



PATIENT

Becca Fidler

SPECIES

Canine

BREED

Miniature Schnauzer

SEX

Spayed female

AGE

13 yrs

WEIGHT

17.7 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Scott

HOSPITAL NAME

Tenafly Vet Center

REFERRING VET

Scott

INVOICE

10595

DATE

1/28/26

PRESENTING CLINICAL SIGNS

History:

- Follow up US of liver, portal vein, and pancreas after episode of pancreatitis. No clinical symptoms at home and p is very comfortable, sending out fasted triglycerides and recheck PLI returned at 1160.9 ng/mL (well over the threshold for pancreatitis). Previously had hypertension with a persistent BP of 230, but is now regulated at 120.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was not definitively visualized.

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

The kidneys were not definitively visualized.

Adrenal Glands

The visualized left adrenal gland exhibited subjective mild enlargement, symmetrical contour, and homogeneous parenchyma, measuring 0.7 cm width at the caudal. The right adrenal gland was 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 presented enlarged in size. Normal hepatic vascular volume was present. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform 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 or thrombosis. Intermittent, discreet, hypoechoic parenchymal nodules were present, with an example measuring 1.2 cm in diameter.

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 was empty without evidence of retained ingesta, fluid, 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 formed feces in lumen.



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Pancreas

The pancreas was normal in size with minor capsule asymmetry and isoechoic, mildly heterogeneous parenchyma compared to adjacent nonreactive or inflamed omentum. No signs of active inflammation or neoplasia.

Free Abdomen

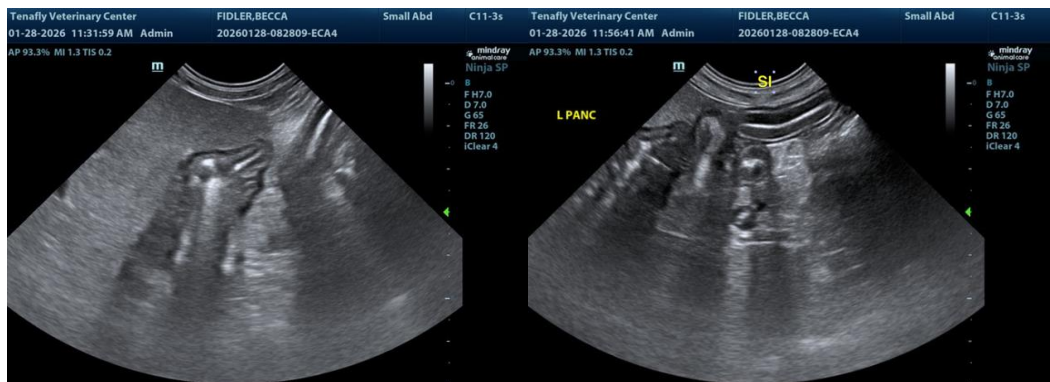
No evidence of peritoneal effusion was present. No evidence of portal vein thrombus.

ULTRASONOGRAPHIC FINDINGS

- Empty sonographically normal gastrointestinal tract
- Mild heterogeneous pancreas
- Non-congested hepatomegaly - sonographically suggestive of benign criteria
- Nonorganized gallbladder debris (non mucocele)
- Subjective mild right adrenomegaly

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no sonographic evidence of persistent / progressive pancreatic edema or inflammation, with pancreatic presentation suggestive of resolved pancreatitis / edema with mild remodeling and potential chronic pancreatitis. Correlation with liver enzyme assessment is recommended. Adrenal workup could be considered if clinical signs consistent with Cushing's Syndrome are present. Hepatosupportive medications and continued empirical therapy for chronic pancreatitis would be reasonable.





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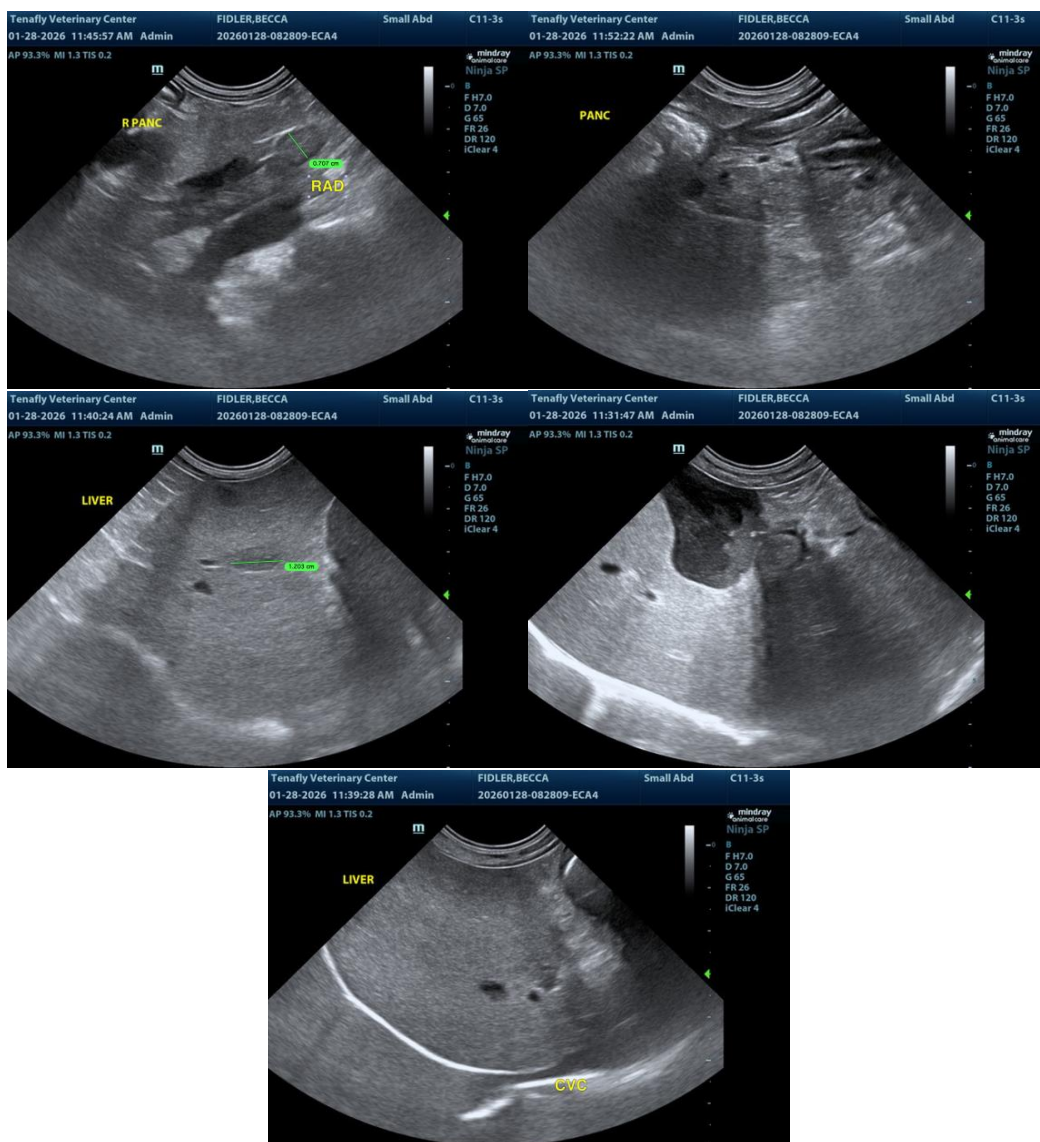
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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