



PATIENT

Luke Becker

SPECIES

Canine

BREED

Pitbull

SEX

MN

AGE

5yr

WEIGHT

26kg

PRESENTING CLINICAL SIGNS

AUS to further evaluate significant weight loss, scant ascites, pleural effusion, vomiting. 1-week hx of hyporexia and vomiting. No trouble breathing. Pleural effusion found incidentally on radiograph for vomiting (at rDVM). Transferred to the ER. Thoracocentesis performed in ER prior to AUS. BW shows very mild ALT elevation.

Abnormal PE/Chem/CBC/UA Results: Thoracocentesis: 850 mls removed from the right chest, appears chylous. Fluid cytology +/- culture: pending - rDVM CXR: Pleural effusion - CBC: Hct 68.6% H, RBC 10.27 H, Hgb 24.2 H, RDW 22.2 H, nRBC suspected. Plts 83 L - Chem: Alb 3.2-, ALT 129 H, ALP 27-n, Cr 1.2-n, Gluc 143 H, Glob 2.4-n, BUN 14-n,

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild non-dependent particulate sediment. The ureteral papillae were normal. The ureters were not visible, which is normal. No evidence of inflammatory or neoplastic changes was noted.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 6.2 cm in length. The right kidney measured 6.0 cm in length.

The area of the iliac trifurcation was free of pathology including no evidence of medial iliac or sublumbar lymphadenopathy or masses.

The area of the residual prostate appeared normal and free of pathology

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.65 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 0.62 cm width at the caudal pole.

Spleen

The spleen exhibited subjective mild enlargement with 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. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. Normal vascular volume. The hepatic

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DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Renee Trionfetti, VMD

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and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. 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 was empty with no signs of ileus, obstruction or foreign material.

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The small intestine presented generalized intact wall layering exhibiting propensity for mildly prominent to hyperechoic submucosal layer. Mild intestinal mucosal speckling was present with intact mildly thickened duodenum wall and non-thickened jejunum wall. The duodenum wall measured 0.64 cm width. The jejunum wall measured 0.33 cm width.

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The colon walls presented intact yet prominent wall layering with mild thickened to echogenic submucosa. Generalized soft to non-formed fecal matter was present in the colon lumen with lumen dilation.

Pancreas

AGE

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The right pancreas was mildly prominent in size with asymmetrical capsule contour and non-homogenous hypoechoic parenchyma compared to adjacent omentum.

Free Abdomen

WEIGHT

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Intermittent mildly prominent to enlarged mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example measured 2.9 cm x 0.64 cm.

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Cranial abdomen to mild generalized omental hyperechogenicity.

Mild volume mildly echogenic peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

Primary

- Non-congested liver
- Mild splenomegaly- hyperplasia, hematopoiesis, inflammation, occult neoplasia, sedation, all potentials.
- Non-specific gastroenterocolopathy exhibiting empty gastrointestinal tract and soft /non-formed fecal matter in colon.
- Prominent non-homogenous hypoechoic right pancreas.
- Omental hyperechogenicity, mildly echogenic peritoneal effusion and intermittent primarily mild mesenteric lymphadenopathy

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of hepatic congestion as a contributing factor to the peritoneal effusion. Assuming normal clotting status, and using 25ga needle, a screening hepatosplenic FNA cytology, as well as peritoneal effusion analysis to correlate with pleural effusion is recommended for further clarification.



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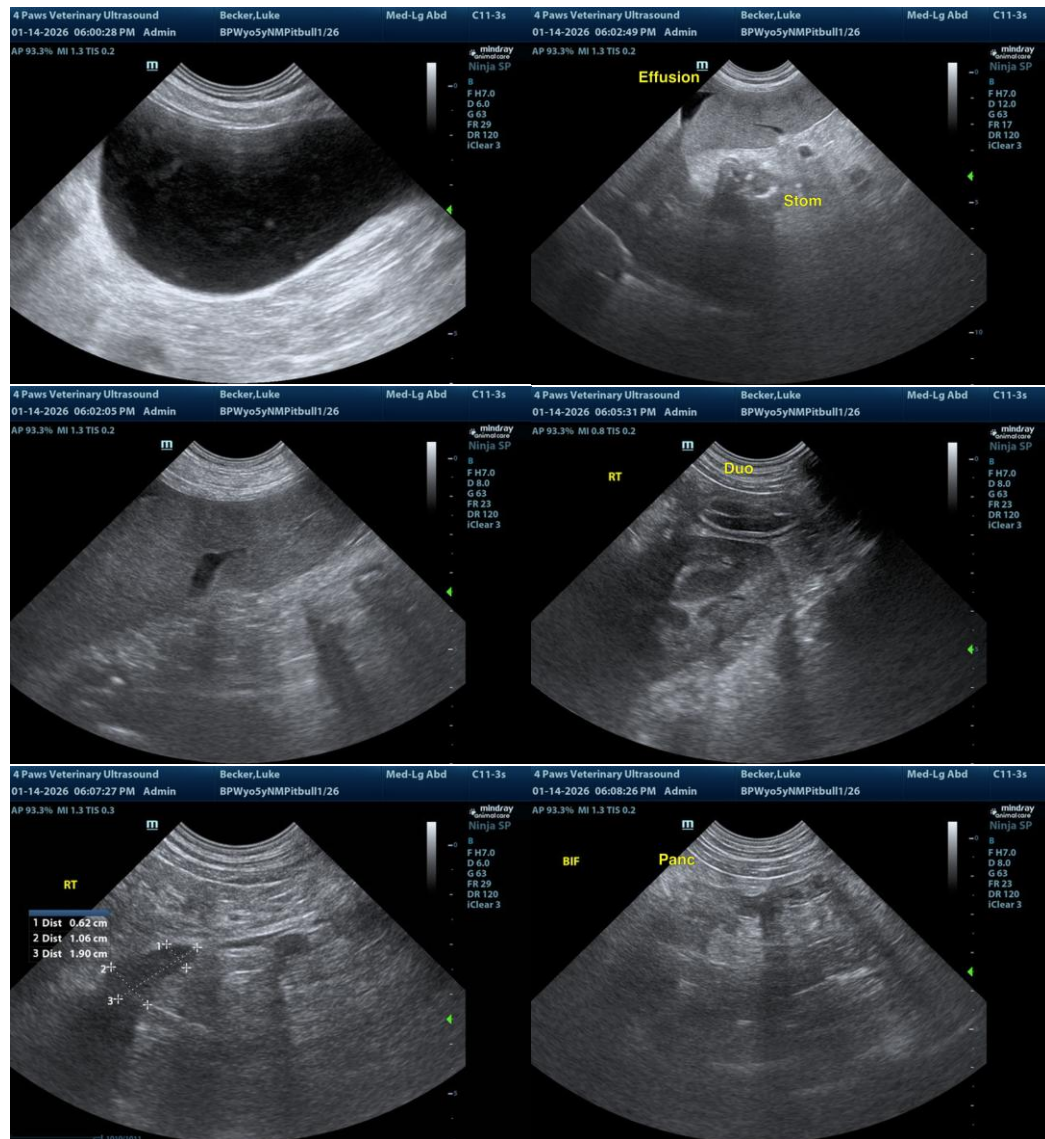
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Mild right limb pancreatitis in conjunction with non-specific gastroenterocolopathy is suspected, although sonographically, the pancreas did not meet significant active or necrotizing pancreatitis criteria. Pending effusion analysis and C/S given no reported subnormal ALB and assuming no evidence of cardiac disease, given no evidence of hepatic congestion, bicavitary inflammatory, infectious, or neoplastic etiologies are possible.

Brief subjective echocardiogram is suggested if not done.





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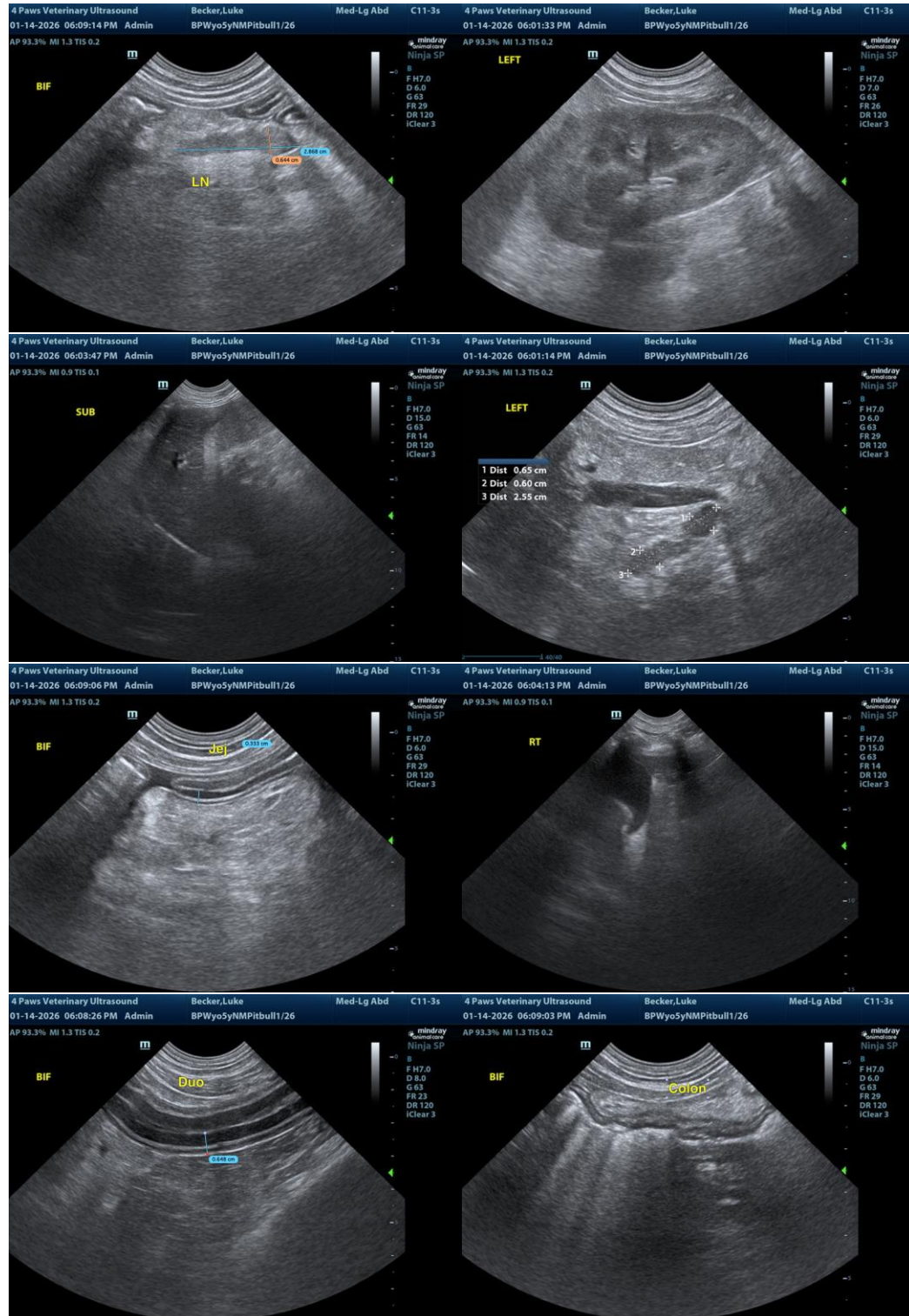
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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