



PATIENT

Hinojosa Sky

SPECIES

Canine

BREED

Chihuahua

SEX

MN

AGE

2yr

WEIGHT

5.4lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Mayra Sanchez

HOSPITAL NAME

Sunset Animal Hospital

REFERRING VET

Mayra Sanchez

INVOICE

24101

DATE

03/03/2026

PRESENTING CLINICAL SIGNS

- Chronic intermittent hyporexia, vomiting (mostly bile), and diarrhea for the past 6-7 months
- Recent weight loss
- Variable response to multiple GI protectants, antibiotics, and hypoallergenic diets
- Abnormal PE/Chem/CBC/UA Results: PE: NAF CBC: NAF Chem: NAF Fecal (multiple): NPS Baseline Cortisol: Normal cPL: Normal Radiographs: No obvious FB or SI obstruction Bile acids: pending

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 urine sediment, no evidence of 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 3.3 cm in length. The right kidney measured 3.2 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 0.42 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 0.33 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, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. Adequate 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.

Gastrointestinal



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild non-shadowing ingesta sonographically suggestive of food echogenicity with no signs of obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained segmental, mild non-shadowing ingesta /chyme with no signs of obstruction or foreign material. The duodenum wall measured 0.32 cm width. The jejunum wall measured 0.31 cm width.

Normal visible colon wall layers were present with semi formed to soft 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

- Sonographically normal gastrointestinal tract/ colon with mild gastrointestinal ingesta and semi-formed to soft fecal matter in colon
- Normal area of pancreas
- Normal adrenal glands
- Normal volume liver

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of visceral specifically gastroenterocolic pathology. At times underlying gastrointestinal disease and mild pancreatitis may present sonographically normal. No evidence of intra-hepatic or extra-hepatic macroscopic shunt. Correlation with pending bile acid testing is recommended. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

Long-term hydrolyzed diet trial, high colony count probiotics (Proviale), cobalamin supplementation pending assessment of cobalamin level, empirical deworming Panacur 50 mg/kg SID for 5 days with repeat protocol in 3 weeks despite fecal testing, and as needed gastric protectants may prove beneficial. Endoscopic gastroenterocolic biopsies likely indicated for further clarification and potential definitive diagnosis.



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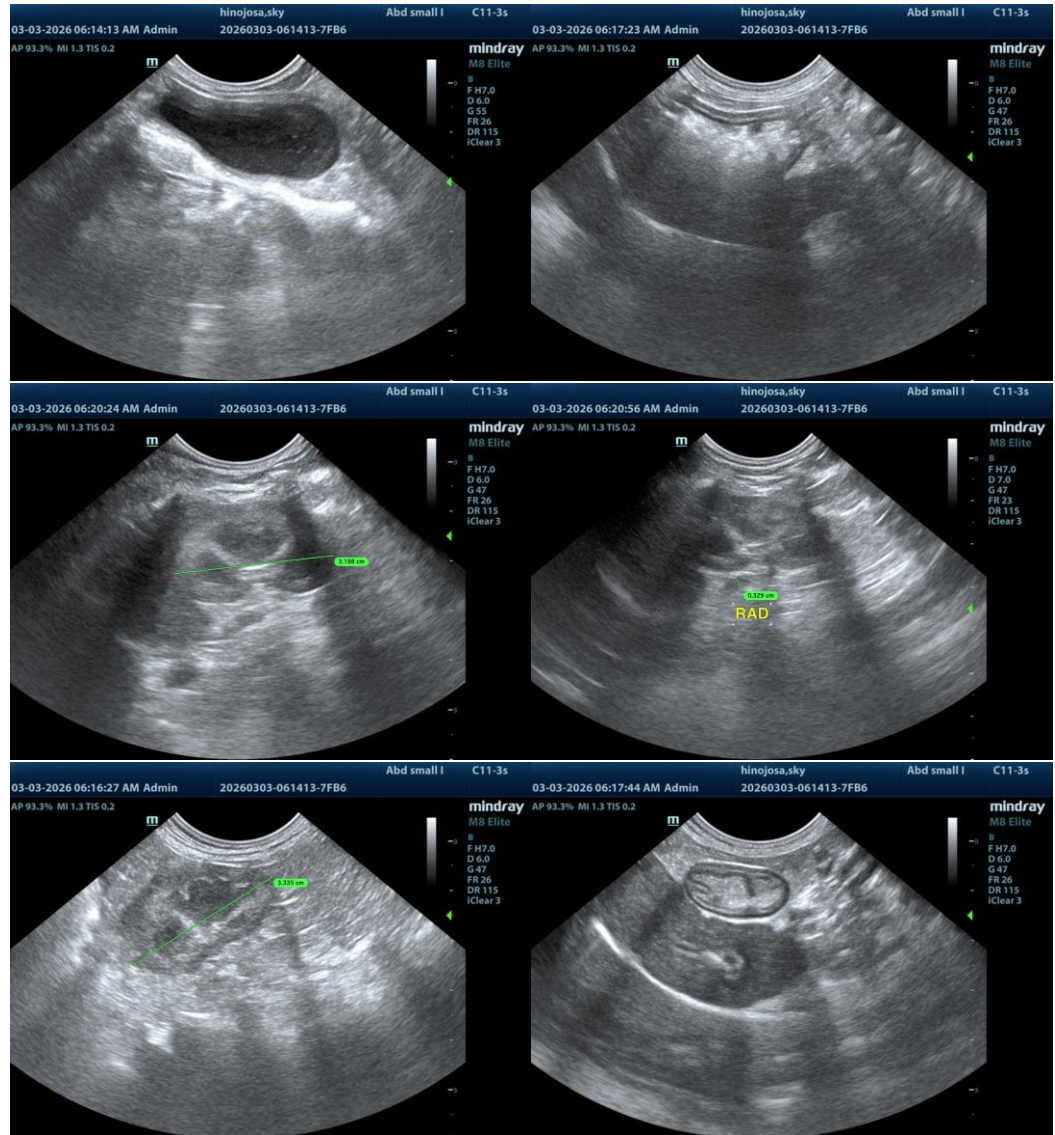
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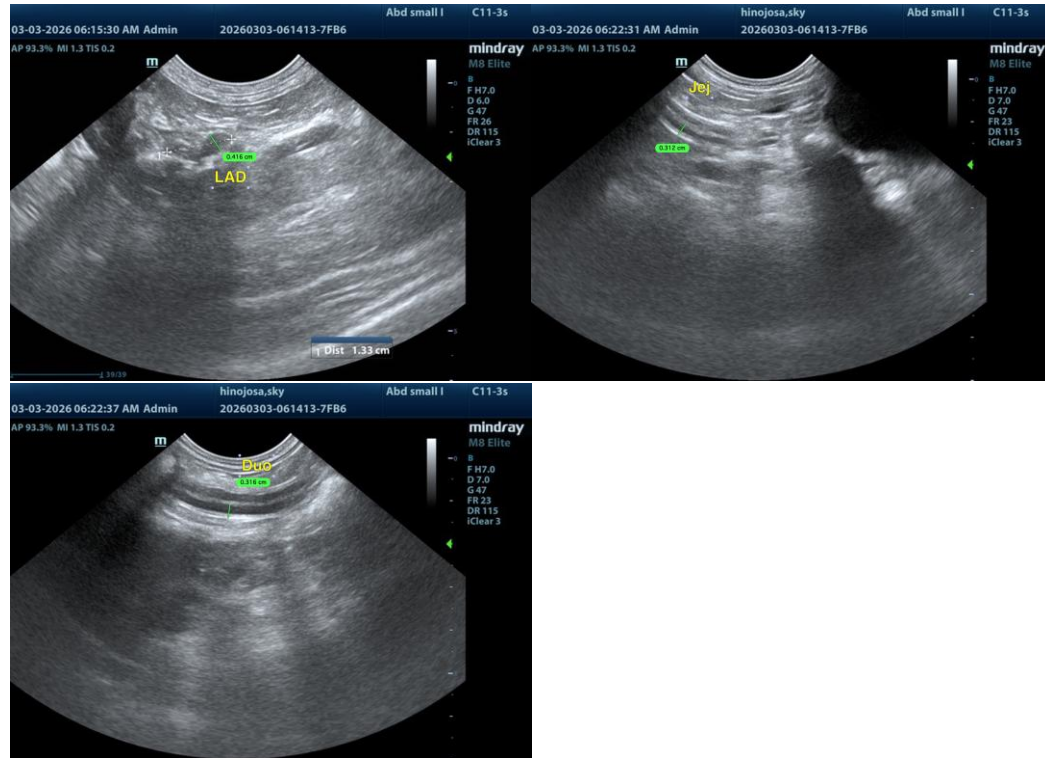
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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