



PATIENT

Janet Baker

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Spayed Female

AGE

14 Years 3 Months

WEIGHT

28.8 Pounds

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP (Canine
/ Feline Practice)

IMAGING PERFORMED BY

Chloe Lowe, CVT

HOSPITAL NAME

VCA Northside AH

REFERRING VET

Dr. Fusselman

INVOICE

37096

DATE

5/12/26

PRESENTING CLINICAL SIGNS

History: Alt and Alk phos elevation- PU/PD with accidents in the house. Few sub Q masses on exam and dental disease. Otherwise, NSF. Fluoxetine.

Abnormal PE/Chem/CBC/UA Results: MIC negative. USG 1.023 Alt 304, Alk phos 1846, BUN 33, PSL 199, Chol 373, Trigly 532.

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. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

The area of the aortic trifurcation was free of pathology.

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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pyelectasia was present. Mild medullary mineral was present in the kidneys. The left kidney measured 4.6 cm in length. The right kidney measured 4.6 cm in length.

Adrenal Glands

The bilateral adrenal glands were borderline prominent in size given patients body weight. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.55 cm width in the caudal pole. The right adrenal gland measured 1.0 cm width in the cranial pole and 0.53 cm width in the caudal pole.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Intermittent discrete hyperechoic nodules were noted. 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 or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

Liver

The liver presented generalized hepatomegaly with rounded symmetrical contour. Mild nonhomogenous increased hepatic parenchyma echogenicity was noted compared to the spleen with mild to variable coarse echotexture. No masses or nodules were noted. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with mild congealed nonorganized debris. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild nonshadowing ingesta consistent with food echogenicity.

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.

ULTRASONOGRAPHIC FINDINGS

- Chronic hepatopathy pattern- subjectively benign
- Nonorganized gallbladder debris (non-mucocele)
- Chronic renal changes, exhibiting mild medullary mineral
- Bilateral borderline adrenomegaly
- Sonographically normal urinary bladder and visible proximal urethra
- Normal gastrointestinal tract/area of pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Adrenal work up with LDDST is warranted if strong clinical suspicion of cushings syndrome. Additional diagnostics, pending adrenal workup, may include, assuming normal clotting status, hepatic FNA cytology, +/- leptospirosis titers/PCR and bile acid profile if considered clinically indicated. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Hepatosupportive medications may prove beneficial.



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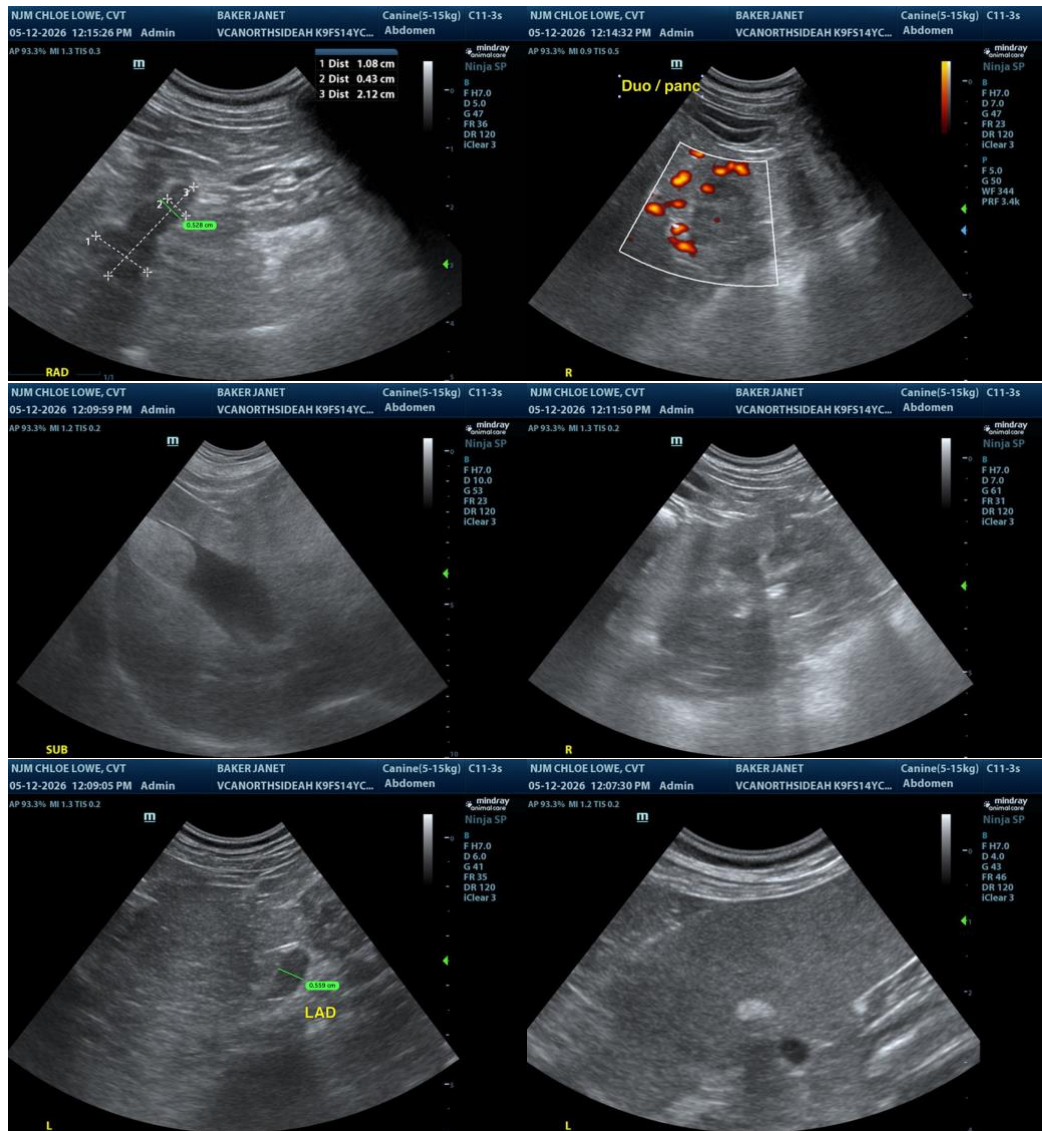
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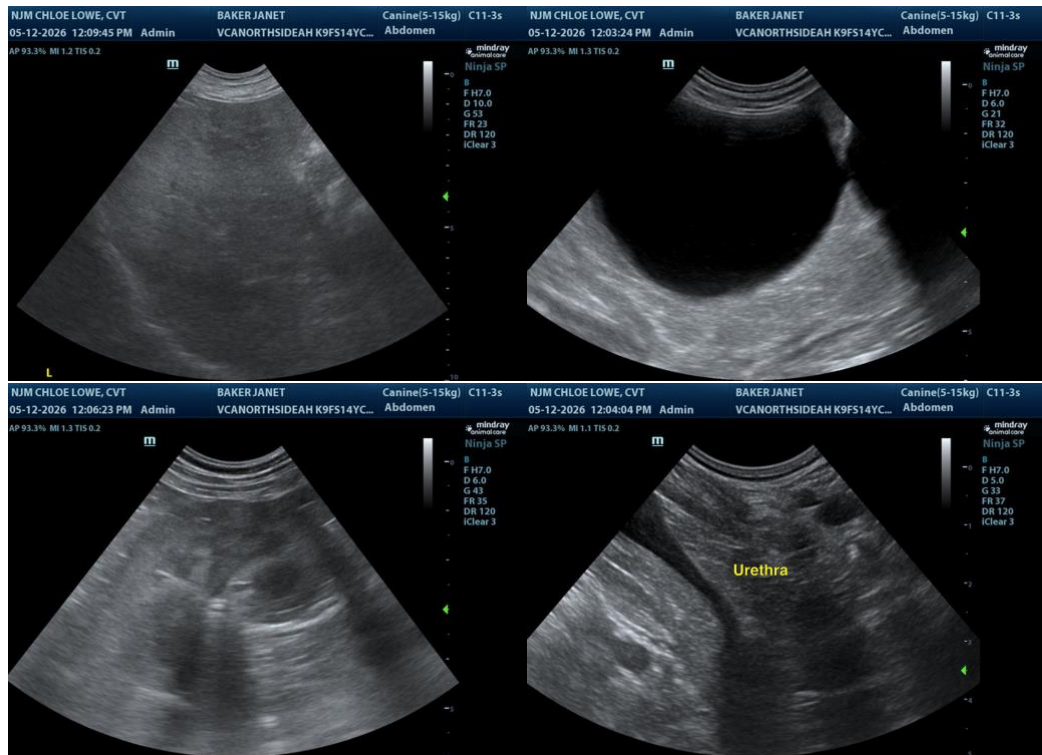
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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