



PATIENT

Tippy Noll

SPECIES

Canine

BREED

Brewer Terrier

SEX

MN

AGE

10yr

WEIGHT

5.3kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Renee Trionfetti, VMD

HOSPITAL NAME

Blue Pearl Wyomissing,
ER

REFERRING VET

Blue Pearl Wyomissing,
ER

INVOICE

23479

DATE

01/07/2026

PRESENTING CLINICAL SIGNS

AUS to further evaluate possible V/D, decreased appetite, lethargy and distended abdomen. O noted increased drinking. Clinical signs started acutely. Presented to rDVM on 1/5/26 for evaluation. PE noted fever of 103.1F and a distended abdomen. Bloodwork shows hyperglycemia, mild elevated LES, electrolyte derangements (Na and Cl- susp secondary to V+) , hyperglobulinemia, and elevated amylase/Lipase. CBC showing leukocytosis characterized by a mild neutrophilia with bands suspected, lymphocytosis and monocytosis. Started outpatient supportive management- Cerenia, Vit B-12 inj. Post AUS - transferred to ER department for hospitalization

Abnormal PE/Chem/CBC/UA Results: 1/5/26 - CBC: Hct 53.5%, Hgb 21 H, WBC 21.37 H, Neu 13.27 H, bands suspected, Lymph 5.05 H, Mono 2.88 H, Plts 507 H - Chem: Gluc 475 H, Alb 2.8, Glob 4.6 H, ALT 157 H, ALP 574 H, Chol 358 H, Amyl > 2500 H, Lipase 5514 H, Na 134 L, Cl 97 L

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild non-dependent particulate sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. Mild bilateral pyelectasia was present. Small cortical cysts were present bilaterally. The left kidney measured 4.5 cm in length. The right kidney measured 4.5 cm in length.

The area of the aortic trifurcation was free of pathology.

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

Adrenal Glands

Mildly enlarged left adrenal caudal pole. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.71 cm width in the caudal pole. The right adrenal gland measured 0.54 cm width in 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 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 with a



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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 non-organized debris. The common bile duct was not visualized without overt evidence of dilation or post hepatic obstructive criteria.

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Gastrointestinal
The stomach presented regional mild to variable wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The gastric body wall measured 0.7 cm width. Moderate gastric distension with primarily anechoic fluid and chyme was present. No evidence of shadowing gastric echo, overt foreign material or mechanical pyloric outflow obstruction.

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The small intestine presented intact mildly thickened corrugated wall with mild upper duodenal non-obstructive ileus. The jejunum to the level of the ileum and colon exhibited intact normal wall layering and empty lumen.

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

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Pancreas

The pancreas exhibited generalized asymmetrical to variable enlargement with non-homogenous hypoechoic to mixed echogenic parenchyma. Peripancreatic to generalized cranial abdomen hyperechoic omentum and minor pockets of peripancreatic to cranial abdomen effusion were present.

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Free Abdomen

Peripancreatic to generalized cranial abdomen hyperechoic omentum and minor pockets of peripancreatic to cranial abdomen effusion were present.

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ULTRASONOGRAPHIC FINDINGS

Primary

- Moderate to severe pancreatitis with regional peritonitis
- Associated secondary gastroduodenitis with moderate hypomotile stomach
- Hepatopathy-subjective benign
- Non-organized gallbladder debris

Secondary

- Bilateral mild chronic renal changes
- Mildly enlarged caudal left adrenal gland.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Potential for pancreatic neoplasia, which may present in a similar sonographic manner as significant inflammation, cannot be definitively excluded, yet is considered less likely at this stage. Hospitalization with aggressive supportive care for pancreatitis and concurrent gastroduodenitis is recommended. If persistent hyperglycemia or concern for diabetes or Cushing syndrome, an adrenal workup may be considered. As needed sonographic monitoring depending upon clinical monitoring is recommended.



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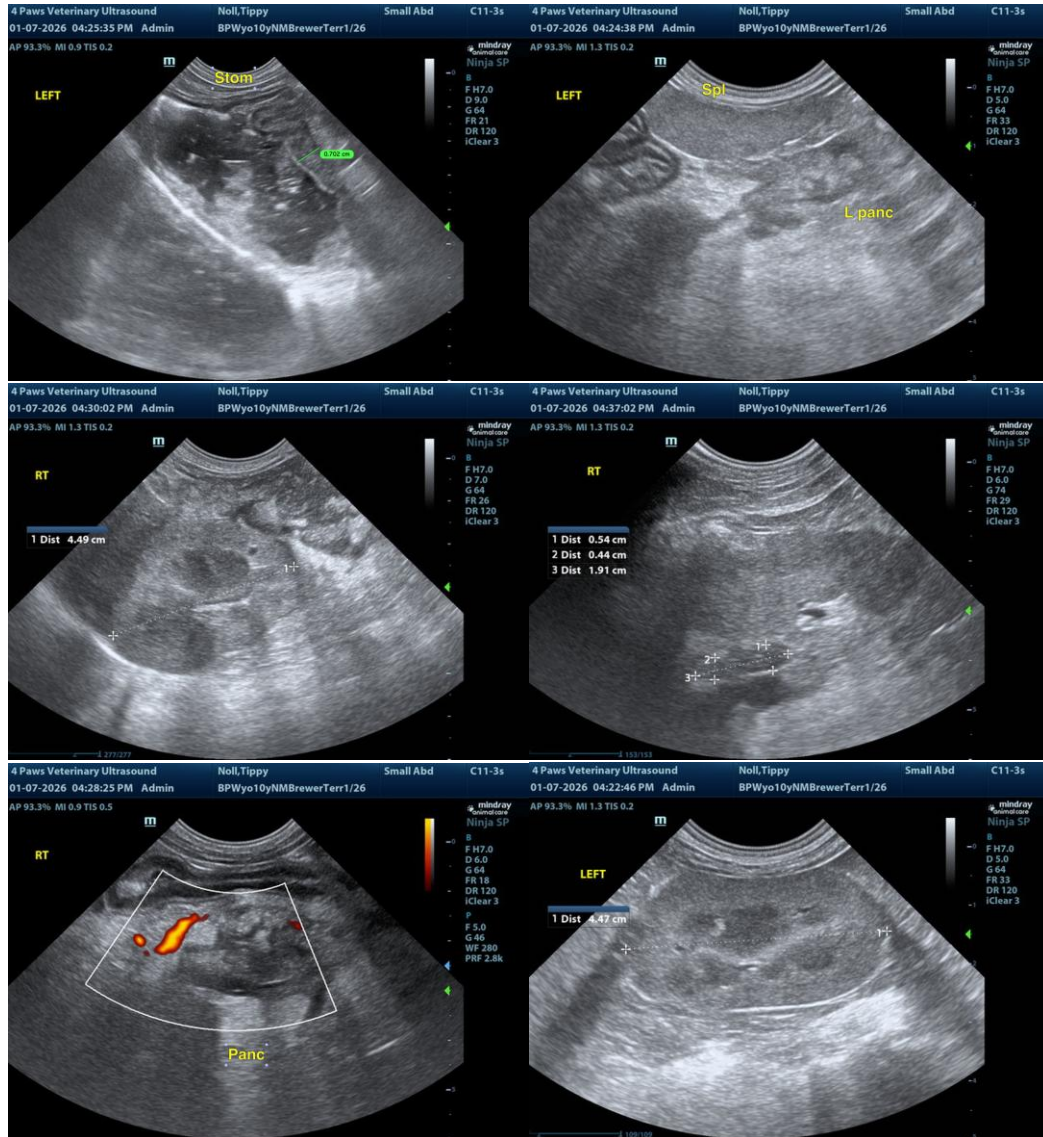
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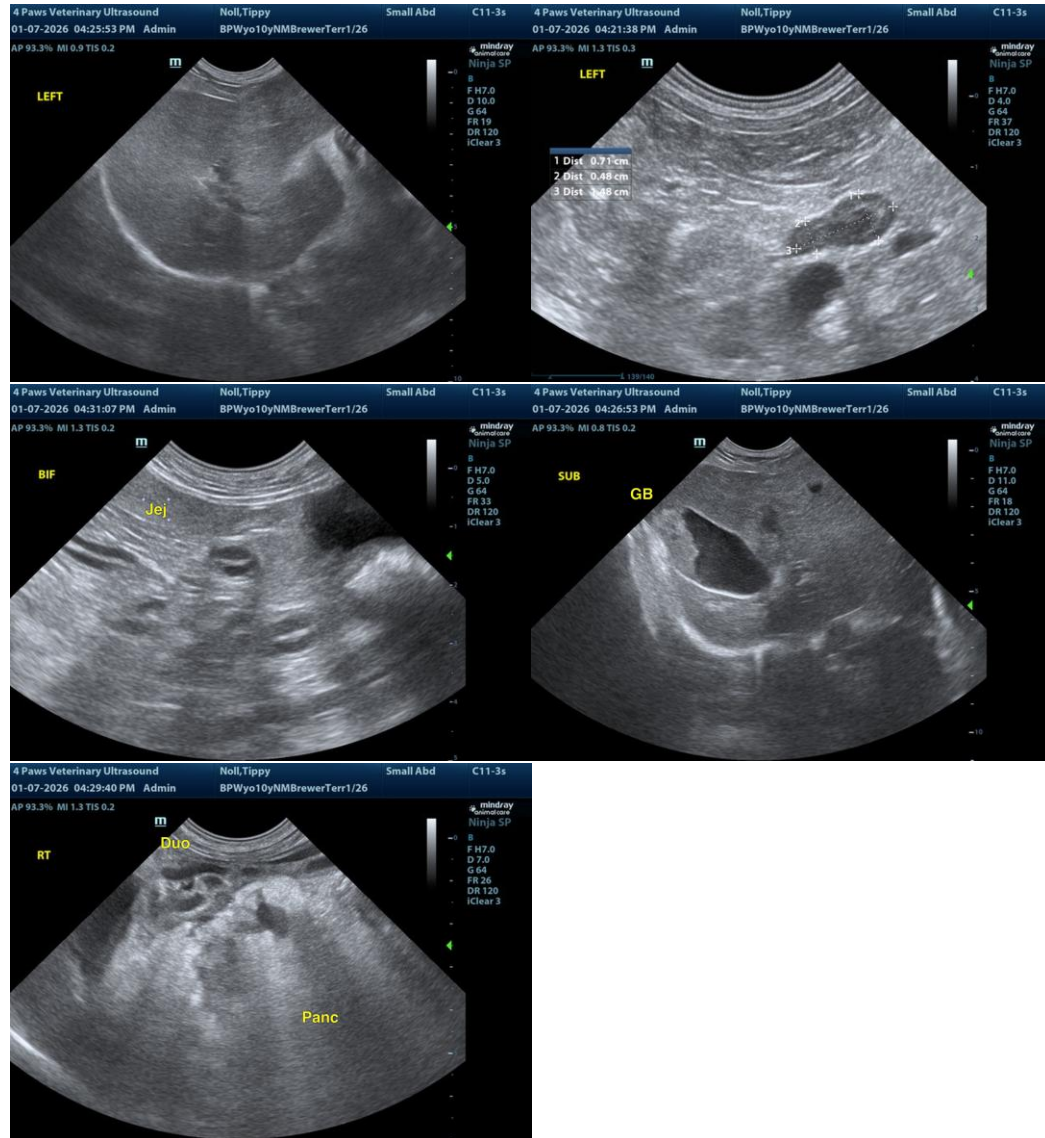
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@sonopath.com