PATIENT

Faith Navarro

SPECIES

Canine

BREED

Beagle

SEX

Spayed Female

AGE

5 Years

WEIGHT

30 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Banfield PH Bridgewater

REFERRING VET

Dr. Patel

INVOICE

12262

DATE

11/14/25

PRESENTING CLINICAL SIGNS

Lethargic, abdominal pain, decr. appetite. Stress leukogram all else wnl.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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.

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 5.6 cm in length. The right kidney measured 5.5 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 0.53 cm width at the caudal pole.

The right adrenal gland was not definitively visualized owing to increased right cranial abdomen to peri-adrenal omental artifact.

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 presented mildly enlarged, symmetrical mildly rounded capsule contour and homogenous normal to mildly hypoechoic parenchyma compared to the spleen. No mass or nodules. Normal volume was maintained.

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 intact wall layering with a normal wall layer ratio. The lumen of the stomach contained variably echogenic, mild nonshadowing ingesta without signs of obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained nonshadowing duodenal ingesta/chyme.

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

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Pancreas

Diffuse enlargement of the right pancreas with ill-defined, hypoechoic swollen nonhomogenous right pancreatic limb and asymmetrical contour was present. Peripancreatic to right cranial abdomen hyperechoic omentum. Minor localized free fluid was present around the abnormal pancreas.

Free Abdomen

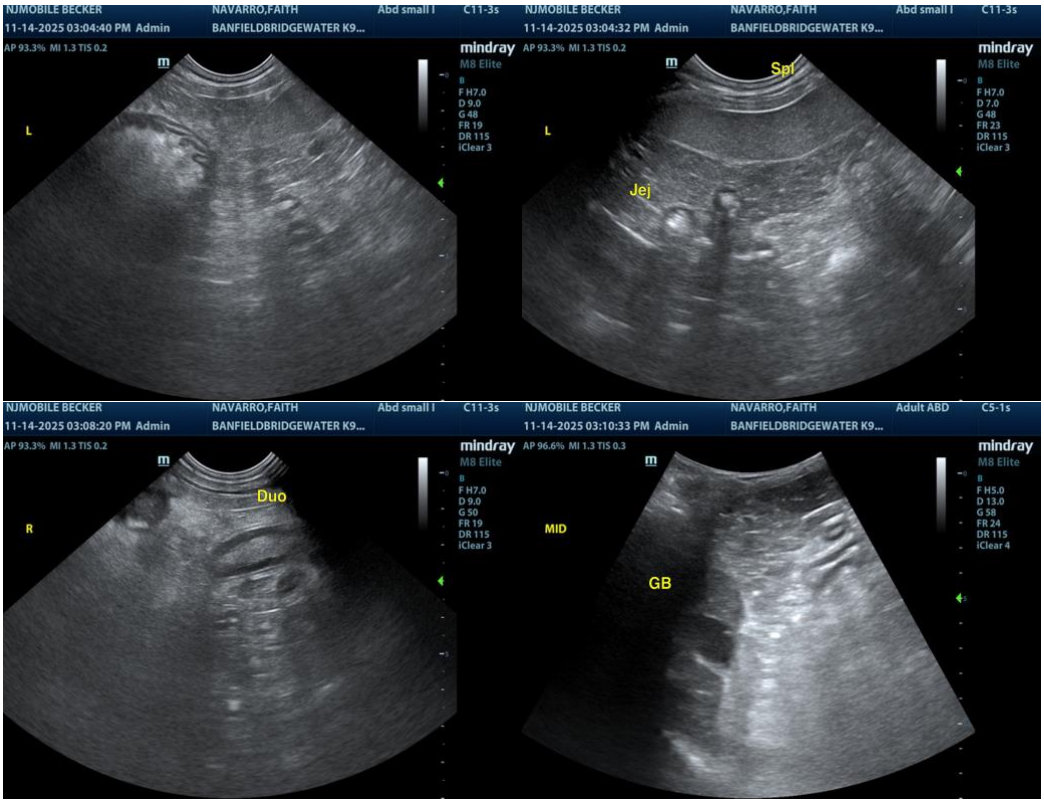
No overt lymphadenopathy was present.

ULTRASONOGRAPHIC FINDINGS

- Right limb pancreatitis with peripancreatic omental inflammation and minor effusion.
- Benign hepatopathy pattern- reactive, metabolic or vacuolar hepatopathy probable, potential for concurrent primary or secondary hepatic inflammation and nonobstructive cholestasis with occult hepatic neoplasia thought less likely.
- Mild nonshadowing gastric and duodenal ingesta- consistent with food echogenicity.
- Sonographically normal gallbladder.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the patient's clinical signs and abdomen pain is consistent with active right limb pancreatitis and surrounding omental inflammation. Hospitalization with supportive care for pancreatitis with close clinical and as needed sonographic monitoring is recommended.



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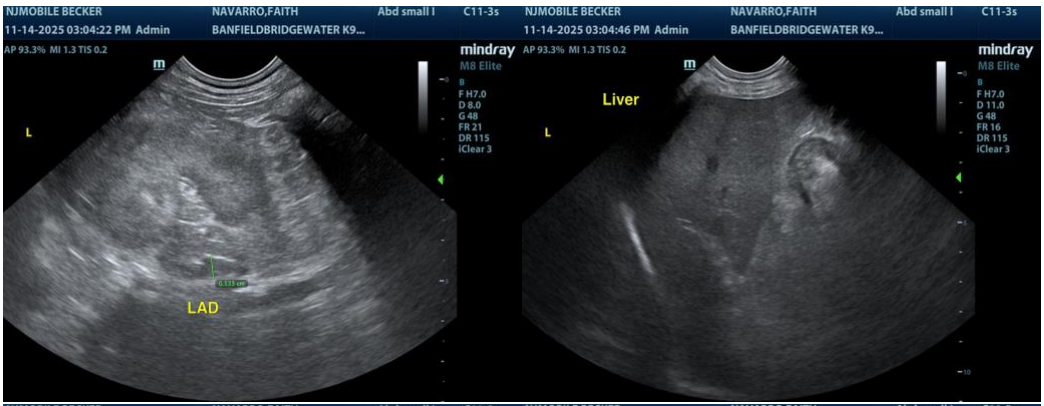

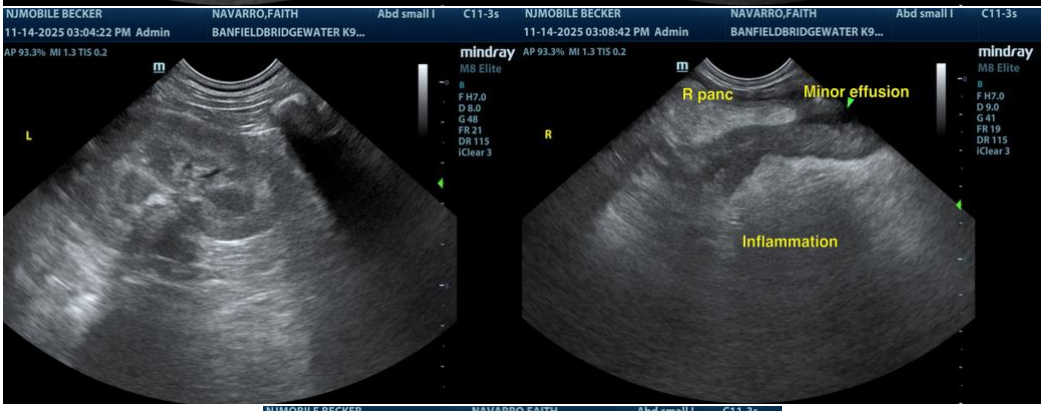

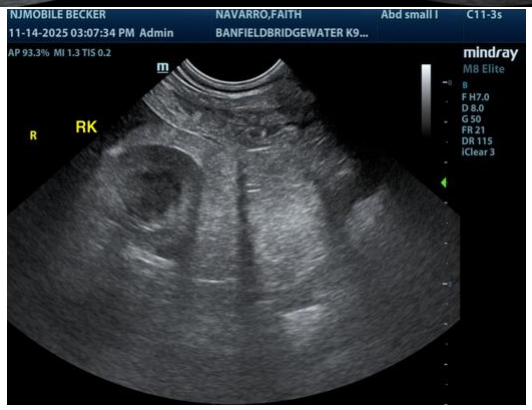

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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