



PATIENT

Jugie Pinto

SPECIES

Canine

BREED

Chihuahua

SEX

MN

AGE

14yr

WEIGHT

11lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Christina CVT

HOSPITAL NAME

Animal Health
Veterinary Clinic

REFERRING VET

Dr Rodriguez

INVOICE

24239

DATE

03/17/2026

PRESENTING CLINICAL SIGNS

- P presented for abdominal ultrasound due to mineralization seen in area of gallbladder on radiographs.
- P is BAR, E/D normal, Occasional episodes of soft stool but this is normal for P, no vomiting.
- P is on thyrotabs, Proin and Vetmedin
- P has grade 3-4/6 Pansystolic murmur, has been seen for increased coughing recently however coughing is less than it was 3 weeks ago.
- Abnormal PE/Chem/CBC/UA Results: Bloodwork all WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild dependent lumen mineral. The ureteral papillae were normal. The ureters were not visible, which is normal. No evidence of inflammatory or neoplastic changes was noted.

The residual prostate was mildly prominent in size with mild asymmetrical capsule contour and non-homogenous parenchyma measuring 1.3 cm in diameter.

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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Bilateral areas of medullary mineral were present. The left kidney measured 3.9 cm in length. The right kidney measured 4.0 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The bilateral adrenal glands were normal in size. The right adrenal gland was indistinctly visualized. No obvious right adrenal pathology. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.45 cm width in the caudal pole. The right adrenal gland subjectively measured 0.52 cm width in the caudal pole.

Spleen

The spleen exhibited normal size and contour with primarily homogenous parenchyma. A solitary discrete hypoechoic non-capsule deforming mid splenic nodule was present measuring 0.74 cm in diameter.

Liver/Gallbladder

Generalized hepatomegaly. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was mildly distended in size with non-edematous wall. A solitary cholelith measuring ~ 2 cm in diameter with concurrent peripheral lumen mineral and non-dependent particulate gallbladder sediment was present. The common bile duct was not visualized.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild retained anechoic to mildly echogenic fluid and lumen gas.

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.

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.

Brief cardiac assessment revealed enlarged left atrium.

ULTRASONOGRAPHIC FINDINGS

Primary

- Non-obstructive cholelithiasis and non-organized gallbladder lumen mineral
- Mildly enlarged non-homogenous non-congested liver
- Discrete splenic nodule
- Chronic renal changes exhibiting medullary mineral
- Mild urinary bladder lumen mineral

Secondary

- Mildly prominent non-homogenous residual prostate
- Subjective left atrial enlargement

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given no reported elevated liver enzymes, the cholelithiasis and gallbladder mineral did not appear to be a clinical issue at this stage. Sonographic reassessment and monitoring indicated if evidence of hepatopathy or cholestasis arises. Hepatosupportive medications may prove beneficial.

This patient may be passing small amounts of mineral from the kidneys into the urinary bladder. Correlation with UA is recommended.

Potential etiologies for the splenic nodule may include benign processes such as nodular hyperplasia, extramedullary hematopoiesis, hematoma, infection, infarction, or neoplasia. Ultrasound guided FNA of the nodule using 25-gauge needle and assuming normal coagulation parameters may be considered. Otherwise, sonographic monitoring of the splenic nodule for any changes in size or appearance with initial recheck in 3-4 weeks would be a more conservative approach.

Full echocardiogram recommended as the degree of LA enlargement may potentially indicate emerging congestive criteria, mainstem bronchi irritation or a combination as the potential cause of



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the coughing.

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Age related residual prostate variant suspected although sonographic monitoring is indicated if lower urinary tract signs arise

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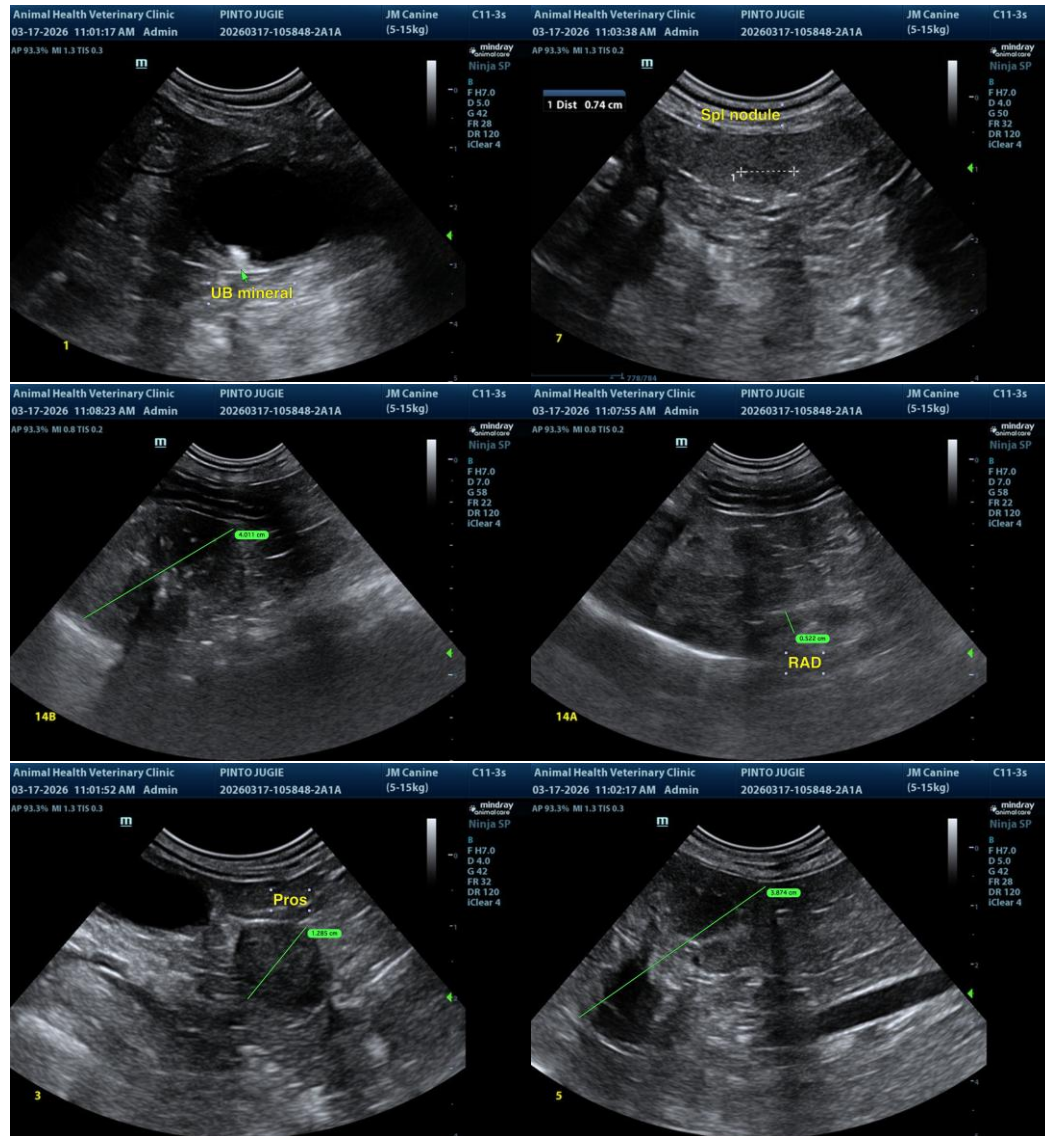
Dr Rodriguez

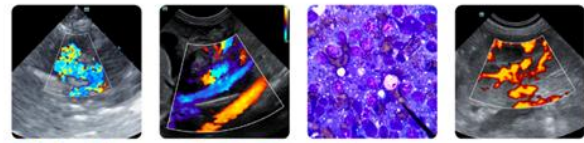
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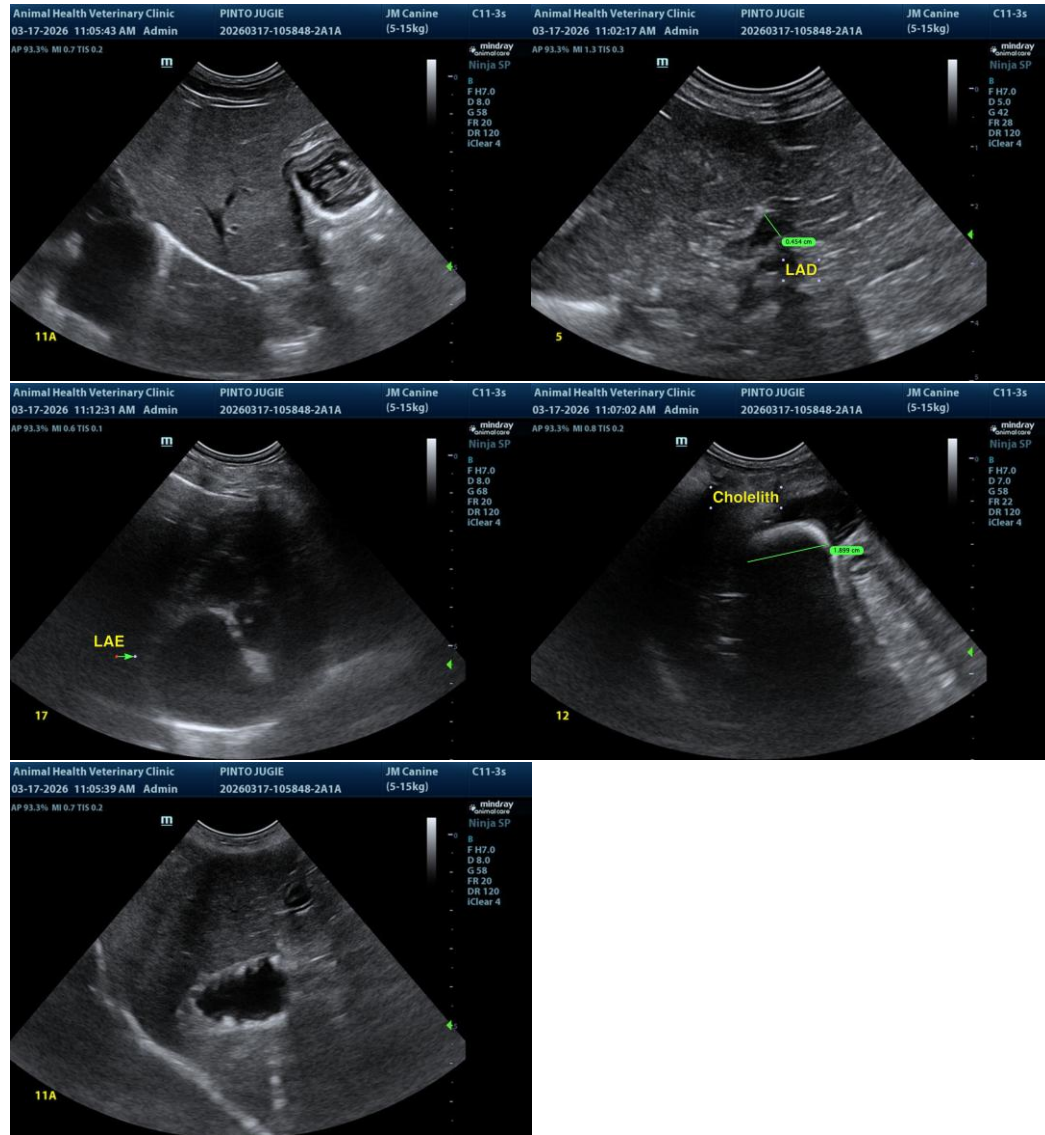
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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