

PATIENT

Waldo Cordero

SPECIES

Canine

BREED

Brittany Spaniel

SEX

M

AGE

6yr

WEIGHT

36.3lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Meghan Morse

HOSPITAL NAME

Middlehope VH

REFERRING VET

Dr Rich

INVOICE

23036

DATE

11/24/2025

PRESENTING CLINICAL SIGNS

Recheck surgical incision from enterotomy last wednesday. Not eating, swelling present around incision and prepuce. Today discharge present from site. Dx w/ pancreatitis prior to sx. Current meds- is not taking them but was rxed: gabapentin, tramadol, metronidazole, ensorb

Abnormal PE/Chem/CBC/UA Results: Prior to sx: wbc 18.57, neuts 14.98, mono 1.87, alt 149, Amylase >2500, lipase 2320, cPLI: 1096

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 5.9 cm in length. The right kidney measured 6.0 cm in length.

The area of the aortic trifurcation was free of pathology.

The prostate was enlarged in size with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. The prostate measured 3.8 cm in diameter.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.62 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 0.60 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



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non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

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The stomach was indistinctly visualized without evidence of gastric distention owing to significant retained fluid or ingesta.

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The small intestine presented intact wall layering with normal muscularis/mucosa ratio. Minor segmental mid abdomen jejunal corrugation to suspect minor spasming and mild non-shadowing duodenal ingesta / chyme was present. No obstructive pattern to the level of the colon.

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

SEX

M

Pancreas

Isoechoic non-homogenous to possible mild hyperechoic right limb parenchyma and indistinct right pancreatic capsule compared to the adjacent omentum was present.

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Free Abdomen

No overt lymphadenopathy was present.

Mild primarily ventral to generalized increased omental echogenicity and intermittent scant to minor peri intestinal effusion was present.

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Significant ventral subcutaneous cellulitis, likely in area of incision.

ULTRASONOGRAPHIC FINDINGS

INTERPRETED BY

R. McKenzie Daniel,
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(Canine and Feline)

Primary

- Primarily empty small intestine with mild non-shadowing duodenal ingesta / chyme, and subjective mild segmental jejunal enteritis
- Mild increased omental echogenicity and scant / minor peri intestinal effusion
- Mild non-homogenous subjective hyperechoic right pancreas
- Significant ventral subcutaneous cellulitis

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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No overt evidence of surgical site dehiscence with suspect mild persistent to residual reactive or minor inflamed omentum and effusion given time frame from surgery. No indication for immediate surgical intervention. Sonographically, the appearance of the pancreas is not consistent with significant active or necrotizing pancreatitis, although low-grade to chronic pancreatitis may present in this manner. Continued gastrointestinal support, including broad-spectrum antibiotics given evidence of subcutaneous cellulitis and clinical monitoring is indicated. Recheck sonogram if progressive clinical signs or concern for progressive pancreatitis or peritonitis is recommended.

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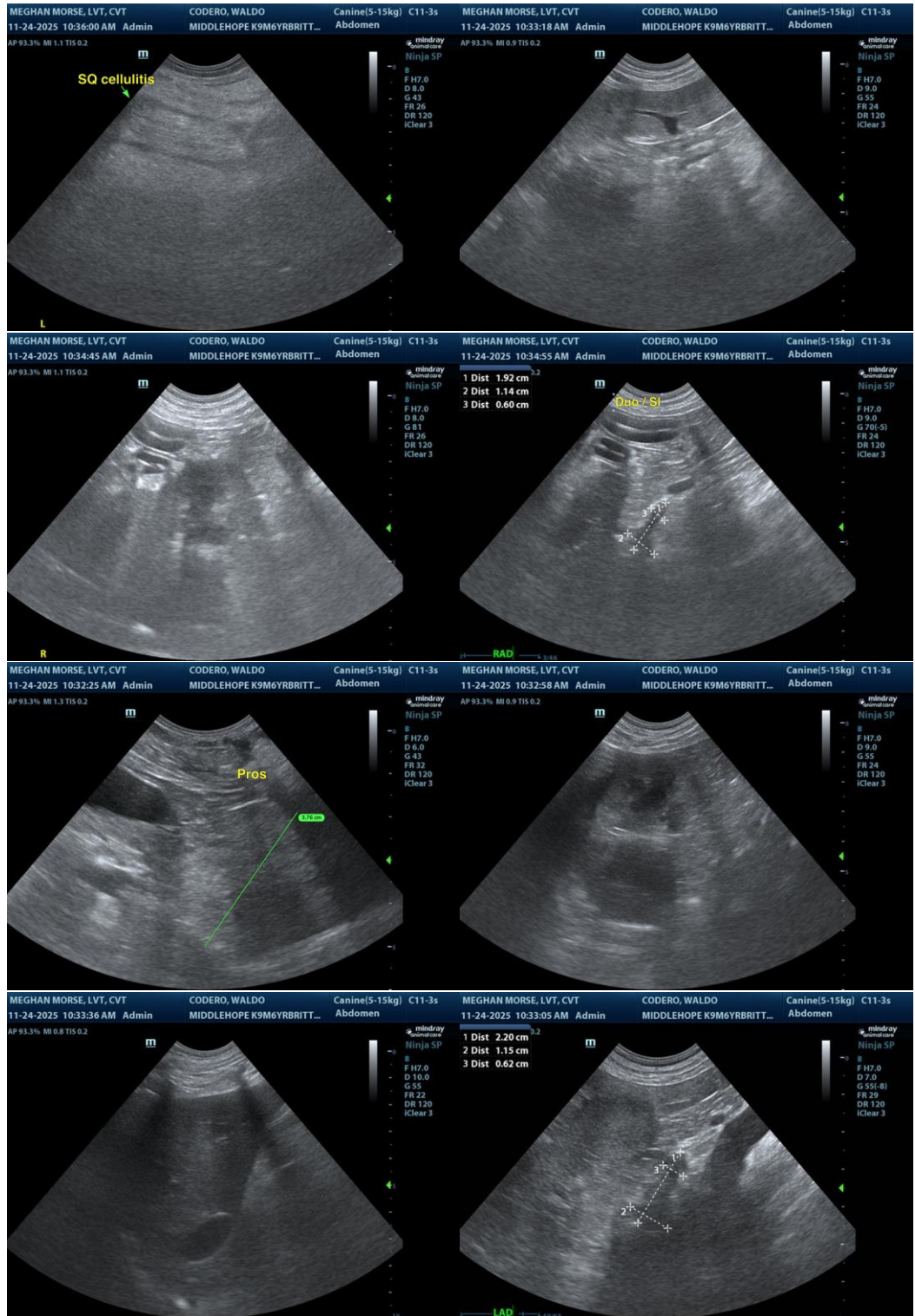
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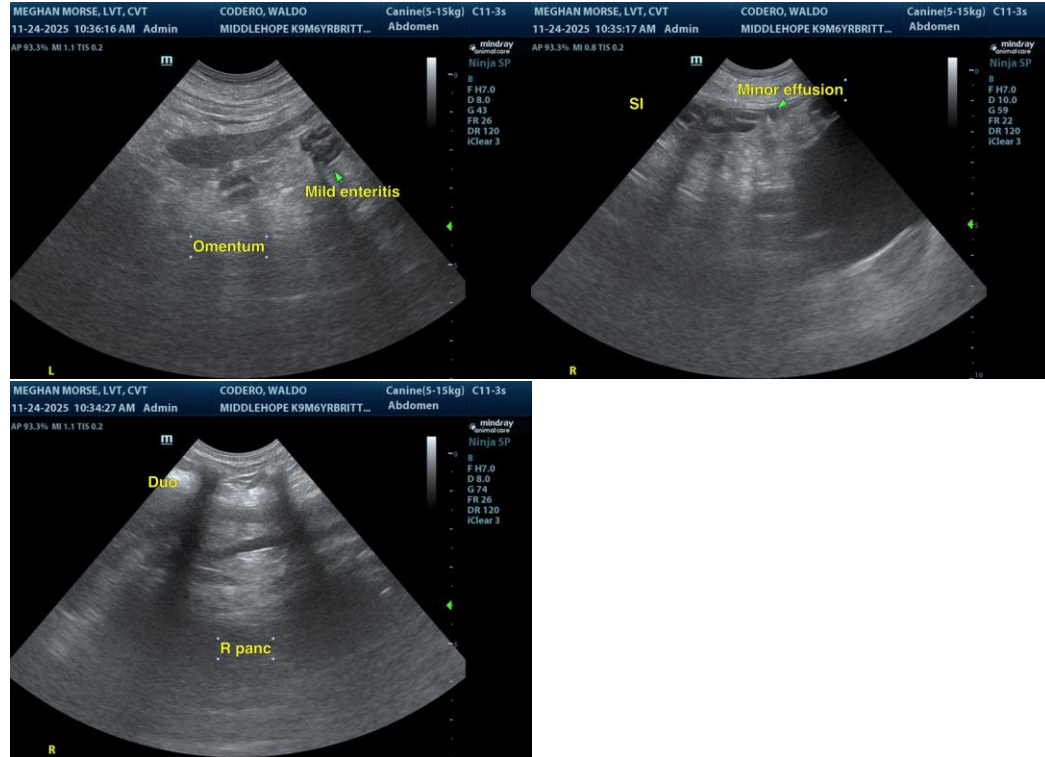
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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