

PATIENT

Matias Almodovar

SPECIES

Canine

BREED

Yorkshire Terrier Mix

SEX

Intact Male

AGE

9 Years

WEIGHT

13.6 pounds

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP (Canine
/ Feline Practice)

IMAGING PERFORMED BY

Dr. Gabriel Ferrer
DVM

HOSPITAL NAME

Pulse Pet Ultrasound
Services

REFERRING VET

Dra. Yolanda Sierra

INVOICE

13374

DATE

01/23/26

PRESENTING CLINICAL SIGNS

- Presented for evaluation of vomiting, diarrhea and inappetence.
- Problem started suddenly on January 19th, 2026
- Pt has been lethargic, inappetence and painful.

Abnormal PE/Chem/CBC/UA Results: Bloodwork: Attached as supporting documents. New CBC for Jan 19th No recent CHEM available. Old CBC and CHEM Dec 2025

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 change were noted.

The area of the aortic trifurcation was free of pathology.

The prostate was enlarged in size with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. The prostate measured 3.0 cm in diameter. The left and right testicles were sonographically normal.

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 4.7 cm in length. The right kidney measured 5.1 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 0.46 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 0.48 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 & Gallbladder

The liver presented subjective mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform



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with a mildly coarse echotexture. The capsule of the liver was 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 mild nonorganized biliary sludge. Mildly thickened hyperechoic gallbladder wall. The common bile duct was not visualized.

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 without mechanical/metabolic ileus to the level of the colon. Subjective intact mildly thickened upper to mid duodenum wall measuring 0.50 cm wall width.

Normal visible colon wall layers were present with semi formed to soft fecal matter in lumen.

Pancreas

Asymmetrically enlarged to swollen left and right pancreatic limbs with indistinct pancreatic capsule compared to adjacent surrounding peripancreatic to cranial abdomen hyperechoic omentum. Nonhomogenous hypoechoic pancreatic parenchyma. The right pancreatic limb measured 2.4 cm in diameter. No evidence of pancreatic mineralization.

Free Abdomen

No obvious visualized significant omental lymphadenopathy was present. Scant pockets of peripancreatic to peritoneal effusion was visualized.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Enlarged nonhomogenous pancreas with peripancreatic peritonitis- potentially necrotizing pancreatic inflammation, potential for pancreatic neoplasia.
- Mild hepatomegaly- subjective benign.
- Nonorganized gallbladder debris with mild thickened gallbladder wall- possible mild chronic cholecystitis (non-mucocele).
- Associated gastroduodenitis pattern.
- Semi formed to soft fecal matter in colon.

Secondary Findings

- Benign prostatic hyperplasia- mild potential for prostatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status and using 25-gauge needle under sedation, FNA cytology into swollen pancreatic parenchyma for cytology +/- culture/sensitivity could be considered. Empirical therapy for pancreatitis, which may include broad-spectrum antibiotic therapy given probable peritonitis with clinical and sonographic monitoring would be reasonable. Guarded prognosis is suspected.



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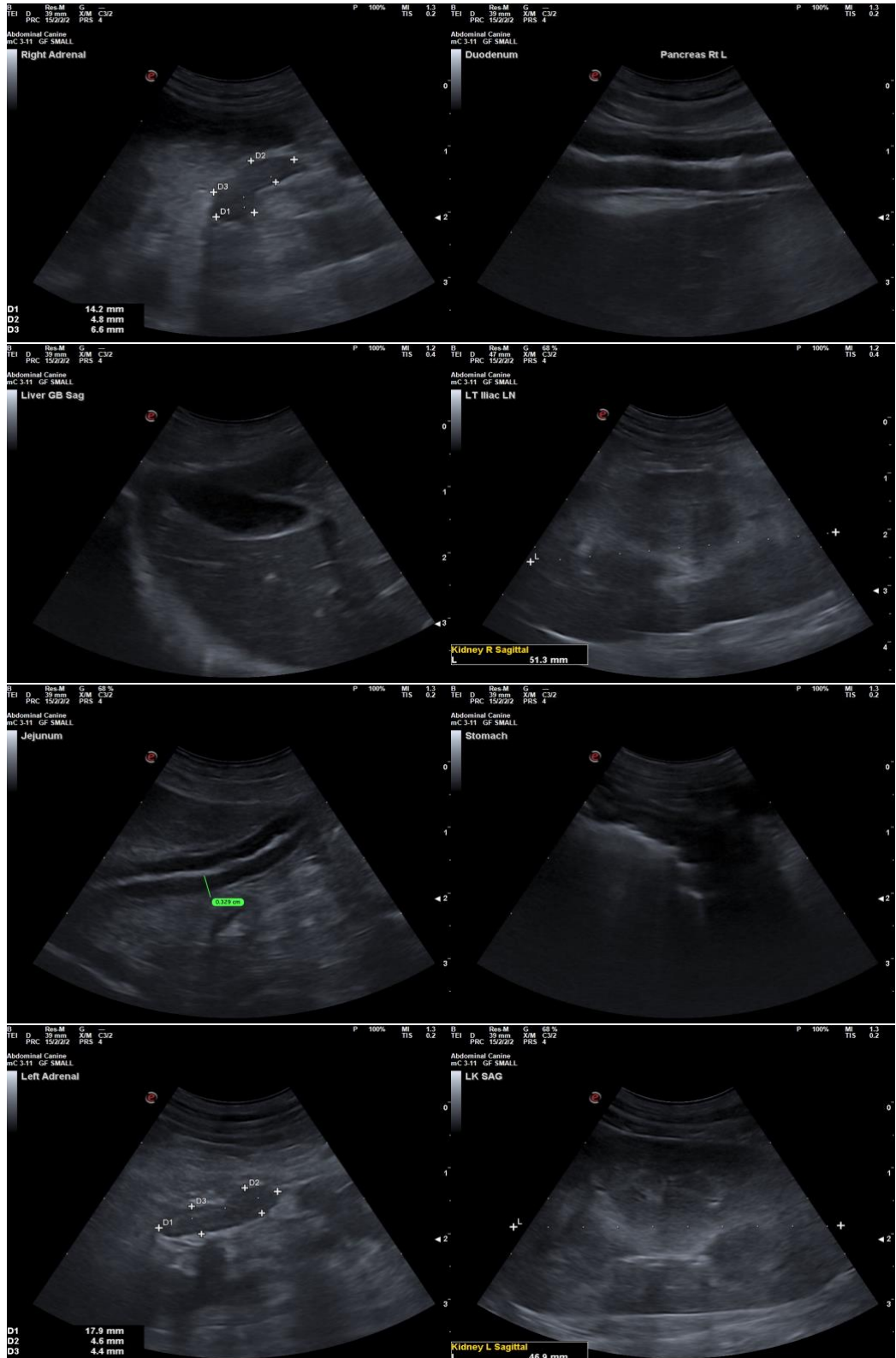
Dra. Yolanda Sierra

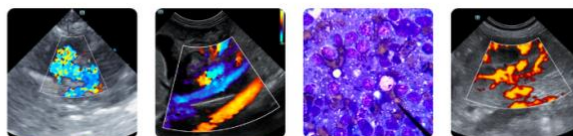
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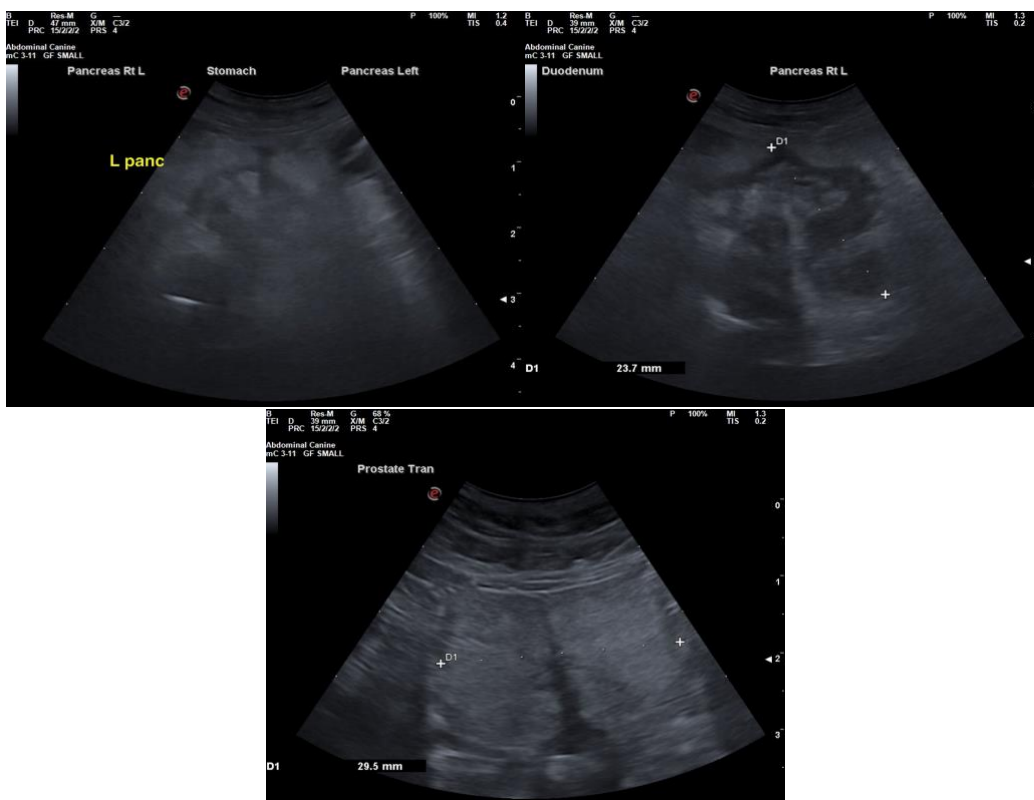
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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