



PATIENT

Travolta Bucaram

SPECIES

Canine

BREED

Lab Mix

SEX

Neutered Male

AGE

8 Years

WEIGHT

60 pounds

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Dra. Mayra Sanchez

HOSPITAL NAME

Sunset Animal Hospital

REFERRING VET

Dra. Mayra Sanchez

INVOICE

13189

DATE

01/16/26

PRESENTING CLINICAL SIGNS

Presented Monday for vomiting and painful abdomen -Results consistent with Pancreatitis -Patient received supportive care (limited outpatient hospitalization due to patient temperament) -Patient is still hyporexic and vomiting even with Cerenia

PE: multiple lipomas, dental disease CBC: NEU 11.4 Chem: ALP 735, AMY 1719, CA 12.2 Radiographs: No obvious masses or FB seen; no signs of SI obstruction cPL: ABNORMAL >1091

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder presented uniformly thickened urinary bladder wall isoechoic to the adjacent normal urinary bladder wall. The luminal margin of the thickened urinary bladder wall was mildly asymmetrical in contour. Ventral apical urinary bladder wall thickness measured 0.57 cm. Mineralization or echogenic foci within the thickened areas of urinary bladder wall was not present. No obvious pathology in the area of the trigone or cystourethral junction. Anechoic urine was present in the lumen with mild nondependent particulate urine sediment. The ureteral papillae were normal. The ureters were not visible which is normal.

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

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 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 6.7 cm in length. The right kidney measured 6.7 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

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 revealed generalized hepatomegaly. The hepatic parenchyma revealed diffuse reduced echogenicity compared to the spleen and renal cortical parenchyma with a mild coarse echotexture. Increased portal vein prominence was evident. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance.

The gallbladder was non distended in size with congealed hyperechoic moderate biliary sludge. No evidence of gallbladder wall edema. The common bile duct was not visualized.



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Gastrointestinal

The stomach presented intact visible wall. The stomach exhibited moderate distention with retained primarily anechoic fluid and a mild amount of nonshadowing ingesta/chyme. No obvious obstruction to pyloric outflow.

The small intestine presented intact wall layering with maintained wall layer ratio and empty intestinal lumen. Mild decreased duodenal mucosa echogenicity with minor upper to mid duodenal nonobstructive ileus.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The right pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic to perigastric regional cranial abdomen hyperechoic omentum. No overt evidence of neoplasia.

Free Abdomen

No obvious visualized significant peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Pancreatitis with peripancreatic to cranial abdomen steatitis.
- Gastroduodenitis with moderate gastric stasis.
- Enlarged mildly hypoechoic liver.
- Congealed nonorganized gallbladder debris- not consistent with mature mucocele criteria.

Secondary Findings

- Mild cystitis pattern with urine sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No obvious evidence of upper gastrointestinal mechanical obstruction i.e. stricture, mass, foreign body, etc. with metabolic or functional gastric stasis secondary to pancreatitis probable. The liver may suggest acute, reactive, cholestatic or vacuolar hepatic changes given evidence of pancreatitis. Potential for occult pancreatic or hepatic neoplasia is thought less likely.

Assuming normal clotting status, hepatic FMA cytology is warranted given mild hypercalcemia. Hospitalization with empirical therapy for pancreatitis with concrete gastrointestinal support and consideration for gastric evacuation. Clinical and as needed sonographic monitoring pending response to supportive care is recommended. Recheck sonogram is indicated if non-responsive or progressive gastrointestinal signs or hepatopathy.



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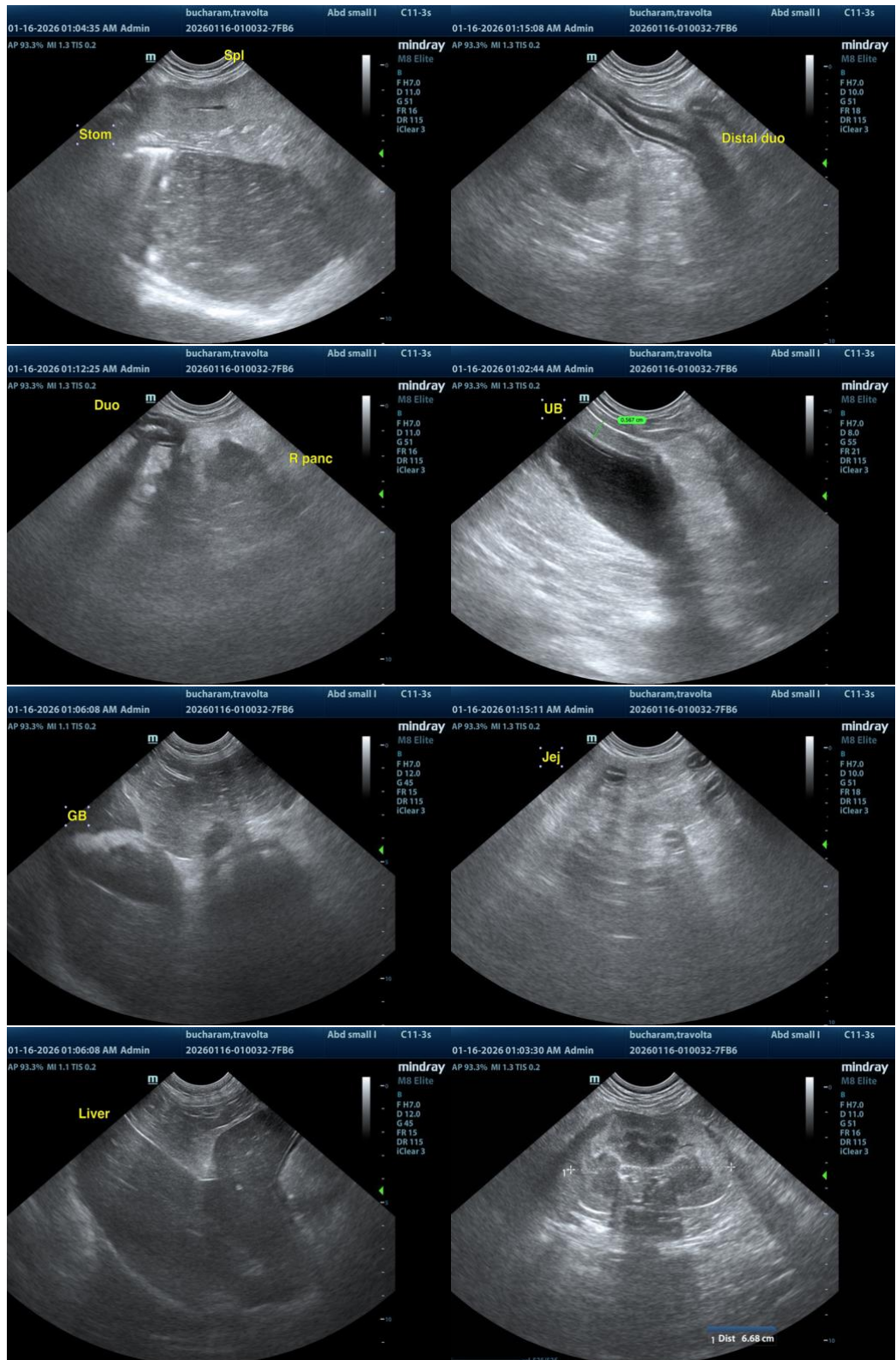
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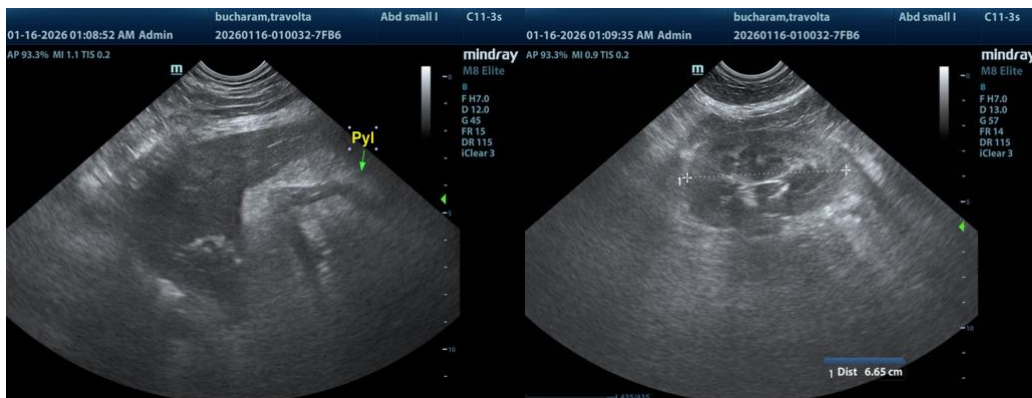
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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