



PATIENT

Oliver Padilla

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

MN

AGE

10yr

WEIGHT

16.6lb

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. Mario Roman

INVOICE

23046

DATE

11-24-25

PRESENTING CLINICAL SIGNS

Presented for an abdominal ultrasound to evaluate vomiting, diarrhea and inappetence and possible pancreatitis. Pt developed clinical sign Nov 21st after ate a new food (Fresh Pet) diet that had not eaten before. Pt has been hospitalized and currently receiving famotidine IV, cerenia IV, metronidazole IV. PT has not improved much and appears painful. Pt had previous hx of pancreatitis last yr.

Abnormal PE/Chem/CBC/UA Results: Radiographs and Bloodwork attached as supporting documents. Limited echocardiogram: No pericardial effusion or masses noticed in the heart.

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 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. Mild bilateral pyelectasia was present. The left kidney measured 4.7 cm in length. The right kidney measured 5.2 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

Bilateral symmetrical adrenal gland enlargement with uniformly hypoechoic parenchyma was present. The left adrenal gland measured 0.61 cm width at the caudal pole. The right adrenal gland measured 0.62 cm width at the caudal pole.

Spleen

The spleen revealed mild expansive non-homogenous small mass with mild associated capsule distortion, measuring ~ 2.2 cm in diameter. The remainder of the spleen was sonographically normal.

Liver/Gallbladder

The liver presented mild to possible moderately enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with mild non-organized debris. 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 mild lumen gas with no signs of ileus, obstruction or foreign material.



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The small intestine presented intact wall layering with maintained muscularis/mucosa ratio. Mild prominent duodenum wall with mild non-obstructive duodenal ileus was present. The duodenum wall measured 0.75 cm in width.

Normal visible colon wall layers were present with non- formed feces and gas in lumen.

Pancreas

Diffuse enlargement of the pancreas with ill-defined, hypoechoic to heterogeneous parenchyma and asymmetrical contour was present. The surrounding omental fat around the enlarged to hypoechoic pancreas was echogenic indicative of reactive change, adhesions, focal peritonitis, or saponification. Mild localized free fluid was present around the abnormal pancreas.

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.

ULTRASONOGRAPHIC FINDINGS

Primary

- Pancreatitis with peripancreatic steatitis / peritonitis
- Duodenitis
- Non-formed fecal matter in colon
- Hepatomegaly with mild gallbladder debris, subjective benign / reactive
- Small non-homogenous splenic mass - granuloma, hyperplasia, hematopoiesis, neoplasia all potentials

Secondary

- Chronic renal changes exhibiting mild pyelectasia
- Non-specific mild bilateral adrenomegaly- benign

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Continued hospitalization and empirical therapy for pancreatitis with concurrent gastrointestinal support and clinical monitoring indicated. Minor potential for pancreatic or non-obvious emerging multi-centric neoplasia thought less likely. Initial sonographic monitoring of the splenic mass as well as the pancreas is recommended. If resolved pancreatitis and stable gastrointestinal signs, eventual splenectomy indicated if no evidence of pathology on three view chest photographs.



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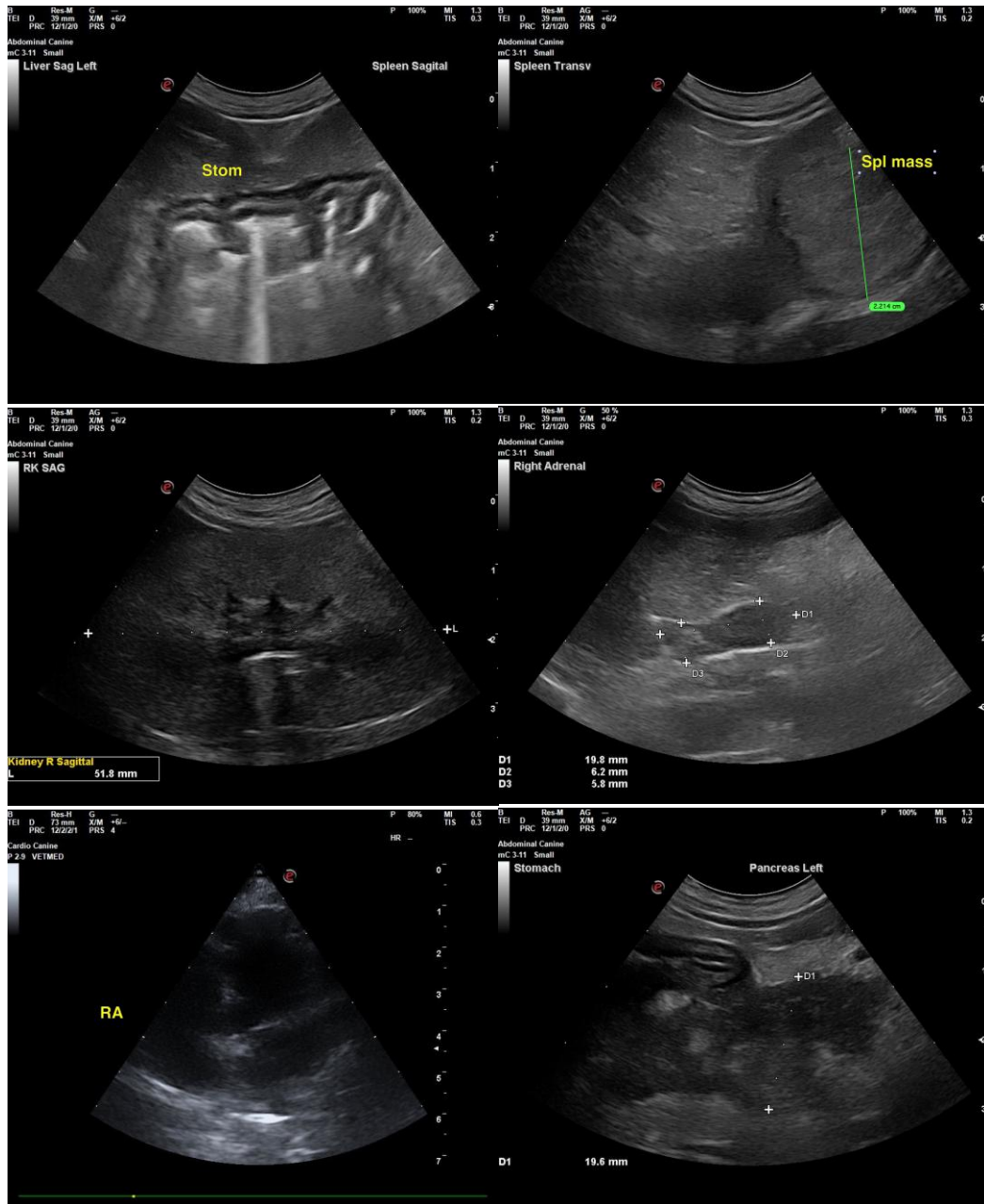
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



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