



PATIENT

Tippy Weigum

SPECIES

Canine

BREED

Chihuahua

SEX

Female Spayed

AGE

15y 5m

WEIGHT

9.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jessie Evoniuk

HOSPITAL NAME

State Ave VC

REFERRING VET

Dr. Jessie Evoniuk

INVOICE

13084

DATE

1/15/26

PRESENTING CLINICAL SIGNS

History: Presents for lethargy, intermittent diarrhea, decreased appetite, increased water intake, and recent vomiting. - GI signs: intermittent diarrhea (alternating soft/solid), vomiting (2x, 4-5 days ago, none since), decreased appetite, weight loss (from 11.4 lb to 9.8 lb since August 2025), last bowel movement previous night (solid/normal). - Appetite: decreased, selective for specific cat treats, minimal intake this morning (soft puppy food offered). - Water intake: increased. - Tail carriage: consistently down. Prior medical history: - Left stifle surgery (palpable suture). - Pancreatitis (last episode August 2025). - Cough (previously frequent, associated with excitement/disliked cat).
*Repeated abdominal US today ruling out pancreatitis again.

Abnormal PE/Chem/CBC/UA Results: Abnormal PE- Quiet, mild lethargy; Tachypnea noted in clinic (possible stress); Left stifle: post-surgical, palpable suture; Tail consistently carried down Abnormal bw- WBC 33.03, MON 1.55, NEU 28.94, MCH 25.2, PLT 606, ALP 1420, ALT 186, P 6.7, GLU 114

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 loss of corticomedullary symmetry and definition expected for the age of the patient. Mild pelvic dilation was present. The left kidney measured 3.7 cm in length. The right kidney measured 3.8 cm in length.

Adrenal Glands

The left adrenal gland exhibited borderline swollen caudal pole with symmetrical contour and primarily homogeneous parenchyma measuring 0.57 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 0.49 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

The liver presented mildly enlarged in size. The parenchyma of the liver was subjectively normal in mild, non-organized, gravity dependent, echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was



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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 echogenic, nonmineralized biliary sludge. 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 no signs of ileus, obstruction 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 apparent semi-formed feces and lumen gas.

Pancreas

The left and right pancreas exhibited persistent swollen appearance more prominent in the pancreas base and right pancreatic limb. Hyperechoic, mildly non-homogeneous parenchyma.

Free Abdomen

Peripancreatic to the right cranial abdomen hyperechoic omentum and no evidence of peritoneal effusion present. No overt visualized significant omental lymphadenopathy.

PRIMARY FINDINGS

- Persistent pancreatitis with peripancreatic reactive omentum/mild steatitis
- Static being appearing hepatopathy
- Non-organized gallbladder debris (non-mucocele)
- Sonographically normal empty gastrointestinal tract with suspect mild duodenitis, semi-formed fecal matter in colon

SECONDARY FINDINGS

- Static mild chronic renal changes with mild pyelectasia
- Borderline swollen caudal left adrenal gland – nonspecific, benign

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Minor potential for pancreatic neoplasia yet thought less likely given no evidence of progressive pancreatic pathology compared to the previous study with subjective mild improvement in pancreatic sonographic appearance. However, persistent pancreatic inflammatory criteria and regional omental inflammation is present. Empirical therapy for pancreatitis with gastrointestinal support and clinical monitoring is recommended. As needed sonographic reassessment indicated if persistent, non-responsive or progressive clinical signs.



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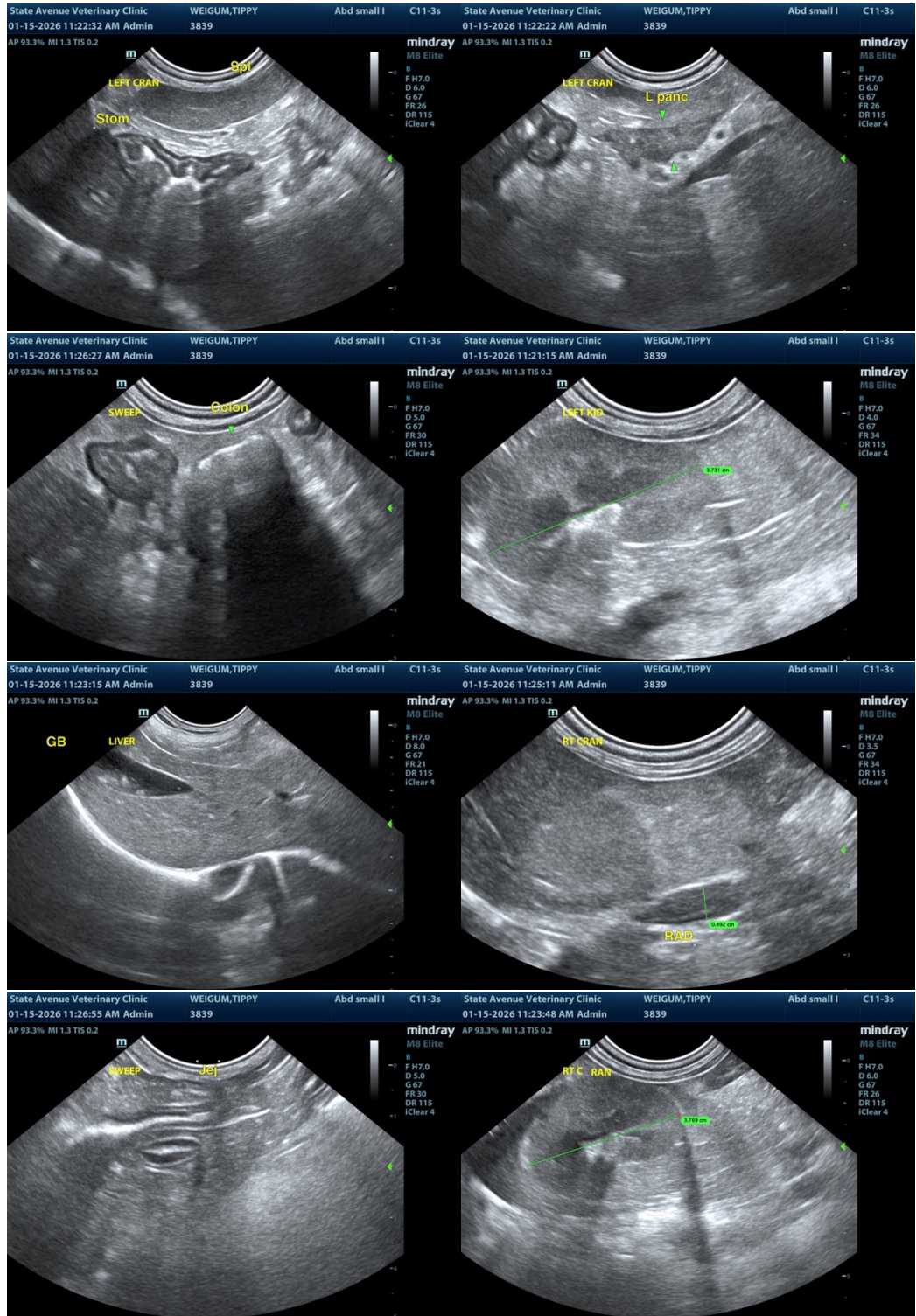
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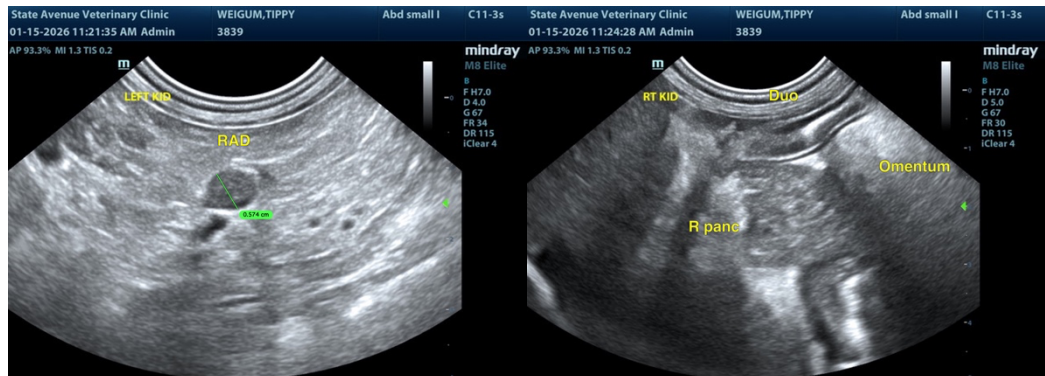
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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