



## PATIENT

Bella Mahoney

## SPECIES

Canine

## BREED

Chihuahua

## SEX

MN

## AGE

15

## WEIGHT

6lb

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Michael Schacher

## HOSPITAL NAME

Emergency  
Veterinarians of Idaho

## REFERRING VET

Dr. Pam from Sylvan

## INVOICE 23783

DATE  
02/04/2026

## PRESENTING CLINICAL SIGNS

- elevated liver enzymes at primary veterinarian, initially seen for this in 2024, has consistently worsened, is now having marked tbili

Abnormal PE/Chem/CBC/UA Results: do not have exact values, mild jaundice

## 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 mild 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 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. Bilateral areas of pinpoint medullary mineral were present. The left kidney measured 3.5 cm in length. The right kidney measured 3.8 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 0.44 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 0.40 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 moderate, gravity dependent to congealed debris. Several, primarily small to shadowing choleliths were present, an example measured 0.82 cm in diameter. The gallbladder wall was non-thickened, mildly hyperechoic, and non-edematous. The common bile duct was not visualized



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## Gastrointestinal

The stomach presented mild thickened wall. Intact wall layering was maintained and distinct. The stomach contained a mild amount of anechoic fluid and lumen gas. No evidence 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 pancreas caudal to the stomach exhibited subjective mild prominent size, capsule asymmetry and non-homogenous hypoechoic parenchyma compared to adjacent omentum.

## Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

Mild increased cranial abdomen omental echogenicity.

## ULTRASONOGRAPHIC FINDINGS

### Primary

- Hepatopathy
- Non-inflamed gallbladder with congealed non-organized bile debris and several choleliths
- Mild hypomotile gastritis pattern
- Mildly prominent non-inflammatory hypoechoic pancreas

### Secondary

- Age-related renal changes with mild medullary mineral
- Normal bilateral adrenal glands

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chronic to acute on chronic cholangiohepatitis combined with vacuolar or cholestatic hepatopathy are primary considerations without current evidence of post-hepatic obstruction. A cholehepatic neoplasia is considered less likely.

Further assessment of the liver may include assuming normal clotting status, FNA cytology. A hepatic biopsy for histopathology is likely required for definitive diagnosis. A spec cPL could be considered to assess for mild to chronic active pancreatitis with concurrent gastrointestinal support if gastrointestinal signs are present. Hepatosupportive medications and empirical therapy for cholangiohepatitis with clinical and as needed sonographic monitoring if progressive hepatopathy or icterus would be reasonable.



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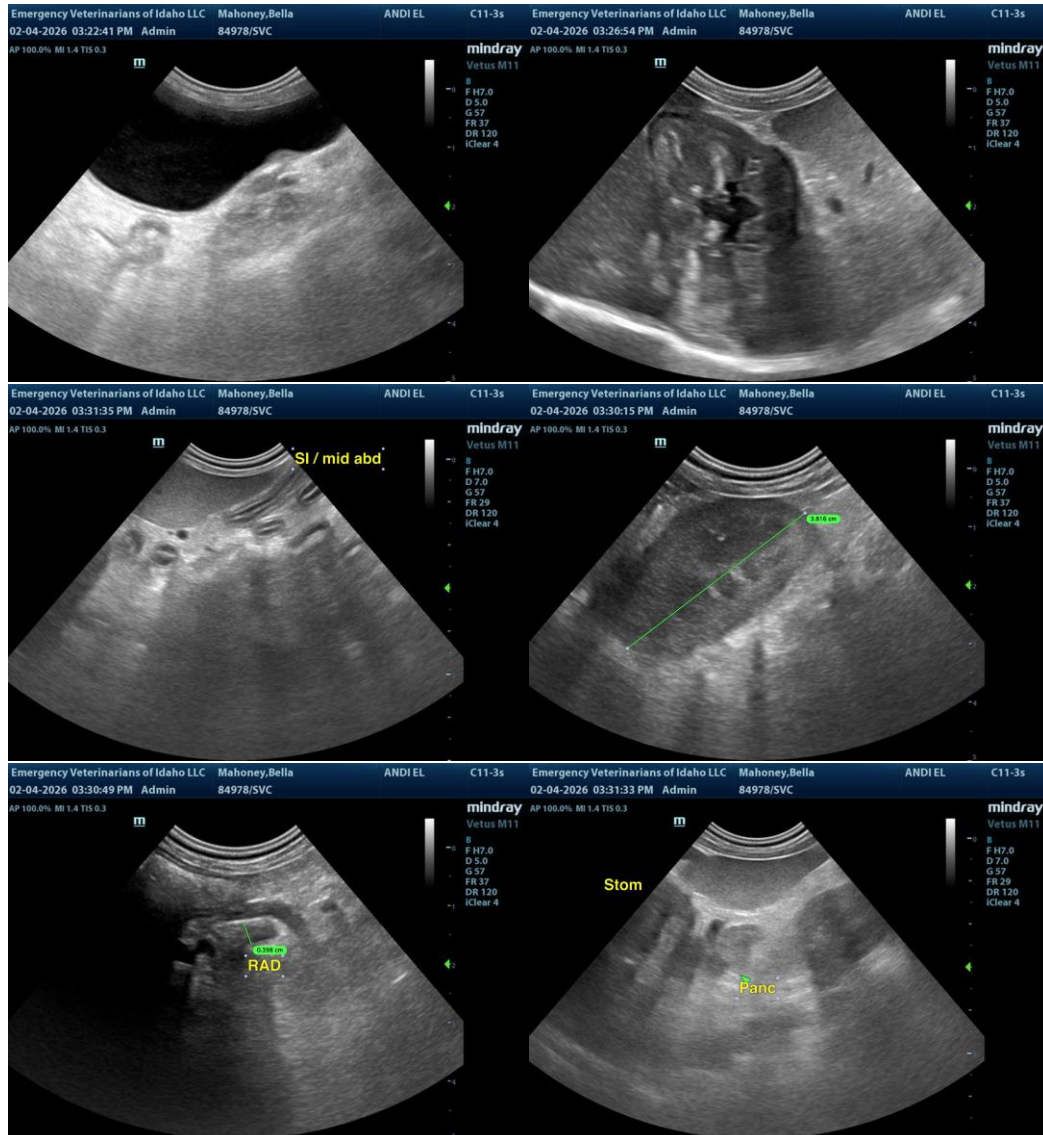
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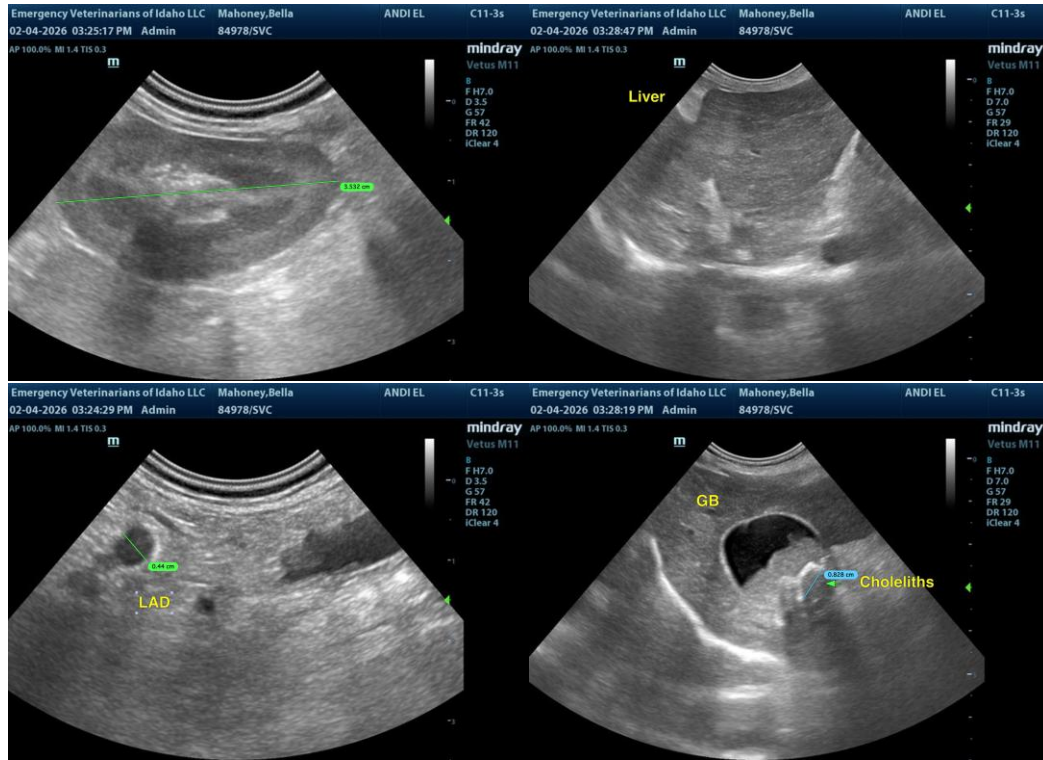
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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**

Michael Schacher

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