



## PATIENT

Moomi Manton

## SPECIES

Canine

## BREED

Basset Griffon  
Vendéen

## SEX

Male

## AGE

1

## WEIGHT

13.8

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Erica Harmon

## HOSPITAL NAME

Wilvet South

## REFERRING VET

Dr. Erica Harmon

## INVOICE

13429

## DATE

01/28/26

## PRESENTING CLINICAL SIGNS

- Dec 26th pt was having bloody v and D and was diagnosed with Pancreatitis. Yesterday pt stopped E/D and pt regurgitate white/yellow/clearish foamy bile in the morning. This happened twice and when O went to wipe it up and there was some blood in the 2nd pile. went to rDVM yesterday. This morning, he was doing great and then gums and tongue were white. They went to rDVM again and they transferred to us. Monday pt was bad, Tuesday pt was better, today pt was not good again(O said that his stomach was making strange noises VERY loud) and he was whining (gave 1/2 Prilosec this morning + Gabapentin).

Abnormal PE/Chem/CBC/UA Results: Cardiovascular: \*\*Arrhythmia: intermittent sinus arrhythmia appreciated, no murmur. MMs pale pink to pink. \*\* Chronic pancreatitis, waxing and waning improvement and flare ups of V, inappetence. Episode of pallor/hypovolemia/shock at rDVM this morning prior to presentation. Treated with fluid resuscitation. Lact 4.72(H) K+ 3.2(L)

## 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 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 3.2 cm in diameter.

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 6.5 cm in length. The right kidney measured 6.4 cm in length.

### Adrenal Glands

The left adrenal gland was not definitively visualized.

The right adrenal gland presented with subjective subnormal size and symmetrical contour with homogenous parenchyma. The right adrenal gland measured 0.34 cm width at the caudal pole.

### Spleen

The spleen was subjective mildly enlarged and 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 with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

## Gastrointestinal

The stomach presented mildly thickened wall. Intact wall layering was maintained and distinct. The stomach contained a mild to moderate amount of retained fluid and mild nonshadowing ingesta/chyme. No evidence of obstruction to pyloric outflow.

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.

## Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

## Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

## ULTRASONOGRAPHIC FINDINGS

- Nonobstructive hypomotile stomach/hypomotile gastritis pattern.
- Normal empty small intestine.
- Sonographically unremarkable pancreas.
- Subjective mild splenomegaly exhibiting homogenous parenchyma and symmetrical contour-hyperplasia, hematopoiesis, inflammation, sedation (if clinically applicable), occult splenic neoplasia thought less likely.
- Benign prostatic hyperplasia pattern.
- Subnormal right adrenal gland.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of mechanical gastric or gastrointestinal obstructive criteria or sonographic evidence of active pancreatitis. Mild pancreatitis in conjunction with metabolic or functional hypomotile gastritis or gastroenteritis is possible.

Gastrointestinal support is indicated with clinical and as needed sonographic monitoring if non-response to supportive care. If patient is non-sedated, assuming normal clotting status and using 25-gauge needle, splenic FNA cytology could be considered to assess for occult disease. Screening cortisol level to rule out occult Addison's disease despite hypokalemia may be considered.



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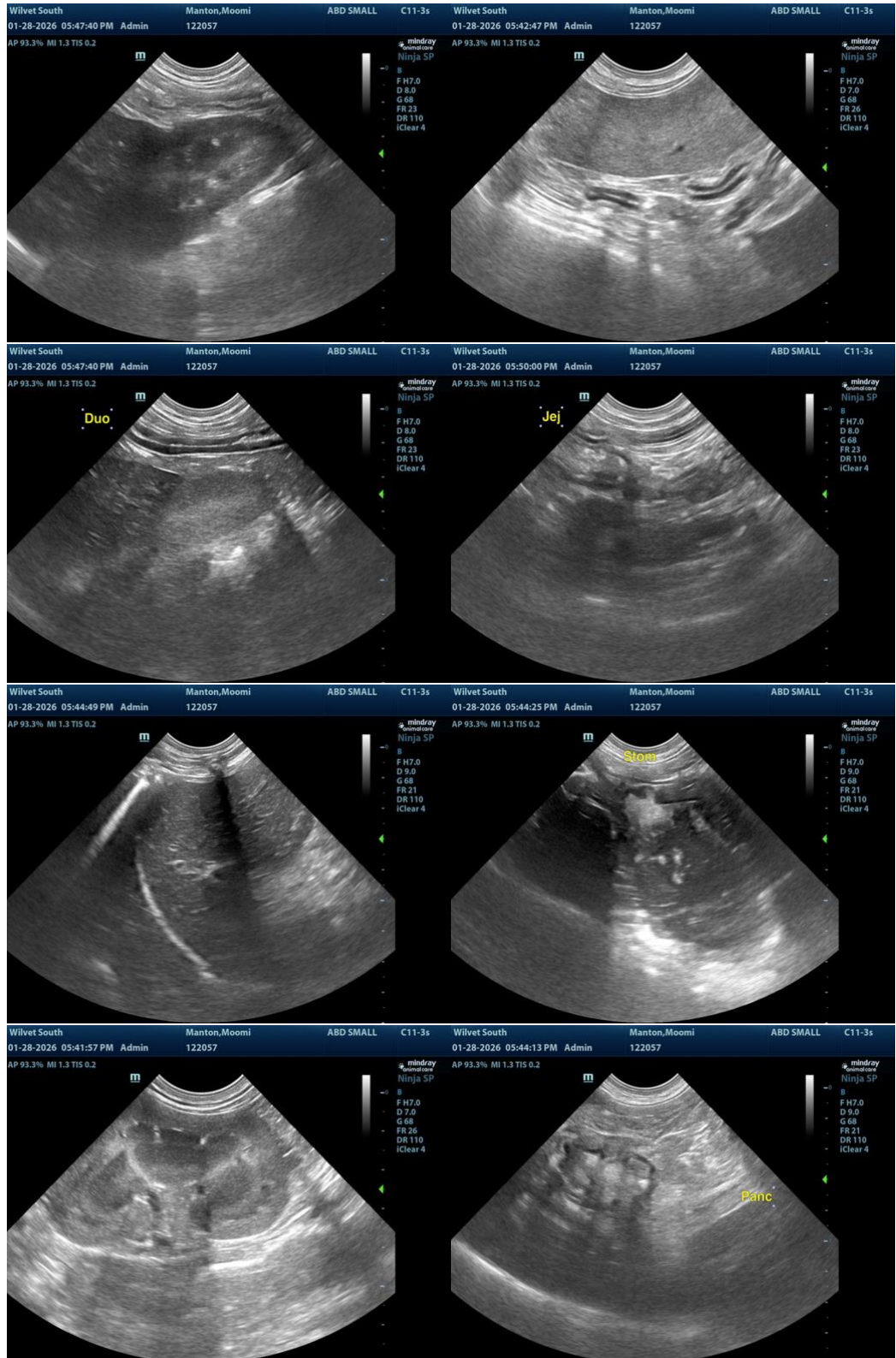
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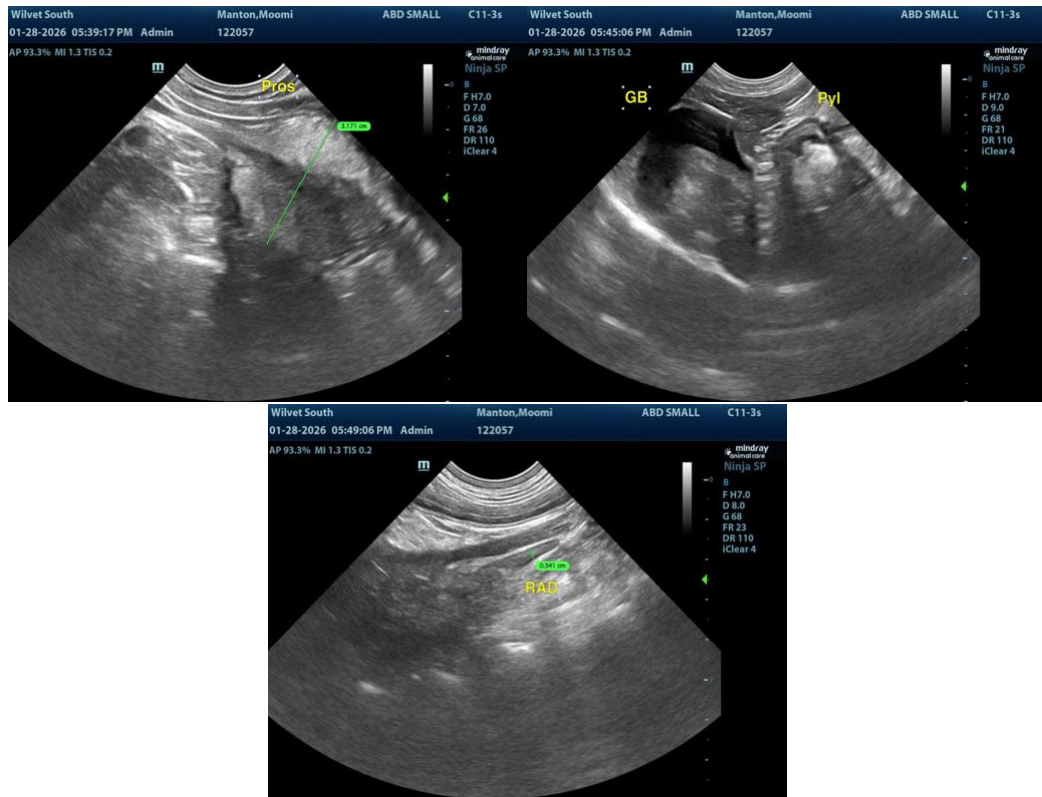
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)