



## PATIENT

Flynn Ponsioen

## SPECIES

Canine

## BREED

Chihuahua Mix

## SEX

MN

## AGE

12yr

## WEIGHT

5.20kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr Jackson

## HOSPITAL NAME

Wilvet South

## REFERRING VET

Dr Jackson

## INVOICE

24010

## DATE

02/28/2026

## PRESENTING CLINICAL SIGNS

- About a week ago, pt has been slower on walks - still excited about things. 3 days ago, pt's energy has tanked significantly. Today, eating was normal but slower. Not drinking as much water.
- Symptoms: lethargic, difficulty walking
- Previous Medical Conditions: heart murmur, infected gums previously
- Abnormal PE/Chem/CBC/UA Results: General Appearance: Lethargic Hydration: Slightly dehydrated Ears: Abnormal: AS pinna small hole through pinna at distal aspect Cardiovascular: Grade 6 out of 6 heart murmur Integument: Abnormal: AS pinna small hole through pinna at distal aspect

## 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 minor non-dependent particulate sediment. 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. Bilateral areas of focal medullary mineral were present. The left kidney measured 4.6 cm in length. The right kidney measured 4.8 cm in length.

The area of the aortic trifurcation was free of pathology.

The residual prostate appeared normal and free of pathology.

### Adrenal Glands

Both adrenal glands were mildly enlarged with symmetrical contour and subtle non-homogenous non-mineralized parenchyma. The left adrenal gland measured 0.8 cm width at the caudal pole. The right adrenal gland measured 0.7 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 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 mild non-organized debris. The cystic and common bile ducts were normal.



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## Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild variably echogenic to focal non-shadowing hypoechoic ingesta sonographically suggestive of food echogenicity with no signs of obstruction to pyloric outflow.

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 semi formed feces in lumen.

## 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 omental masses, overt lymphadenopathy or peritoneal effusion was present.

## ULTRASONOGRAPHIC FINDINGS

### Primary

- Mild hepatomegaly
- Non-organized gallbladder debris
- Bilateral mild adrenomegaly
- Mild bilateral renal medullary mineral
- Minor urine sediment
- Normal gastrointestinal tract with non-shadowing gastric ingesta- most consistent with food echogenicity

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant or definitive abdominal pathology as an obvious cause of the patient's clinical signs. A full CBC/chemistry panel and UA is recommended if not already done. The mild hepatomegaly and bilateral adrenomegaly is of unclear clinical significance given current clinical signs. Adrenal screening could be considered if clinically indicated. No overt abdominal neoplastic criteria. Three view chest radiographs given heart murmur if not done and correlation with neurological / musculoskeletal examination and most recent meal ingestion is recommended.



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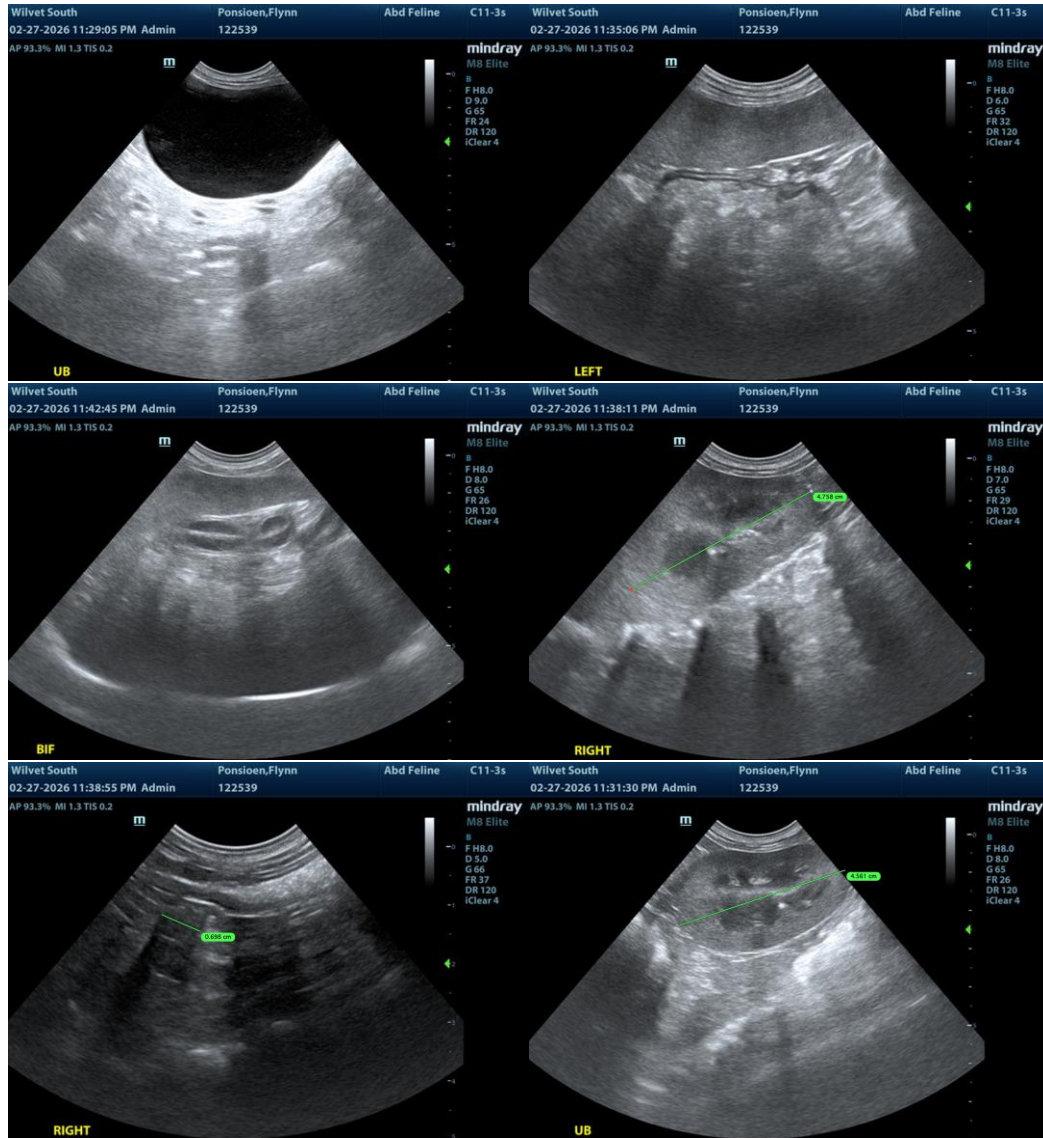
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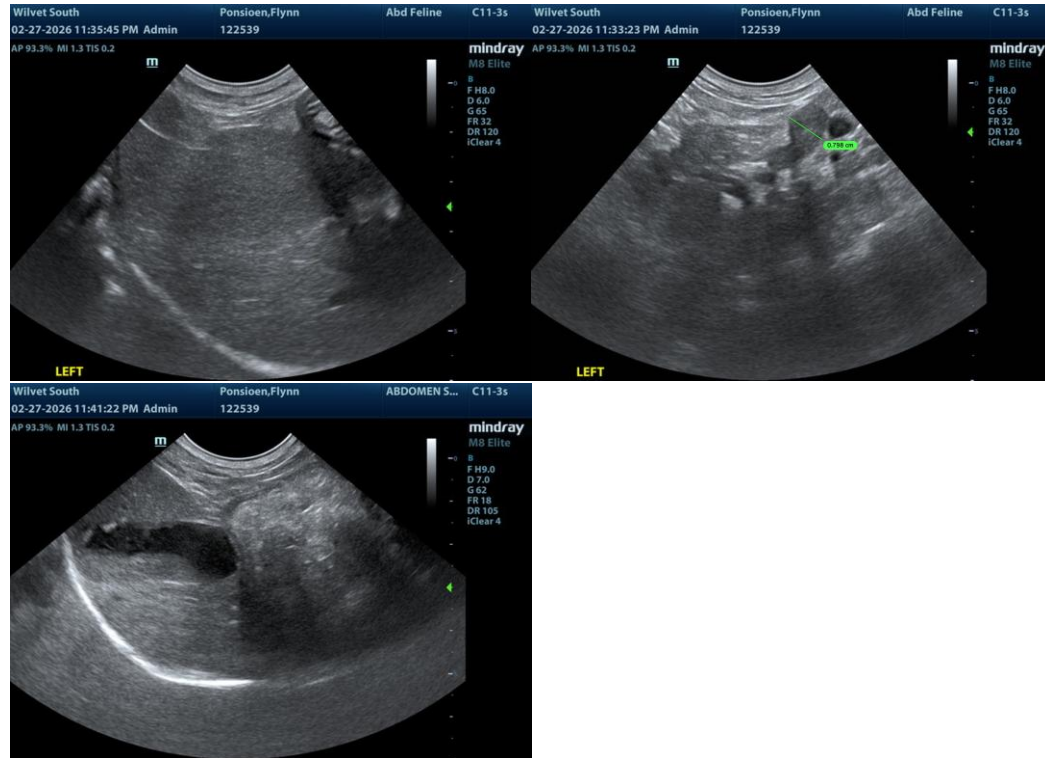
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)