



## PATIENT

Mr. Pugglesworth  
Justusson

## SPECIES

Canine

## BREED

Pug

## SEX

MN

## AGE

8 yrs

## WEIGHT

16.01

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Sara Hansen

## HOSPITAL NAME

Hello Vet for Pets  
Wellness Center

## REFERRING VET

Dr. Christensen

## INVOICE

10562

## DATE

1/20/26

## PRESENTING CLINICAL SIGNS

Clinical Exam Findings:

- Restlessness, inappetence
- Refusing treats and less interested in food
- Suspected Pancreatitis
- ABNORMAL Labwork Values- DGGR 1200, markedly elevated
- Current Medications- Entyce Give 0.7 ml orally every 24 hours as needed for appetite stimulation. -PRN
- Radiographic Findings- No rads have been taken

## 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 evidence of urine or lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture.

No evidence of pathology in the area of the aortic trifurcation.

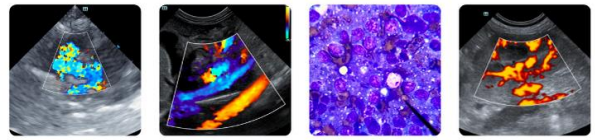
Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 3.2 cm in length. The right kidney measured 3.6 cm in length.

### Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 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 0.54 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.



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***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. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing primarily anechoic content with mild, nonorganized gallbladder debris. The cystic and common bile ducts were normal.

***Gastrointestinal***

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate, variably echogenic, primarily nonshadowing to regional mild progressively shadowing ingesta without signs of obstruction or foreign material. There was no obvious obstruction to pyloric outflow or obstructive pyloric mural pathology.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained segmental, similar appearing, nonshadowing ingesta without obstructive pattern to the level of the colon. The duodenum wall measured 0.39 cm width. The jejunum wall measured 0.30 cm width.

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

***Pancreas***

The visualized pancreas exhibited normal size, mild asymmetrical capsule contour, and isoechoic nonhomogeneous parenchyma compared to adjacent nonreactive or inflamed omentum.

***Free Abdomen***

No overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

***Primary Findings***

- Overall structurally unremarkable gastrointestinal tract with gastrointestinal ingesta
- Mild nonhomogeneous pancreas

***Secondary Findings***

- Mild nonorganized gallbladder debris (non mucocele)

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There is no visible evidence of gastrointestinal mural pathology, obstructive criteria such as foreign body, or sonographic evidence of significant / active pancreatitis. Mild to chronic pancreatitis may



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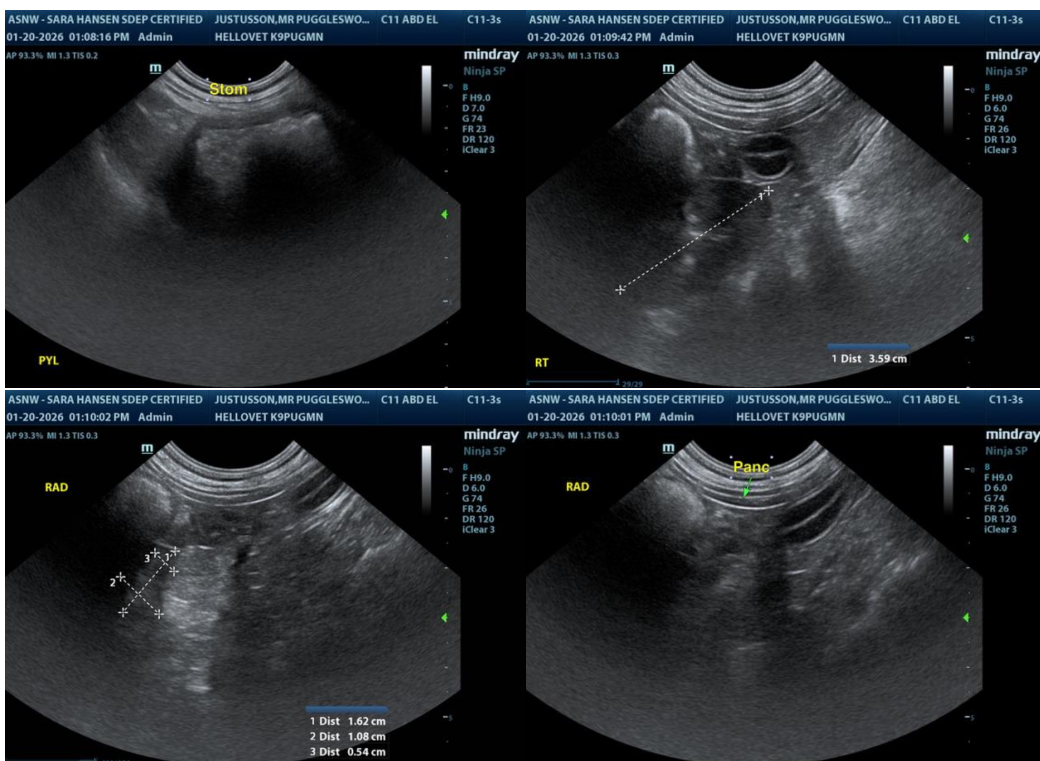
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present in a similar manner and may be suspected if evidence of cranial abdomen / subxiphoid discomfort on palpation. The presence of gastric ingesta is nonspecific and likely indicates post-prandial presentation. Correlation with most recent meal ingestion is recommended. If documented NPO prior to the ultrasound, the presence of gastric ingesta may indicate some degree of gastric hypomotility or metabolic stasis. The sonographic presentation of the ingesta was most consistent with food, without evidence of foreign material.

A documented 12-hour fast and sonographic or radiographic monitoring of gastrointestinal motility is suggested. A GI panel to include PLI/TLI/Cobalamin/Folate, screening cortisol level, and three-view chest radiographs may be considered to assess for or rule out additional occult pathology as a contributing factor. Continued gastrointestinal support pending additional assessment is recommended.





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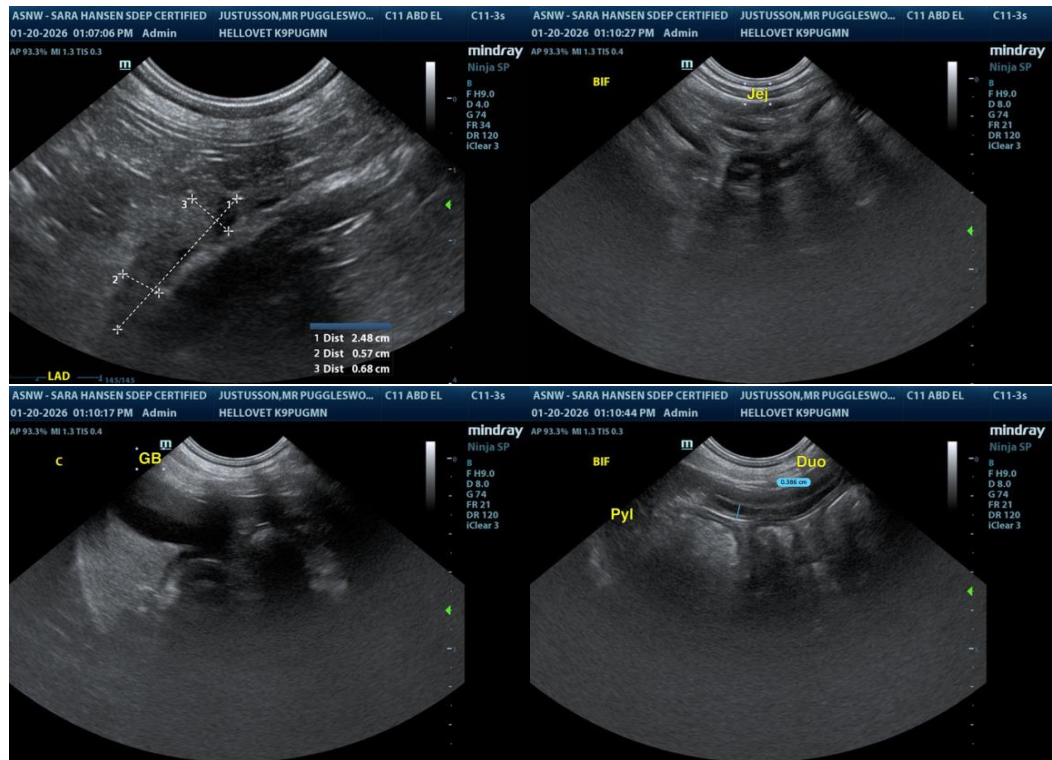
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)