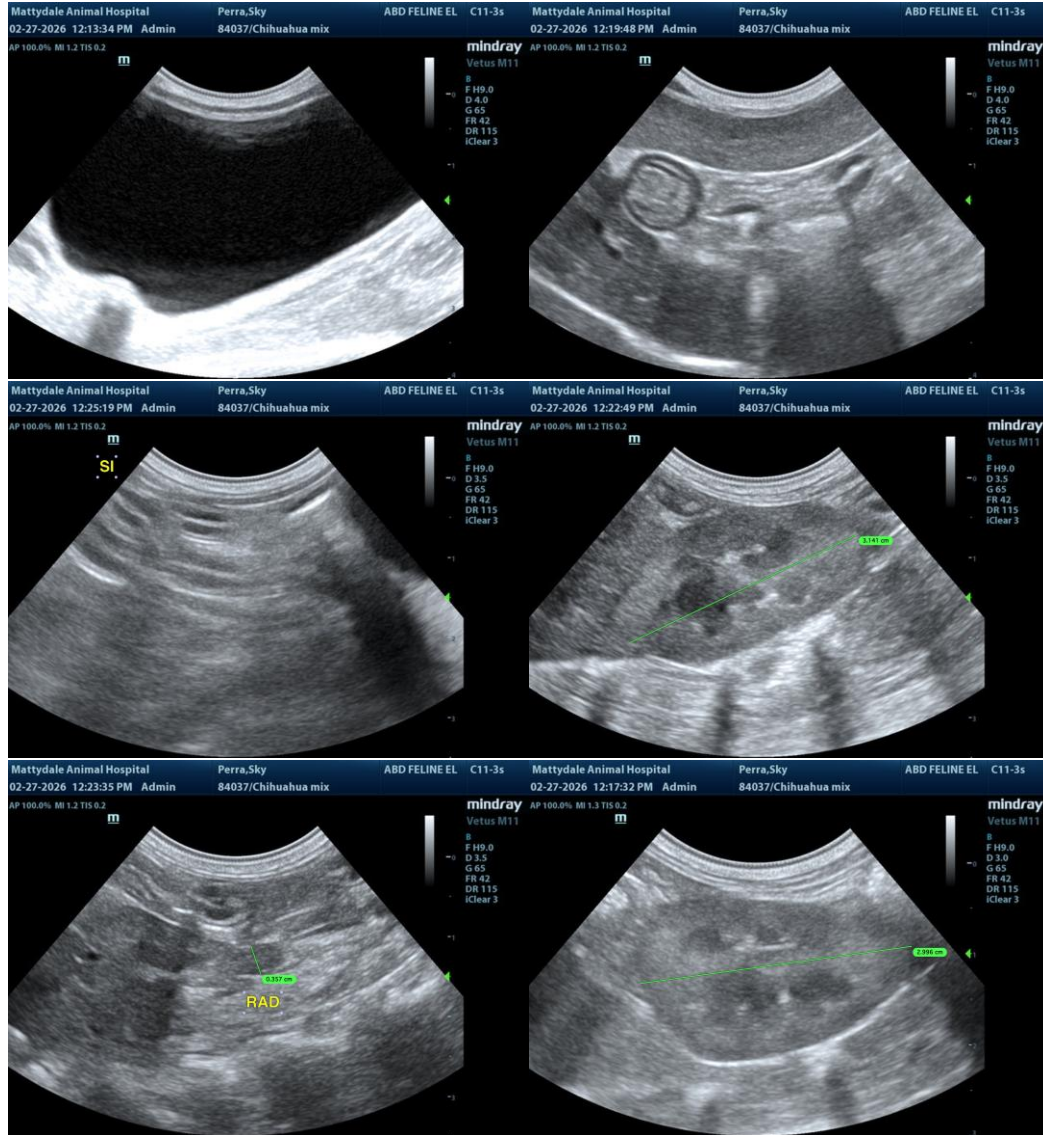
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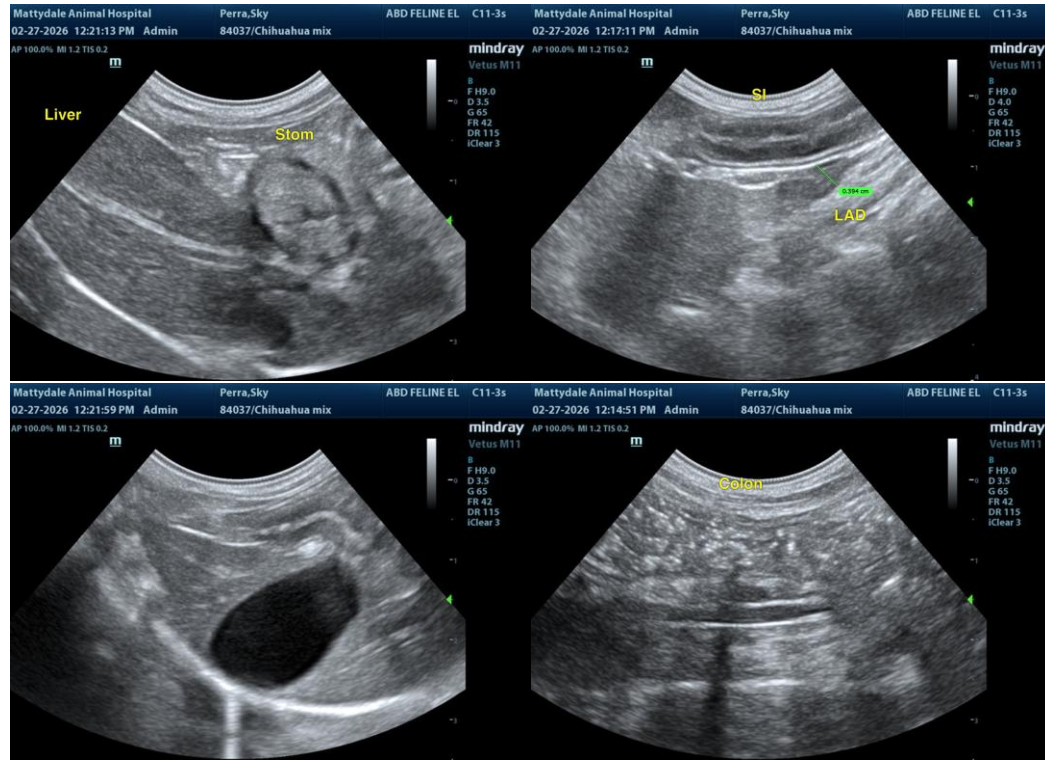
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

**IMAGING PERFORMED BY**

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