



PATIENT

Pebbles LeBlanc

SPECIES

Canine

BREED

Min Schnauzer

SEX

FS

AGE

3yr

WEIGHT

4kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Catherine Alexander
LVT

HOSPITAL NAME

Northstar Veterinary
Sonography

REFERRING VET

Dr Williams

INVOICE

22951

DATE

11/13/2025

PRESENTING CLINICAL SIGNS

Vomit/diarrhea presentation on 11/11/25. Dx. pancreatitis. hospitalized with IVF, Panoquell, Cerenia, etc. Today is day 3. Panoquell finished this morning. Still no intake of food. Has Cerenia, ondansetron, IVF, Proviale etc. and still zero intake. Screening for other cause of pancreatitis flare, obstruction etc. so we can start Reglan

Abnormal PE/Chem/CBC/UA Results: Pancreatitis abnormal. Amy=1548 other CBC/Chem Normal

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/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.

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 3.9 cm in length. The right kidney measured 3.9 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.41 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 0.36 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/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. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and mild non-dependent bile sediment. The common bile duct was not visualized without overt evidence of dilation or post hepatic obstructive criteria.

Gastrointestinal

The stomach presented generalized intact, normal to mildly prominent wall layering, most notable in the area of the pylorus. The stomach exhibited moderate distension with retained anechoic fluid and



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no obvious shadowing content or obstruction to pyloric outflow. The pylorus wall measured 0.50 cm in width.

The duodenum exhibited intact mildly prominent wall. Generalized empty small intestine lumen without mechanical /metabolic ileus to the level of the colon. The duodenum wall measured 0.42 cm width. The jejunum wall measured 0.30 cm width.

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

Pancreas

The visualized pancreas exhibited mildly enlarged to swollen appearance and non-homogenous hypoechoic parenchyma.

Free Abdomen

Peripancreatic to generalized mid-cranial abdomen hyperechoic omentum and scant pockets of peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Pancreatitis with regional steatitis / peritonitis.
- Hypomotile stomach with gastroduodenitis
- Sonographically unremarkable liver / gallbladder with mild bile sediment (non-mucocele)- no evidence of secondary post-hepatic stasis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Moderate to significant metabolic gastric stasis secondary to upper gastrointestinal inflammation and pancreatitis is present. No evidence of mechanical gastrointestinal obstruction or overt foreign material. Continued gastrointestinal support and empirical therapy for pancreatitis is recommended. Nasogastric tube passage and gastric evacuation may be beneficial. Sonographic monitoring and reassessment indicated if persistent inappetence or progressive clinical signs.

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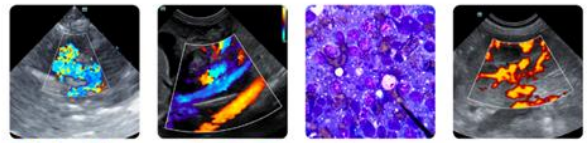
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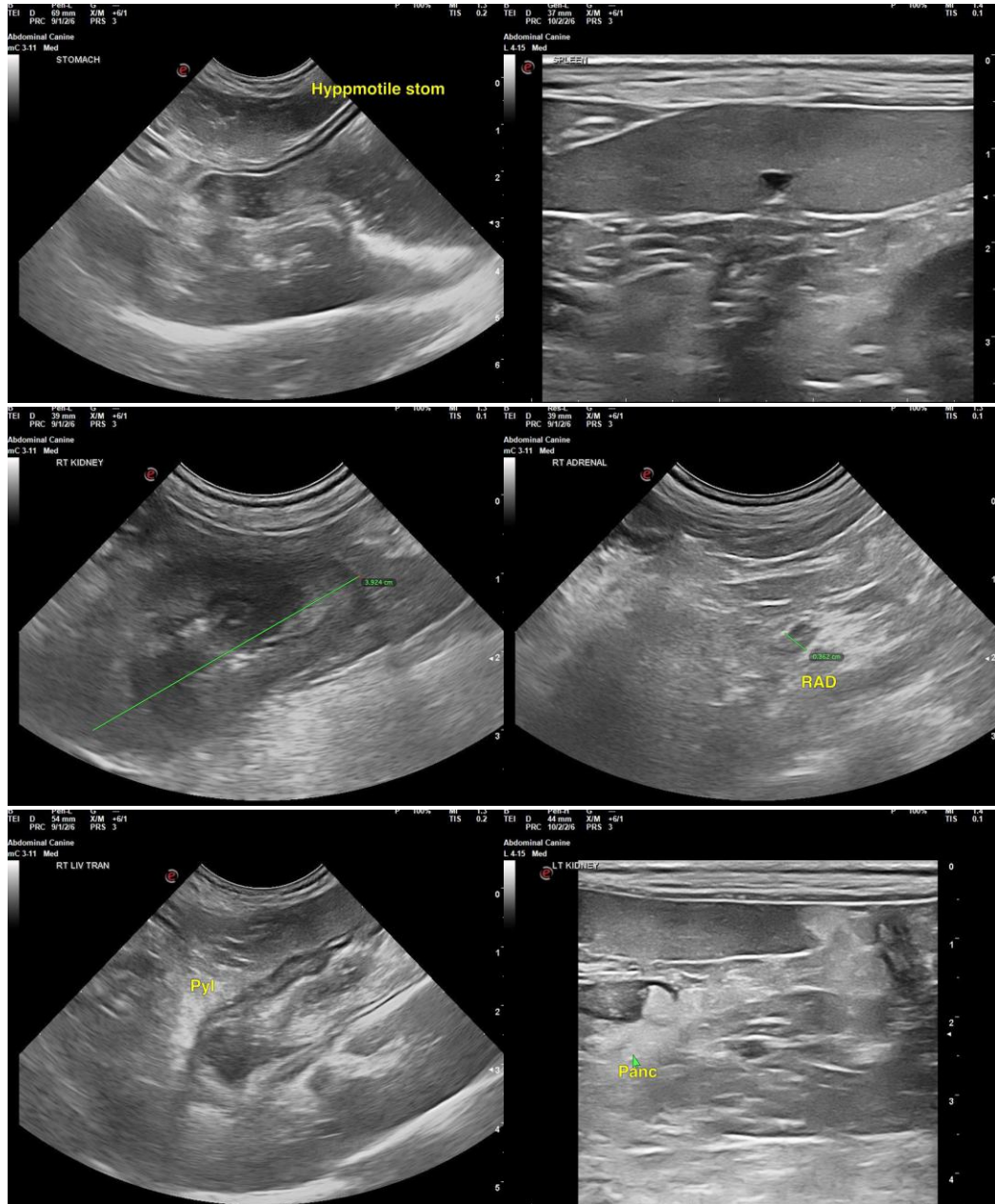
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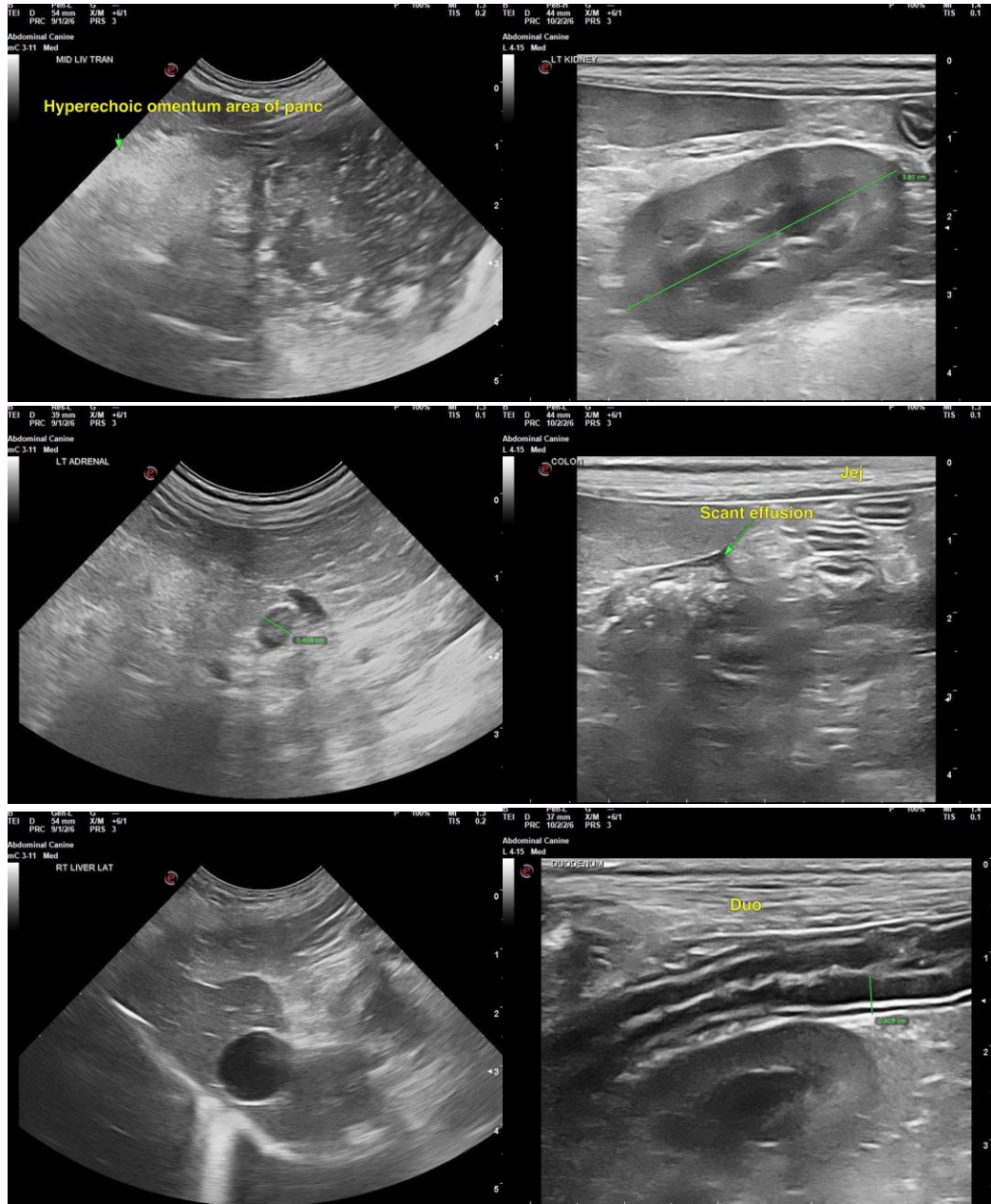
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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