



PATIENT

Baby Massa

SPECIES

Canine

BREED

Chihuahua

SEX

Spayed Female

AGE

12 Years 6 Months

WEIGHT

12.8 pounds

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Dr. Lara Cabugawan

HOSPITAL NAME

Union Vet Animal
Hospital

REFERRING VET

Dr. Lara Cabugawan

INVOICE

12326

DATE

11/19/25

PRESENTING CLINICAL SIGNS

Presented for anorexia, lethargy, vomiting and hematuria for the past 3- 5 days. Owner stated blood test and x-rays was done at rDVM and pet was given palliative tx but seems not responding.

Abnormal PE/Chem/CBC/UA Results: PE: LS OU, periodontal ds, weak ambulatory, 5- 7 % dehydration, distended abdomen and markedly tensed on abdominal palpation

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 mild thickened cortex with indistinct corticomedullary border demarcation and areas of medullary mineral were present.. The left kidney measured 4.4 cm in length. The right kidney measured 4.6 cm in length.

Adrenal Glands

The adrenal glands were indistinctly visualized without overt pathology and subjective age-related changes. The left adrenal gland measured 0.63 cm width at the caudal pole. The right adrenal gland measured 0.57 cm width at the caudal pole.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

Liver

The liver presented subjective borderline to mild enlarged in size, normal vascular volume and homogenous normal to mildly hypoechoic parenchyma. No mass or nodules were evident.

The gallbladder was non distended in size with mild nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented with intact normal wall exhibiting mild decreased gastric mural echogenicity. Empty stomach with mild lumen gas.

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A segmental to diffuse ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material.



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

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Pancreas

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The pancreas, caudal to the stomach, extending into the area of the pancreas base, was swollen in appearance exhibiting nonhomogenous hypoechoic parenchyma. Peripancreatic to generalized mid to cranial abdomen hyperechoic omentum and mild volume of perihepatic effusion present. The enlarged pancreas measured approximately 3.0 cm in diameter.

Canine

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Free Abdomen

Chihuahua

No obvious visualized significant omental lymphadenopathy was present.

SEX

ULTRASONOGRAPHIC FINDINGS

Spayed Female

- Enlarged swollen nonhomogenous hypoechoic pancreas, regional peripancreatic mid to cranial abdomen peritonitis- severe inflammation with potential pancreatic necrosis or neoplasia possible.
- Normal urinary bladder.
- Bilateral chronic renal changes.
- Mildly enlarged hypoechoic liver.
- Mild nonorganized gallbladder debris (non-mucocele).
- Gastroenteritis pattern.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Correlation with a spec cPL may be considered. Hospitalization with empirical therapy for significant active possibly necrotizing pancreatitis and associated peritonitis with close clinical monitoring is advised. Assuming normal clotting status and using a 25-gauge needle, pancreatic FNA cytology could be considered for further clarification. Assessment of systemic BP and monitoring for evidence of DIC is indicated given reported hematuria without evidence of lower urinary tract pathology. Guarded prognosis is indicated.

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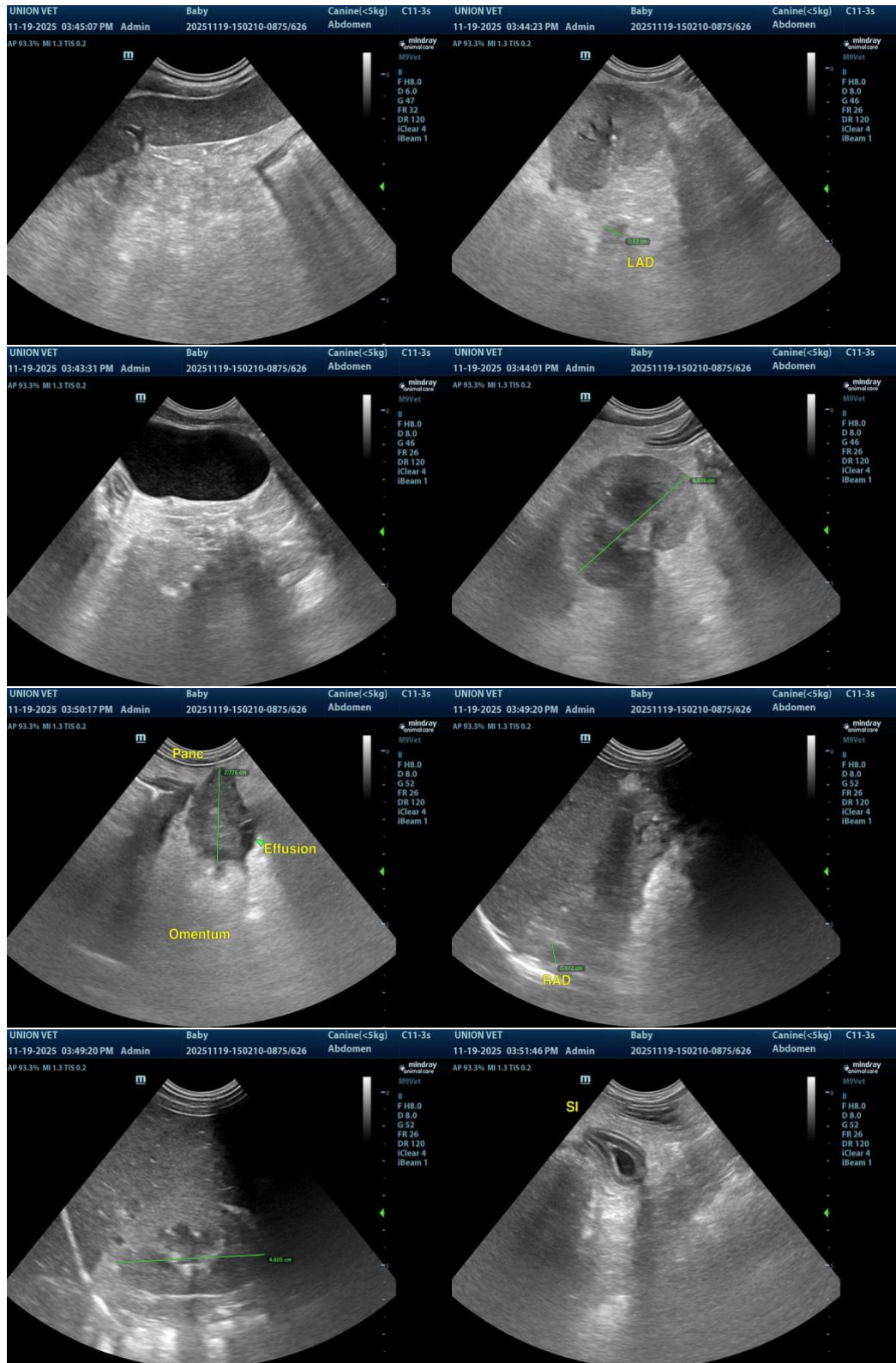
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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