

## PATIENT

Marshall Reigle

## SPECIES

Canine

## BREED

Long Haired Chihuahua

## SEX

M

## AGE

2017

## WEIGHT

7.7

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Rebekah Jakum, CVT,  
ARDMS/RVT

## HOSPITAL NAME

Telford VH

## REFERRING VET

Dr. Joanne Loeffler

## INVOICE

10786

## DATE

4/8/26

## PRESENTING CLINICAL SIGNS

History of seizures

Elevated BUN, UTI

Medication: Keppra, gabapentin

## 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.

The prostate was mildly enlarged in size with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. The prostate measured 1.5 cm in diameter. A small, anechoic, thinly walled parenchyma cyst was present.

The area of the aortic trifurcation was free of pathology.

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. Multifocal areas of small medullary mineral to emerging small renoliths were present. No evidence of pyelectasia was noted in either kidney. The left kidney measured 3.8 cm in length. The right kidney measured 4.2 cm in length.

### *Adrenal Glands*

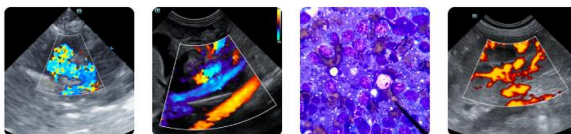
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.35 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.40 cm width 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 was subjectively normal in size, structure, and contour. Normal hepatic vascular volume was present. The liver parenchyma was uniform and hypoechoic to the spleen with a mild 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 minor, nonorganized gallbladder debris. The cystic and common bile ducts were normal.



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***Gastrointestinal***

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild, nonshadowing ingesta without signs of obstruction or foreign material.

The small intestine presented intact wall layering exhibiting segmental propensity for prominent mucosal layer and prominent intestinal wall width, given patient breed and bodyweight. Example of the small Intestinal wall width measured 0.44 cm.

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 were evident.

***Free Abdomen***

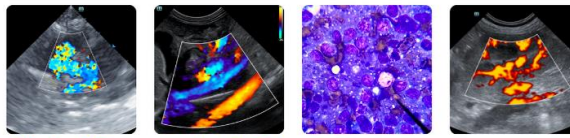
No overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

- Age-related renal changes with multifocal medullary mineral to small renoliths
- Normal urinary bladder – no evidence of bladder mineral or calculi
- Mildly enlarged focally cystic prostate gland – suggestive of mild benign hyperplasia with prostatic cyst, minor potential for prostatitis
- Normal volume liver
- Minor gallbladder debris
- Gastric ingesta with segmental nonspecific prominent intact intestinal wall

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given normal hepatic vascular volume, there is no obvious evidence of intrahepatic or extrahepatic macroscopic shunt. Correlation with hepatic enzyme levels +/- screening bile acid assay could be considered, given historical seizures. Continued monitoring of urinalysis +/- as-needed urine C/S with renal support is recommended. A GI panel to include PLI/TLI/Cobalamin/Folate could be considered if non-reported or arising gastrointestinal signs.



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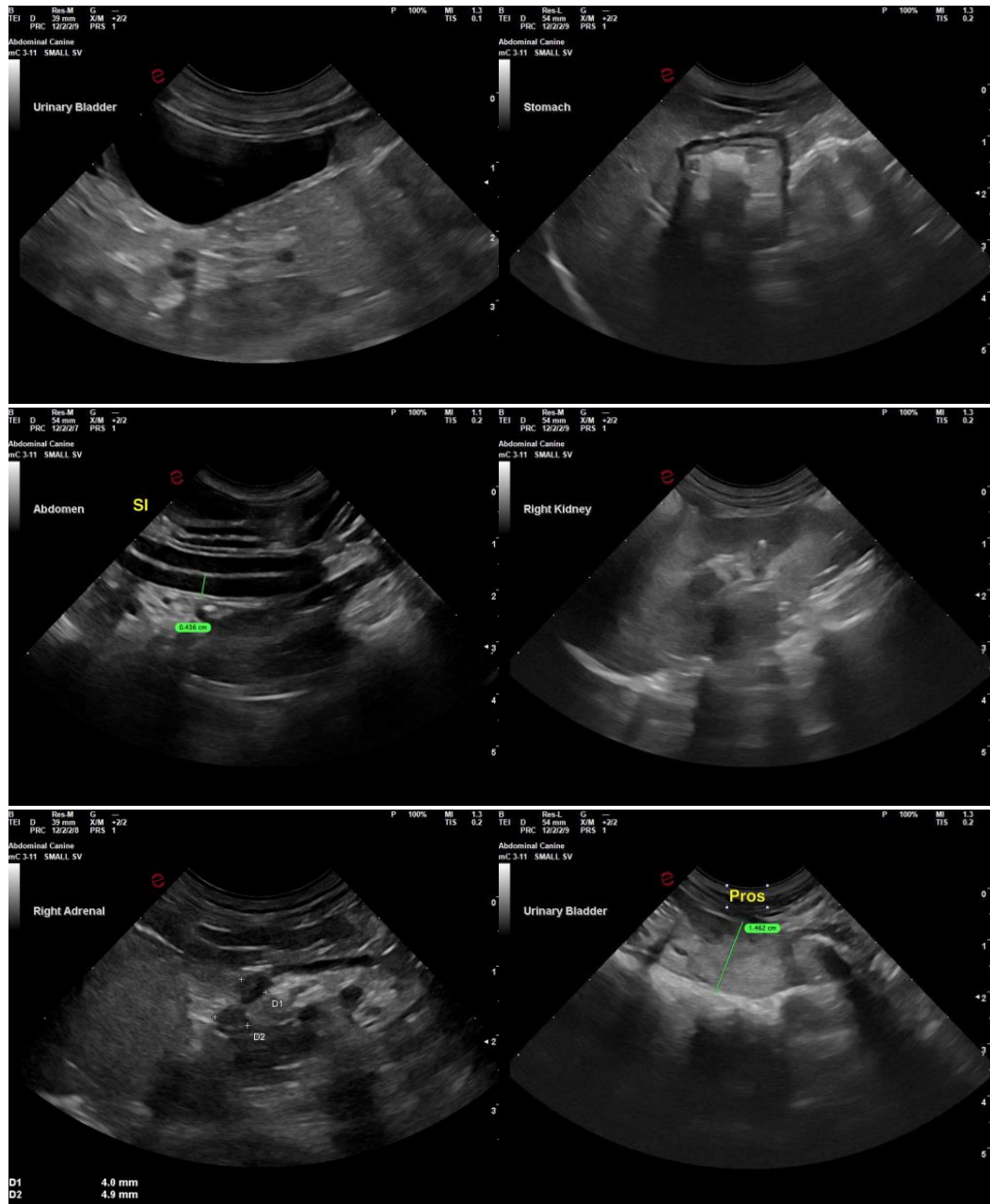
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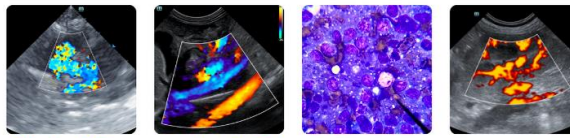
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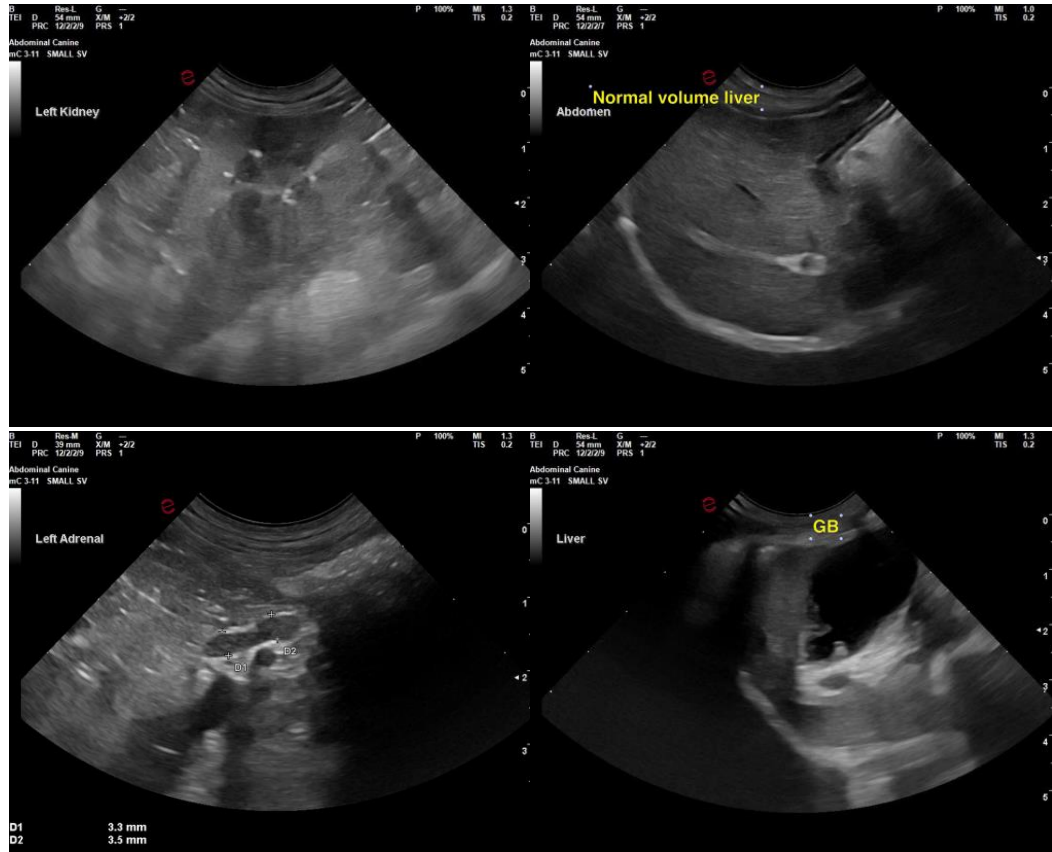
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)