



PATIENT

Mia Neibauer

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Female Spayed

AGE

13y 10m

WEIGHT

6.9 kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

Patti Mayfield, DVM

HOSPITAL NAME

Sunriver VC

REFERRING VET

Emily Kent, DVM

INVOICE

13360

DATE

4/1/26

PRESENTING CLINICAL SIGNS

History: Presenting for a dental prophylaxis yesterday but has had an 8-month hx of cranial abdominal distention with progressively worsening liver values-based pre-op bloodwork. The patient's appetite, weight, thirst and urination habits have remained stable with no changes. No v/d/s/c.

Abnormal PE/Chem/CBC/UA Results: Two-view abdominal x-rays: – Hepatomegaly, portion of the spleen visible has no obvious masses. The small intestines are appropriately sized with intermittent gas. The distal colon is mildly dilated with stool. The bladder is moderately distended with no visible masses. Chemistry (in-house): - ALT 335 (192) - ALP 939 (501) - ALB 4.4 (4.3) - TP 8.8 (7.5) remainder WNL (GLU 114, CRE 0.6, BUN 14, Na 151, K 5.1, Cl 111, GLOB 4.3) CBC (in-house): - MCH 20.0 - MCV 61.4 - RETIC 161.4 - RET-HGB 20.6 - MPV 14.4 remainder WNL (RBC 8.03, HCT 49.3, HGB 16.1, WBC 9.13, NEU 6.19, PLT 470,000)

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 uroliths or sediment, mineral or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

Normal size and margination was 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. The left kidney measured 4.5 cm in length. The right kidney measured 4.6 cm in length.

Adrenal Glands

The bilateral adrenal glands were mildly enlarged in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.62 cm width in the caudal pole. The right adrenal gland measured 0.65 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

The liver exhibited moderate hepatomegaly with rounded symmetrical hepatic capsule contour and lobar swelling. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was maintained and homogeneous with a mildly coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. Normal vascular volume with no mass or nodules visualized. The gallbladder was non distended in size with mild, non-organized, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.



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Gastrointestinal

The visible gastric walls exhibited intact wall layering without mural pathology or hypertrophy. The stomach contained mild, shadowing ingesta without overt 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 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 overt lymphadenopathy or peritoneal effusion was present.

PRIMARY FINDINGS

- Hepatopathy exhibiting lobar swelling
- Non-organized gallbladder debris (non-mucocele)
- Mild bilateral adrenomegaly
- Mild chronic renal changes
- Sonographically normal spleen

SECONDARY FINDINGS

- Mild shadowing gastric ingesta

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is most suggestive of benign criteria, i.e. vacuolar or inflammatory hepatopathy, non-obstructive cholestasis, hyperplasia or other with hepatic neoplasia thought less likely. The adrenal glands are nonspecific given no reported clinical signs consistent with Cushing's Syndrome. Adrenal screening or workup indicated if clinical signs are non-reported or arise.

Assuming normal clotting status, hepatic FNA cytology could be considered primarily to assess for evidence of inflammatory criteria. Hepato-supportive medications and monitoring, given patient is non-clinical, would be reasonable. No overt anesthetic contraindications, assuming evidence of normal hepatic function. Probable mild dense food echogenicity in the stomach noted. Correlation with most recent meal ingestion is recommended. Documented 12-hour fast and sonographic reassessment of the stomach may be considered if gastrointestinal signs arise.



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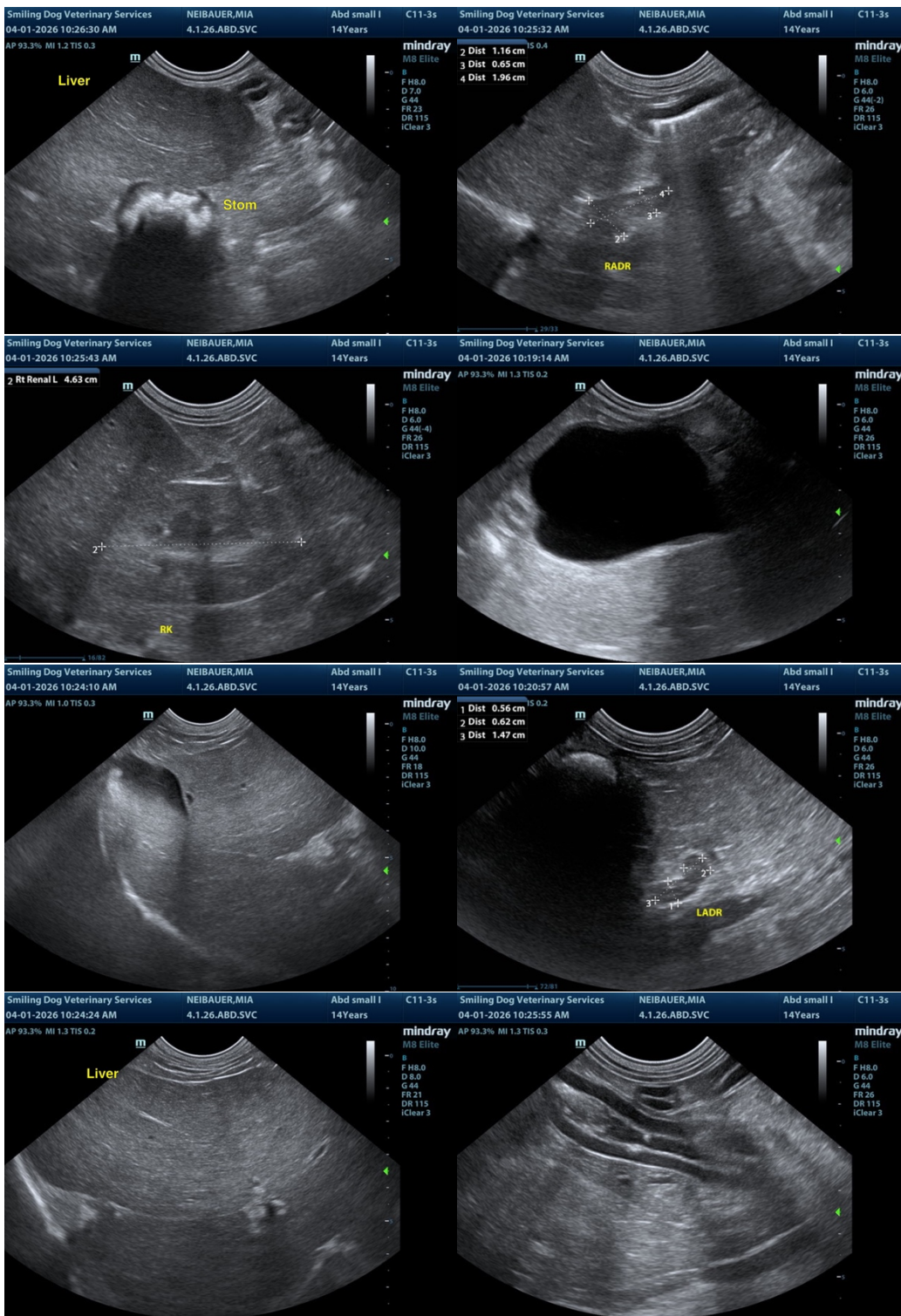
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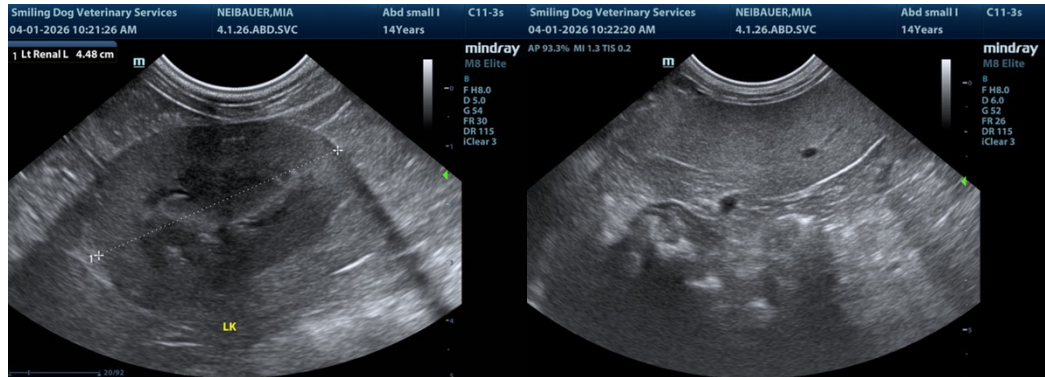
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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