



PATIENT	PRESENTING CLINICAL SIGNS
Chimi Pedri	<p>Clinical Exam Findings: - Patient is presenting primarily due to recurrent suspected pancreatitis episodes for a total of 2 episodes in his lifetime so far. During these episodes, patient is anorexic and vomiting, and the vomit occasionally contains blood. No diarrhea during episodes. - Patient had normal stools during most recent episode that he was seen at the ER (Wilvet Salem) for. At the ER, patient was diagnosed with pancreatitis via labwork and radiographs. The ER administered SQ fluids, Panoquel, and Cerenia and dispensed Gabapentin, Cerenia, and Provable to go home</p> <p>ABNORMAL Labwork Values From Wilvet on 9/21/25 CBC- HCT 63.2 (H), Neut 12.35(H) Chem 10- ALP 16 (L) CPL: 1319 (H) EPOC: pH 7.407, Na 146, K 3.2 (L), Cl 116, Lact 3.82 (H), Gluc 128 (H), HCT 60% (H) Recheck on 9/23/25 CBC: WNL Chem: ALP 11 (L) CPL: WNL (54) Current Medications None Radiographic Findings Most recent radiographs were performed on 9/23/25, not curren</p>
SPECIES	
Canine	
BREED	
Tibetan Terrier	
SEX	
MN	
AGE	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
5 yrs	Urinary System
WEIGHT	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 evidence of urine or lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.
8.1 kgs	
INTERPRETED BY	There was no overt pathology in the area of the residual prostate.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	No evidence of pathology in the area of the aortic trifurcation.
IMAGING PERFORMED BY	Normal size and margination were 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 4.5 cm in length. The right kidney measured 5.1 cm in length.
Sara Hansen	Adrenal Glands
HOSPITAL NAME	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.38 cm width at the caudal pole. The right adrenal gland measured 0.35 cm width at the caudal pole.
Silver Creek AC	
REFERRING VET	Spleen
Dr. Knight	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.
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PATIENT	<i>Liver/ Gallbladder</i>
Chimi Pedri	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.
SPECIES	
Canine	
BREED	<i>Gastrointestinal</i>
Tibetan Terrier	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.
SEX	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.
MN	Normal visible colon wall layers were present with apparent formed feces in lumen.
AGE	
5 yrs	<i>Pancreas</i>
WEIGHT	The pancreas was normal in size and contour with isoechoic to mildly heterogeneous remodeled parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.
8.1 kgs	<i>Free Abdomen</i>
INTERPRETED BY	No overt lymphadenopathy or peritoneal effusion was present.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	ULTRASONOGRAPHIC FINDINGS
IMAGING PERFORMED BY	<ul style="list-style-type: none"> • Mild heterogeneous remodeled pancreas • Normal gastrointestinal tract
Sara Hansen	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
HOSPITAL NAME	There is no evidence of overall visceral pathology, including no evidence of gastrointestinal mural pathology or active pancreatitis. Given the patient's history, mild pancreatic remodeling owing to previous inflammation or persistent to low-grade chronic pancreatitis is suspected.
Silver Creek AC	
REFERRING VET	Gastrointestinal support, empirical therapy for low-grade chronic pancreatitis which may include potentially long-term dietary therapy, i.e., bland or hydrolyzed diet, and as-needed gastroprotectants with clinical monitoring, is recommended.
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PATIENT

Chimi Pedri

SPECIES

Canine

BREED

Tibetan Terrier

SEX

MN

AGE

5 yrs

WEIGHT

8.1 kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Silver Creek AC

REFERRING VET

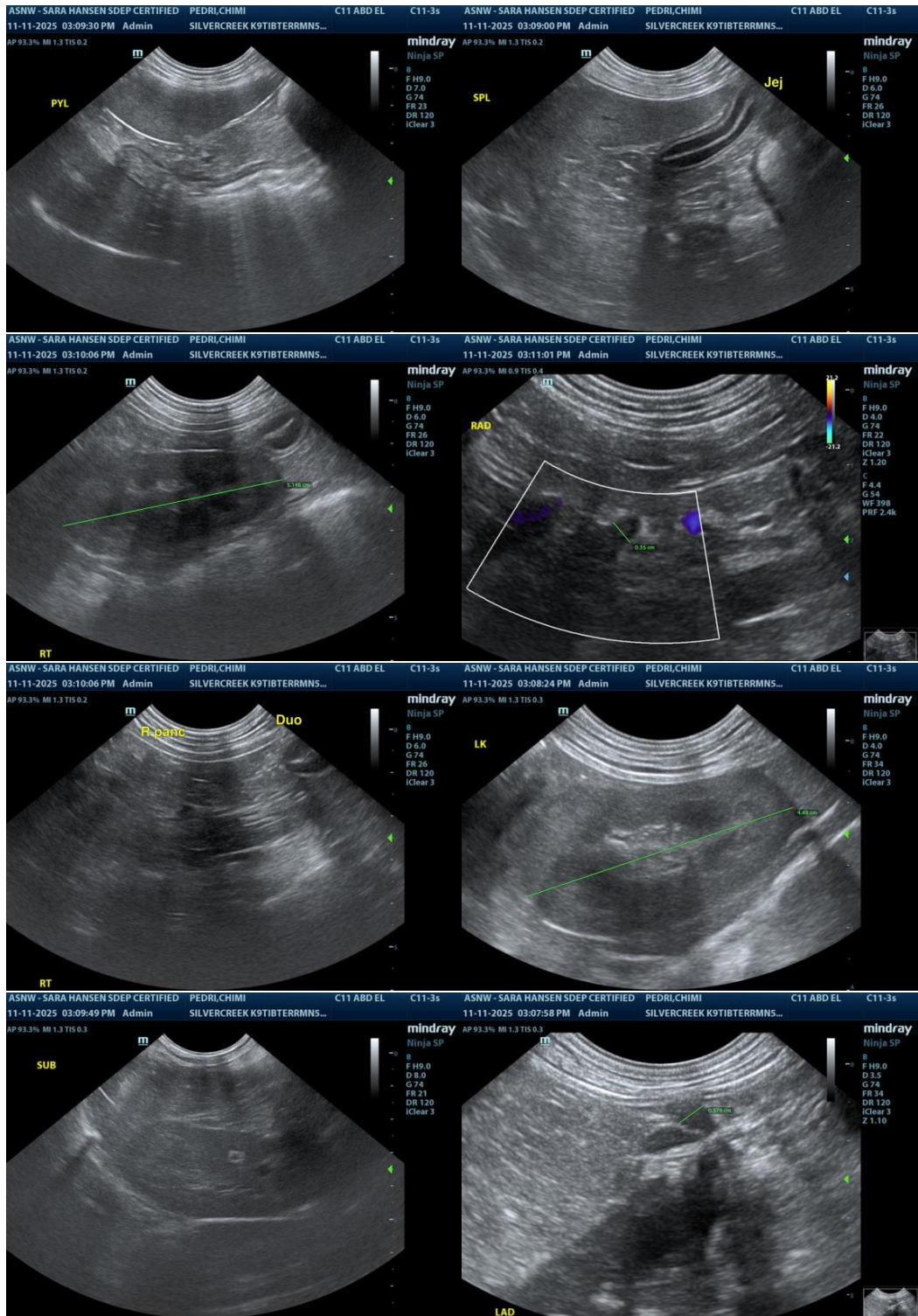
Dr. Knight

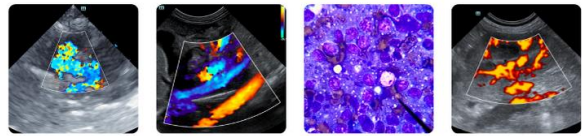
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PATIENT

Chimi Pedri

SPECIES

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**IMAGING
PERFORMED BY**

Sara Hansen

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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