



## PATIENT

Luke Mercado

## SPECIES

Canine

## BREED

Chihuahua

## SEX

Male

## AGE

11 Years 2 Months

## WEIGHT

9.44

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Celia Galanti, DVM

## HOSPITAL NAME

Craig Road Animal  
Hospital

## REFERRING VET

Celia Galanti, DVM

## INVOICE

16605

## DATE

05/29/26

## PRESENTING CLINICAL SIGNS

Luke presented for vaccines and annual bloodwork. Incidentally identified liver elevations. No vomiting, diarrhea, coughing, sneezing, lethargy or other changes were reported.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with no urine mineral or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

The prostate was 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 2.1 cm in diameter.

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 3.6 cm in length. The right kidney measured 3.8 cm in length.

### *Adrenal Glands*

The left adrenal gland was borderline swollen in size at the caudal pole with normal contour and with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.54 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 0.46 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 mild to moderately 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.

The gallbladder was non-distended in size with mildly thickened nonedematous wall. Mild nonorganized gallbladder debris and focal areas of lumen mineral were present. The common bile duct was not visualized.



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## *Gastrointestinal*

The stomach presented subjective mildly thickened wall. Intact wall layering was maintained and distinct. The stomach contained a mild amount of retained anechoic fluid.

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 area of the pancreas was sonographically normal.

## *Free Abdomen*

No overt lymphadenopathy or peritoneal effusion was present.

## ULTRASONOGRAPHIC FINDINGS

### *Primary Findings*

- Hepatopathy.
- Suspect mild cholecystitis with nonorganized mild bile sediment and lumen mineral.
- Age-related renal changes.
- Borderline enlarged caudal left adrenal gland.

### *Secondary Findings*

- Mild benign prostatic hyperplasia.
- Possible mild hypomotile gastritis.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although non-specific, the hepatopathy is most consistent with benign criteria with considerations including vacuolar, cholestatic, inflammatory hepatopathy, hepatotoxicosis, i.e. copper, or other without overt evidence of hepatic neoplasia which is thought less likely.

Further assessment may include hepatic FNA cytology +/- leptospirosis titers/PCR if clinically indicated. Gold standard hepatic biopsies with histopathology and copper assessment, may be required for a definitive diagnosis. Hepatosupportive medications +/- empirical therapy for suspect mild cholecystitis may be considered. The borderline enlarged caudal left adrenal gland may be incidental given no reported clinical signs. Adrenal screening or workup is warranted if clinical signs consistent with Cushing's syndrome are non-reported or arise.



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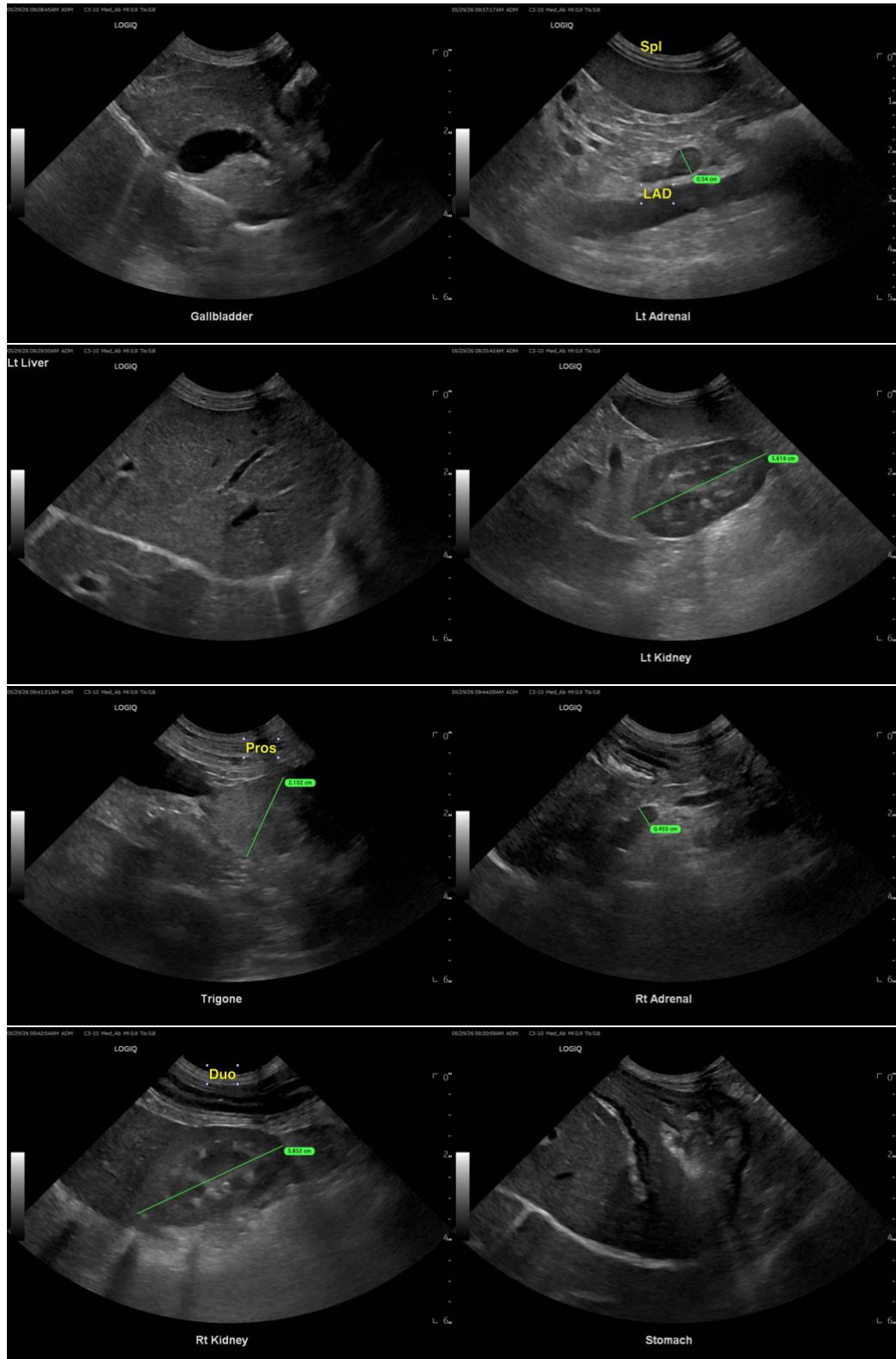
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)