



## PATIENT

Valentina Torres

## SPECIES

Canine

## BREED

Mini Pinscher

## SEX

Female Spayed

## AGE

12y

## WEIGHT

14.1 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Gabriel Ferrer,  
DVM

## HOSPITAL NAME

Pulse Pet Ultrasound  
Services

## REFERRING VET

Dr Marilyn Davila

## INVOICE

13046

## DATE

1/9/26

## PRESENTING CLINICAL SIGNS

History: Px presented for an abdominal ultrasound referral due to Hx of persistent G.I. signs on/off and relapses (vomiting and diarrhea). Hx of pancreatitis, responsive to Mx. Cardiac Px, currently on Pimobendan. Malabsorption panel was performed, but results are still pending.

Meds: Pimobendan

Abnormal PE/Chem/CBC/UA Results: Blood work attached below for your reference: ALT (High - 186 U/L) TBIL (High - 1.3mg/dL) CPL (High - 498U/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, mineral or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

Normal size and margination was 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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.1 cm in length. The right kidney measured 5.3 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 0.51 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

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.



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## Gastrointestinal

The stomach presented intact prominent mildly thickened wall given patient body weight exhibiting propensity for thickened mucosa. Duodenum wall measured 0.53 cm and jejunum wall measured 0.40 cm.

layering with a normal wall layer ratio. The lumen of the stomach contained mild retained fluid and gas.

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.

The colon presented empty which prohibited full evaluation of the colon wall. No evidence of colon mural pathology.

## Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

## Free Abdomen

Intermittent, mildly enlarged mesenteric node was present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). No evidence of peritoneal effusion present.

## ULTRASONOGRAPHIC FINDINGS

- Non-obstructive hypomotile stomach
- Nonspecific enteropathy – potential inflammatory bowel
- Sonographically normal empty colon, possible concurrent colitis
- Normal bilateral adrenal gland
- Heterogeneous pancreas
- Sonographically normal liver/gallbladder – consistent with low-grade benign hepatopathy
- Mild age-related renal changes

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Correlation with pending GI panel in conjunction with suggested screening cortisol level is recommended. The small intestine exhibited changes consistent or suggestive of inflammatory criteria, dietary intolerance, enterotoxin, infectious disease with less likely emerging to occult intestinal neoplasia, all potentials. The pancreas was not consistent with current active pancreatitis, although given patient history, pancreatic remodeling or persistent mild chronic pancreatitis is possible. Hydrolyzed diet trial with probable long-term dietary therapy, high colony count probiotic such as Provable, Cobalamin supplementation pending assessment of Cobalamin level, empirical deworming despite fecal testing Panacur 50 mg/kg SID for 5 days with a repeat protocol in 3 weeks and as needed gastro protectants with clinical monitoring may prove beneficial. Eventual gastroenterocolic biopsies may be indicated for definitive diagnosis if persistent or non-responsive gastrointestinal signs.



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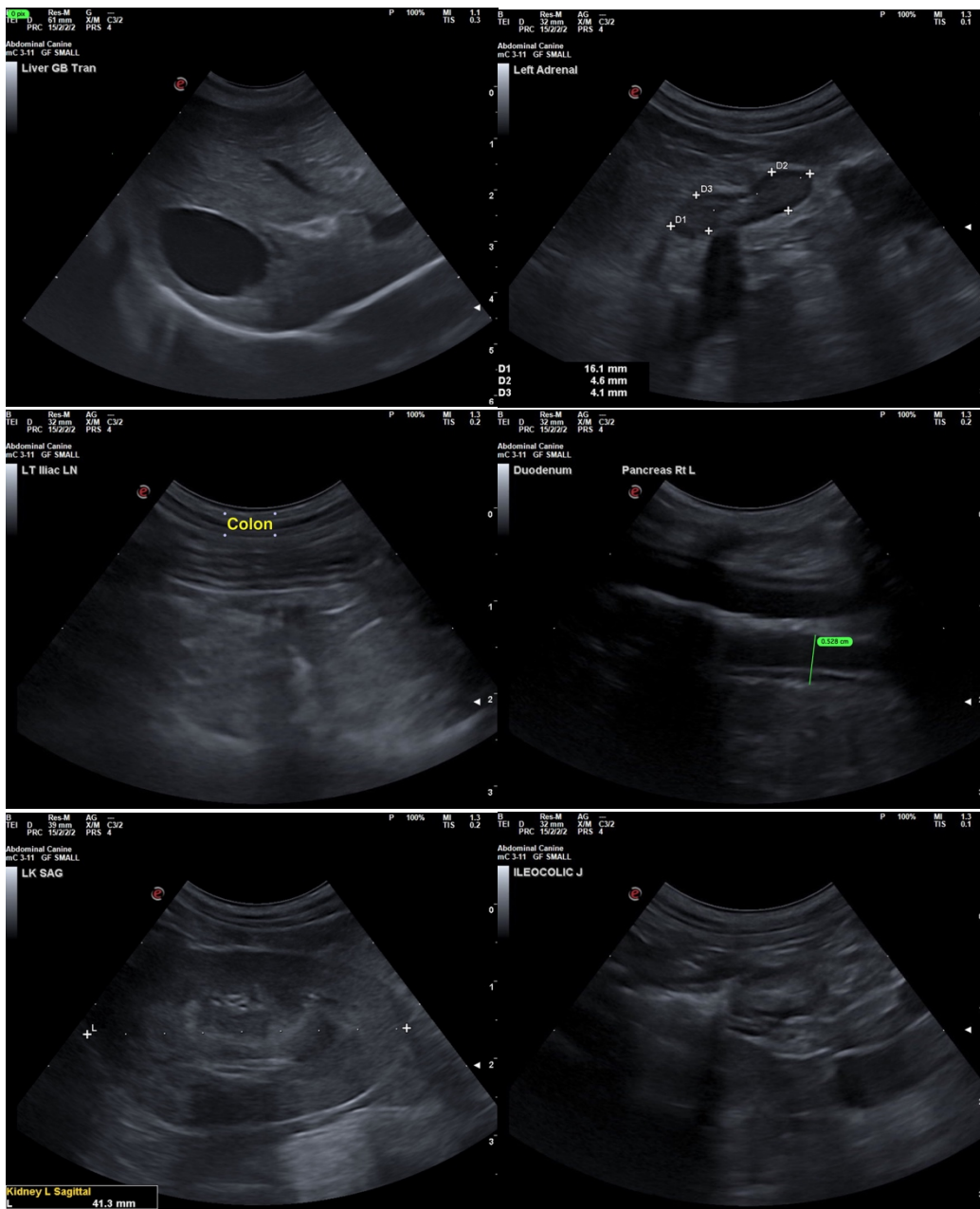
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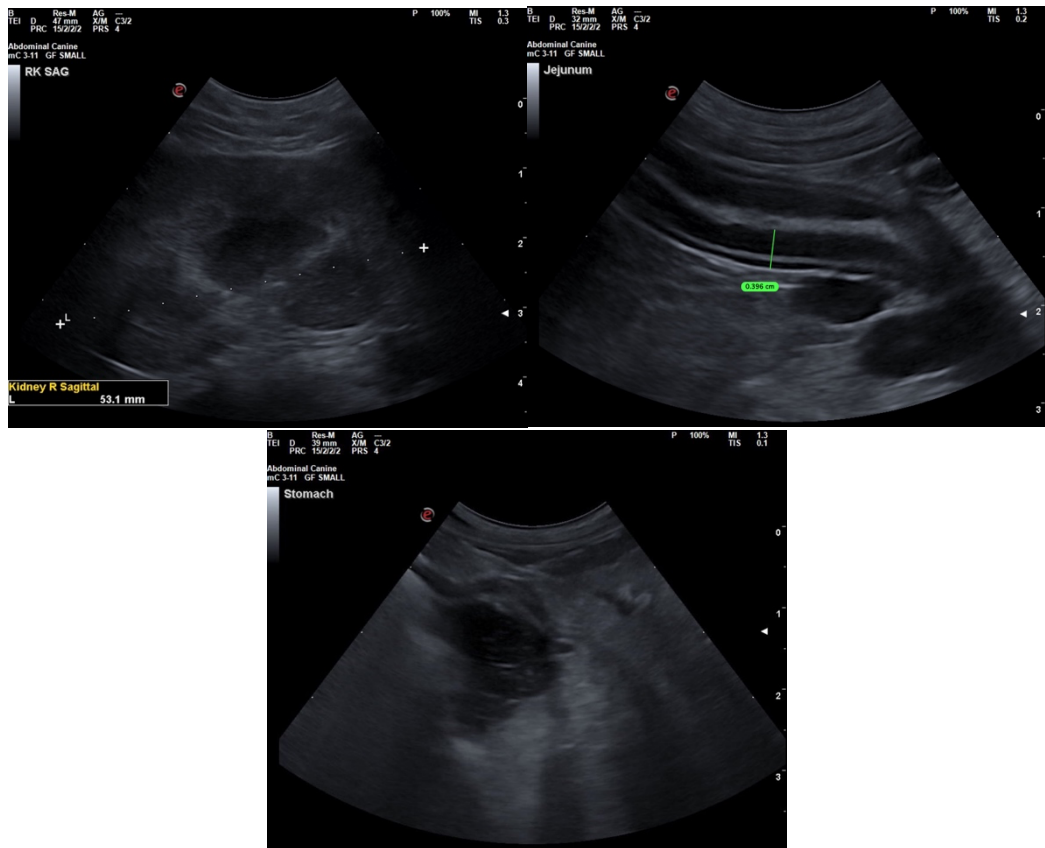
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)