



PATIENT

Hazel Naifeh

SPECIES

Canine

BREED

Miniature Schnauzer

SEX

SF

AGE

10Y, 6M

WEIGHT

7.96

INTERPRETED BY

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

IMAGING PERFORMED BY

Carter

HOSPITAL NAME

Willamette
Veterinary Hospital

REFERRING VET

Carter

INVOICE

75178

DATE

5-27-26

PRESENTING CLINICAL SIGNS

History of bladder stones, heart murmur, hypothyroid, Had Valley Fever, most recent titer was neg. Went off fluconazole in April 2026 and started Denamarin then. Labs in Sept 2025 had elevated liver values. Brief in house US showed emerging gallbladder mucocele. Had been monitoring GB with ultrasound in house. Lost 7% of body weight since last 5 months. Stage B1 heart disease, likely degenerative valve disease.

Was on i/d for a while due to elevated triglycerides; which did go down but still elevated. Back on c/d food now . Didnt want to eat breakfast today

Liver values have progressively going up. Meds; fluoxetine, thyroxine, denamarin, . Over the counter cardiac supplement, Wellactin Omega 3.

Abnormal PE/Chem/CBC/UA Results: 5/16/264/8/26 12/4/25 10/31/25 9/5/25 ALT 268 156 144 113 132 ALP 715 587 501 536 470 TG 488 381 939 765 515 usg 1.044

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. No 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.

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

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. Bilateral nonobstructive medullary renoliths were present. No evidence of pelvic dilation was present. The left kidney measured 3.7 cm in length. The right kidney measured 4.2 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized. No obvious pathology. Subjective normal adrenal size with potential age related changes. No evidence of tumors. The left adrenal gland subjectively measured 0.38 cm with at the caudal pole. The right adrenal gland subjectively measured 0.49 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 presented subjectively mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.



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The gallbladder was non-distended in size with normal walls and without evidence of inflammation or edema. Primarily anechoic bile with mild amount of irregularly congealed nonhomogeneous focally mineralized gallbladder debris was present. The common bile duct was not visualized.

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.

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 soft fecal matter in lumen.

Pancreas

The pancreas was normal in size and contour with isoechoic mildly heterogeneous remodeled parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Sonographically normal urinary bladder.
- Mild chronic renal changes with nonobstructive renolithiasis.
- Hepatopathy – nonspecific yet consistent with benign criteria.
- Congealed partially mineralized gallbladder debris – not consistent with mature mucocele.
- Pancreatic remodeling.
- Overall structurally unremarkable gastrointestinal tract/colon with soft fecal matter.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of recurrent urinary bladder mineral or calculi.

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

Assuming normal clotting status, hepatic FNA cytology could be considered for further clarification although benign criteria such as vacuolar, cholestatic, inflammatory hepatopathy or a combination possible. No evidence of intrahepatic or extrahepatic shunt. Continued hepatosupportive medications including denamarin and ursodiol with monitoring would be reasonable.

Given weight loss, a GI panel to include PLI/TLI/Cobalamin/Folate and three-view chest radiographs suggested to assess for non sonographically evident or occult disease as a contributing factor.



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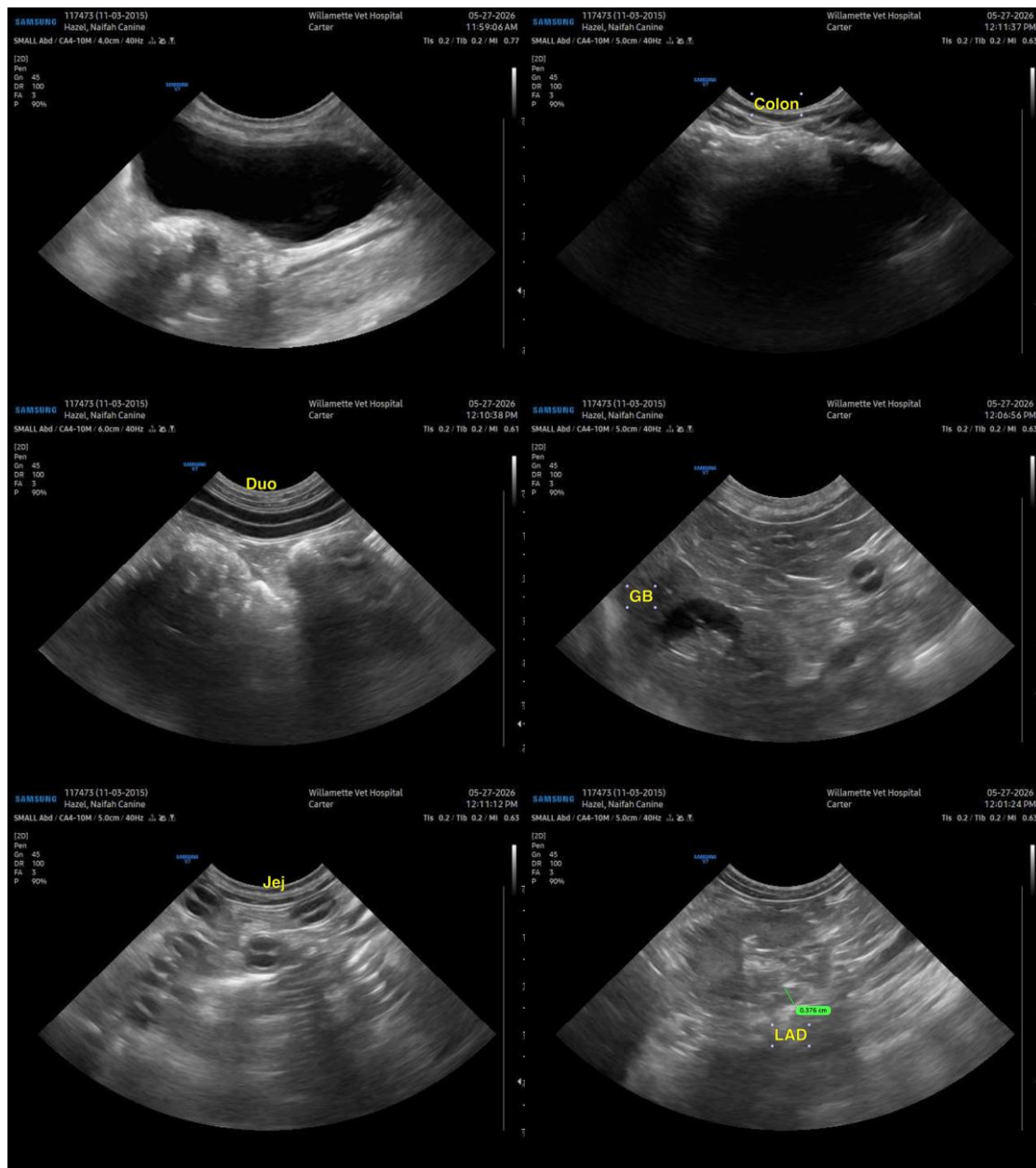
Carter

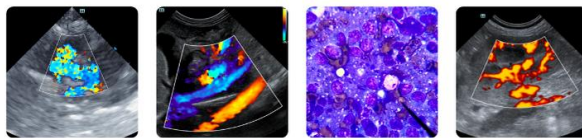
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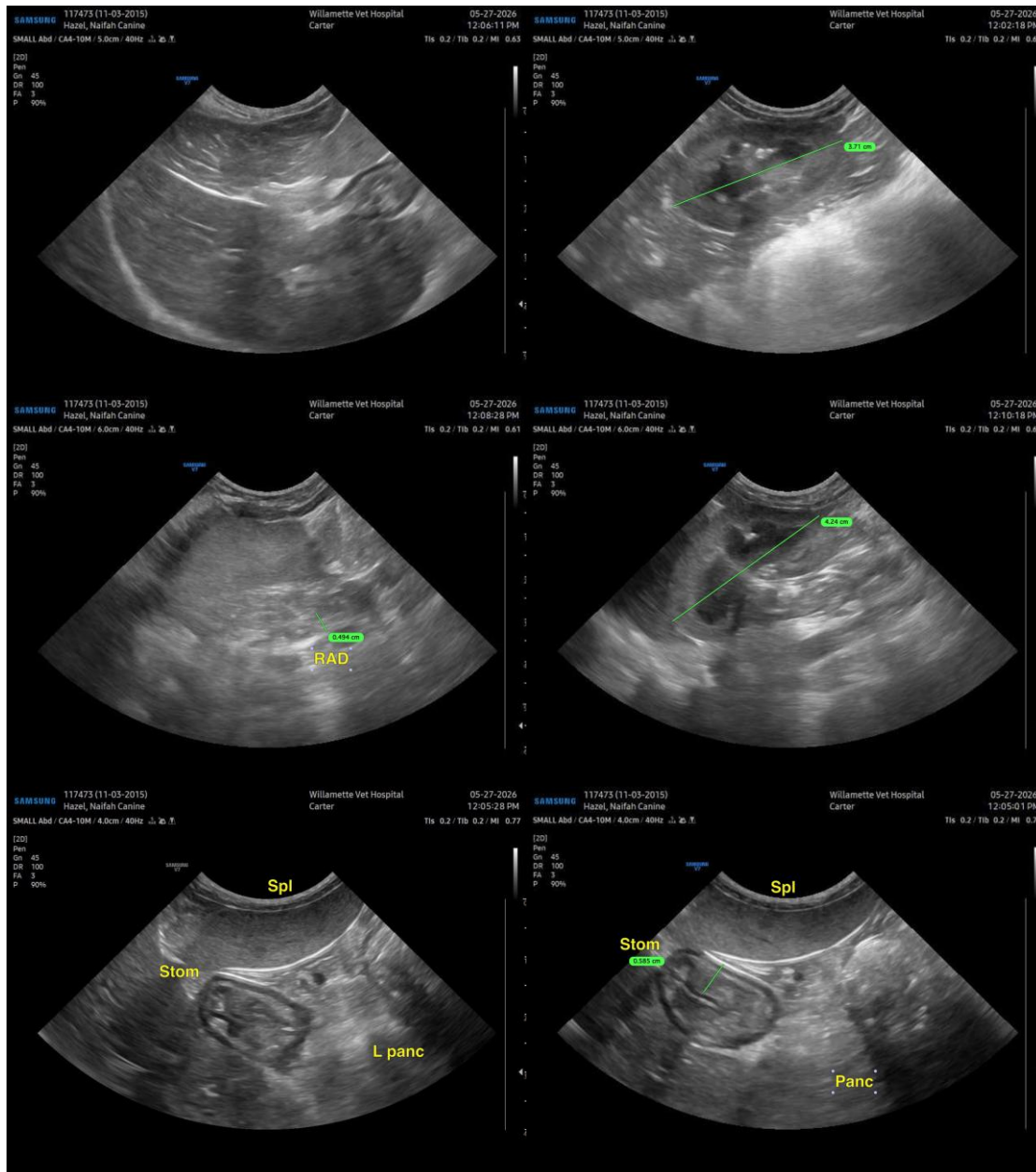
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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