



**PATIENT**

Lily Hunton

**SPECIES**

Canine

**BREED**

Maltese

**SEX**

FS

**AGE**

13 yrs

**WEIGHT**

10.8 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

VCA Westmoreland  
Animal Hospital

**REFERRING VET**

Dr. Bugarovich

**INVOICE**

10744

**DATE**

3/26/26

**PRESENTING CLINICAL SIGNS**

Clinical Exam Findings: weight loss- chronic (since oct 2025 was 11.8lbs), lens LS OU, thin BCS 3/9

Current Medications- Denamarin

**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 evidence of urine or 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.

No evidence of pathology in the area of the aortic trifurcation.

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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Mild areas of medullary mineral were noted. The left kidney measured 3.5 cm in length. The right kidney measured 3.9 cm in length.

**Adrenal Glands**

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry were present without suspicion for overt neoplasia. The left adrenal gland measured 0.52 cm width in the caudal pole. The right adrenal gland measured 0.53 cm width in 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 normal in size with a symmetrical mildly rounded contour and homogeneous parenchyma. The liver parenchyma was uniform with a mildly coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing primarily anechoic content with mild, nonorganized gallbladder debris. The cystic and common bile ducts were normal.

**Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty without evidence of retained ingesta, fluid, or foreign material.



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The small intestine presented intact wall layering exhibiting propensity for prominent duodenojejunal mucosa layer with focal to segmental discrete hyperechoic mucosal speckling. The duodenum wall measured 0.43 cm width. The jejunum wall measured 0.42 cm width.

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Normal visible colon wall layers were present with semi-formed fecal matter.

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**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 were evident.

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**Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

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**ULTRASONOGRAPHIC FINDINGS**

- Mild benign hepatopathy pattern
- Mild gallbladder debris (non mucocele)
- Intact intestinal wall exhibiting prominent mucosa and discrete hyperechoic mucosal speckling
- Semi-formed fecal matter in colon
- Mild chronic renal changes exhibiting mild medullary mineral
- Normal bilateral adrenal size exhibiting mild age-related changes

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The small intestine exhibited mild mural changes which suggest chronic nonspecific enteropathy. Correlation with a GI panel to include PLI/TLI/Cobalamin/Folate is recommended. There is no overt evidence of neoplastic criteria. Assessment for potential competitive eating environment or caloric plane, if clinically indicated, may be considered.

Intestinal biopsies may be required for definitive diagnosis. Three-view chest radiographs are recommended to rule out intrathoracic pathology as a contributing factor. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.



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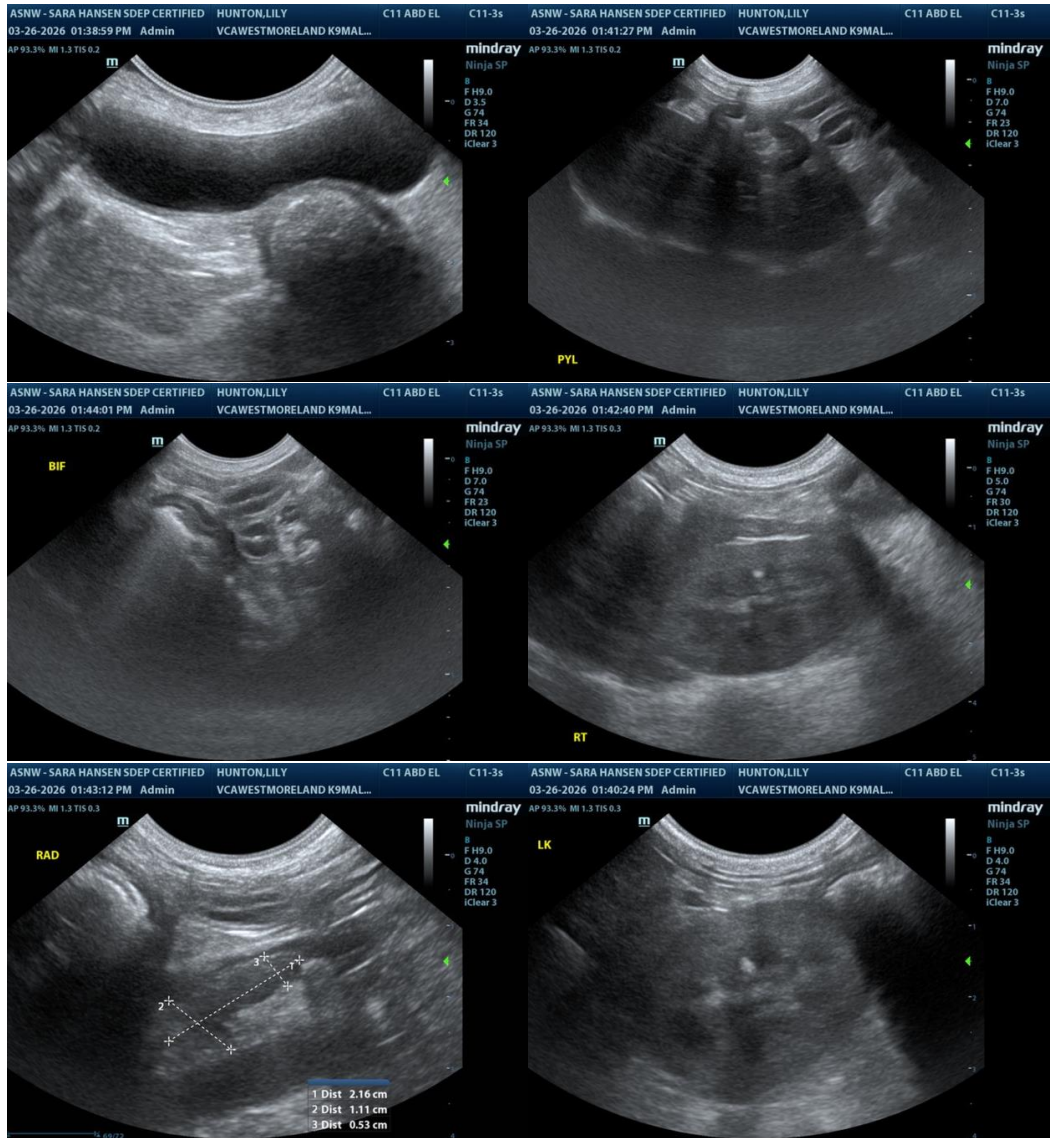
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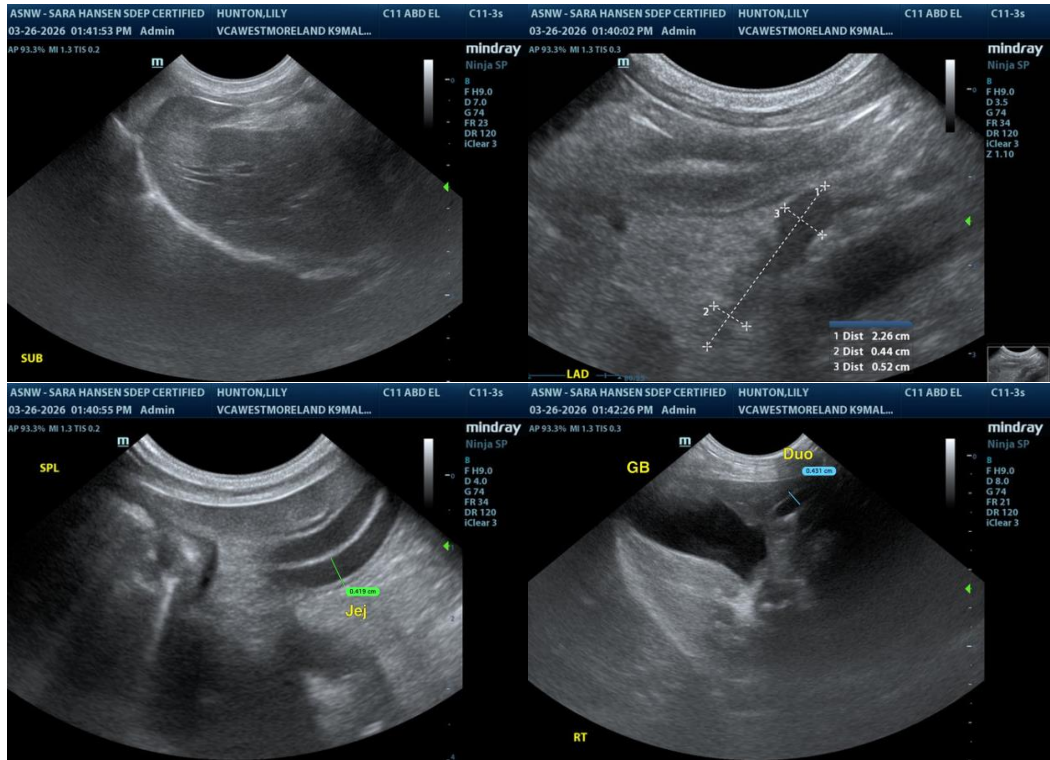
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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)