

**PATIENT**

Khaiva Hall

**SPECIES**

Canine

**BREED**

Chihuahua

**SEX**

Spayed Female

**AGE**

16 Years

**WEIGHT**

12 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Loetitia Saint-Jacques, RVT  
LVT

**HOSPITAL NAME**

Grass Valley VH

**REFERRING VET**

Dr. Kristi Cortright

**INVOICE**

17487

**DATE**

9/29/22

**PRESENTING CLINICAL SIGNS**

History: No sedation, a bit tense. History: Patient has had increased lethargy, coughing, reverse sneezing often, and has become very heat sensitive. History: Reoccurring episodes of melana and gelatinous bloody diarrhea. No meds. Heart murmur 3/6 from 1/6 not too long ago.

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

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Pinpoint medullary mineral was present. The left kidney measured 3.9 cm in length. The right kidney measured 3.8 cm in length.

**Adrenal Glands**

The left adrenal gland exhibited mild prominent yet symmetrical caudal pole width with mild nonhomogeneous parenchyma. The left adrenal gland measured 0.48 cm at the cranial pole and 0.71 cm at the caudal pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.55 cm width at the caudal pole and 0.43 cm width at the cranial 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 was subjectively normal in size, structure, and contour. 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 with mild nondependent mildly echogenic debris. No evidence of gallbladder or peripheral gallbladder inflammation. The cystic duct and common bile ducts were normal without evidence of dilation.

**Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with mild luminal gas. The ventral pylorus wall measured 0.37 cm.



**PATIENT**

Khaiva Hall

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Minor segmental nonshadowing ingesta/chyme noted. No evidence of loss of intestinal wall layering or intestinal masses. Intermittent nonspecific jejunal mucosal speckling noted. The duodenum wall measured 0.37 cm. The jejunum wall measured 0.23 cm.

**SPECIES**

Canine

The colon revealed intact normal to mildly prominent wall layering. The colon contained formed to semi-formed fecal matter, along with luminal gas.

**BREED**

Chihuahua

**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.

**SEX**

Spayed Female

**Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

**AGE**

16 Years

**ULTRASONOGRAPHIC FINDINGS**

- Overtly normal GI tract with suspect mild intermittent to recurrent colitis
- Mildly prominent symmetrical caudal left adrenal gland- nonspecific, potential for mild adenomatous change. No evidence of neoplastic criteria
- Mild gallbladder debris (non-mucocele)
- Bilateral mild age-related renal changes

**WEIGHT**

12 Pounds

**INTERPRETED BY**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Overall, largely geriatric abdomen without evidence of abdominal visceral, specifically gastroenterocolic pathology. Novel protein or hydrolyzed diet trial with potential long term dietary therapy, as well as broad spectrum deworming, if clinically indicated, may prove beneficial during periods of suspected mild to recurrent colitis.

**IMAGING PERFORMED BY**

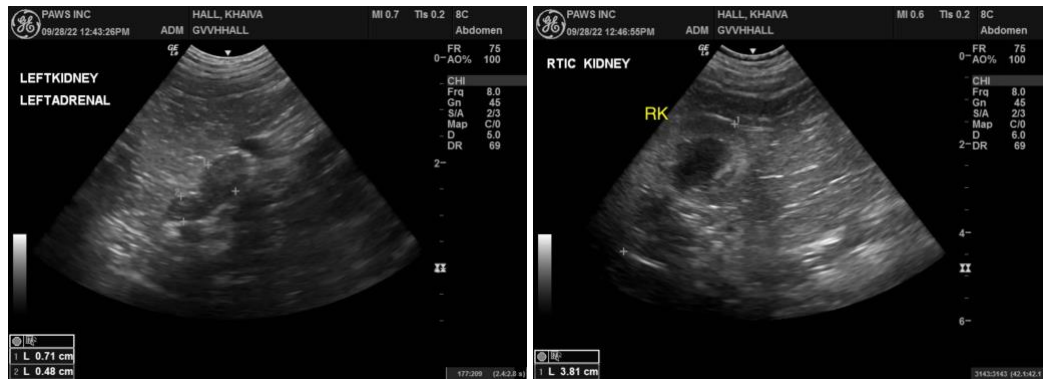
Loetitia Saint-Jacques, RVT  
LVT

**HOSPITAL NAME**

Grass Valley VH

**REFERRING VET**

Dr. Kristi Cortright



**INVOICE**

17487

**DATE**

9/29/22



**PATIENT**

Khaiva Hall

**SPECIES**

Canine

**BREED**

Chihuahua

**SEX**

Spayed Female

**AGE**

16 Years

**WEIGHT**

12 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Loetitia Saint-Jacques, RVT  
LVT

**HOSPITAL NAME**

Grass Valley VH

**REFERRING VET**

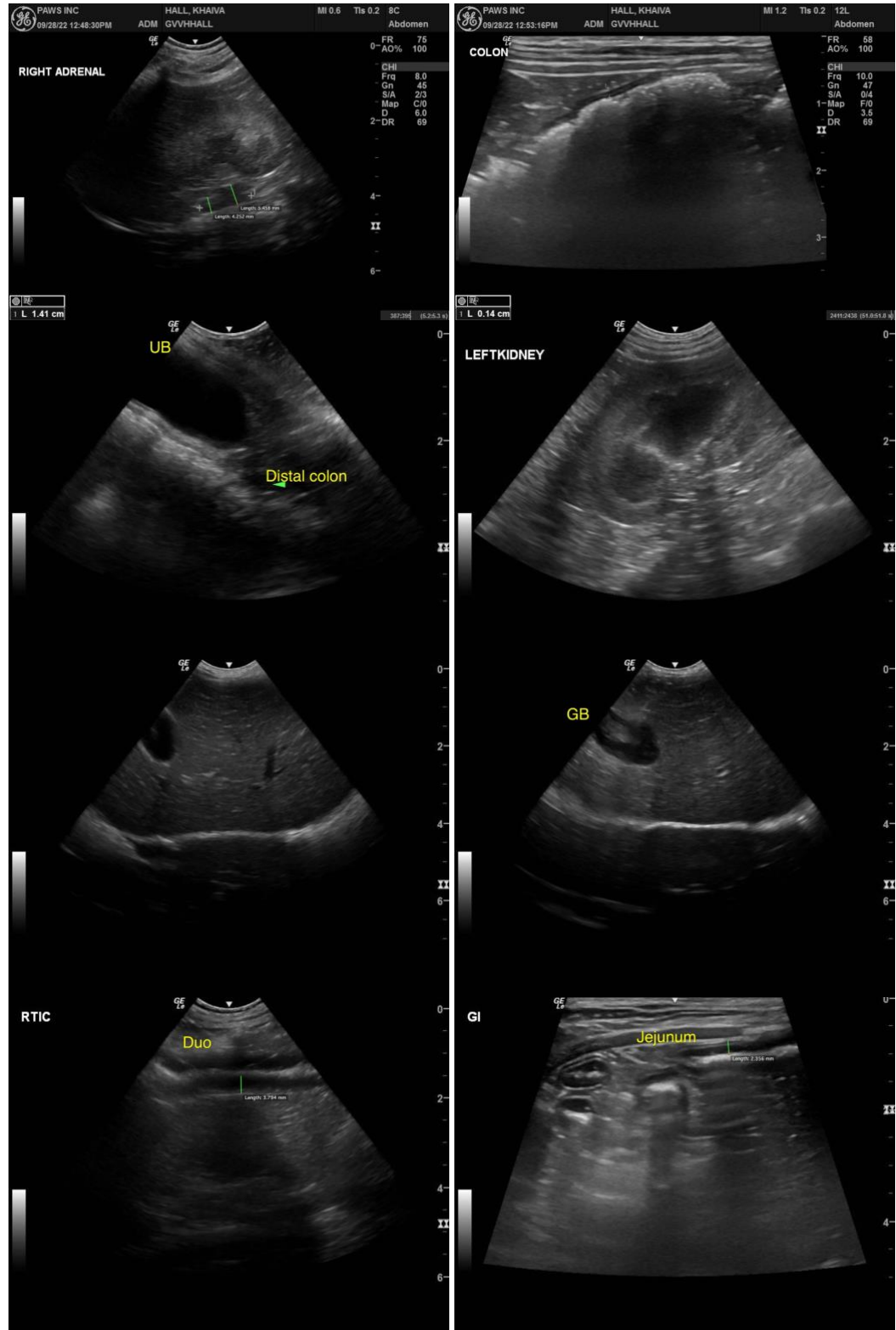
Dr. Kristi Cortright

**INVOICE**

17487

**DATE**

9/29/22





Portable Animal Veterinary Sonography, Inc.

IMAGING PERFORMED BY  
pawsonography@gmail.com 530-786-8340

**PATIENT**

Khaiva Hall

**SPECIES**

Canine

**BREED**

Chihuahua

**SEX**

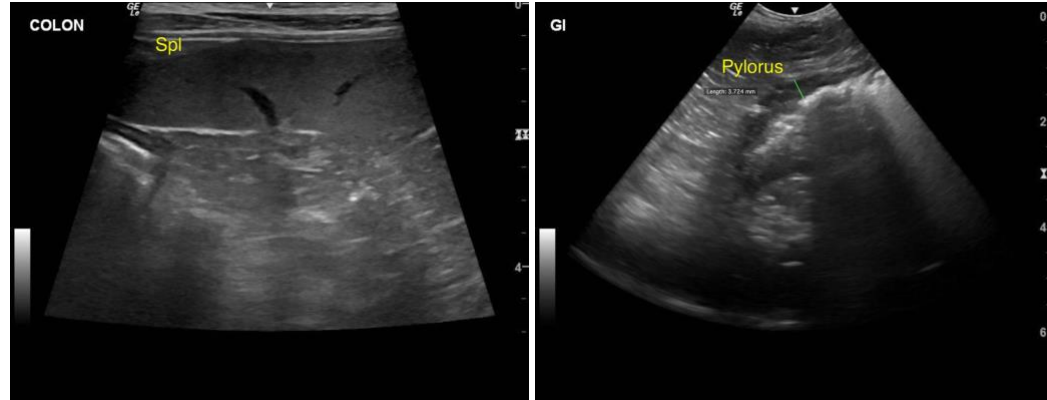
Spayed Female

**AGE**

16 Years

**WEIGHT**

12 Pounds



The information and recommendations provided are based on the images presented by the referring veterinarian. 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

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Loetitia Saint-Jacques, RVT  
LVT

**HOSPITAL NAME**

Grass Valley VH

**REFERRING VET**

Dr. Kristi Cortright

**INVOICE**

17487

**DATE**

9/29/22