



PATIENT

Minx Lugo

SPECIES

Canine

BREED

Pomeranian

SEX

FS

AGE

16yr

WEIGHT

8lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Christina CVT

HOSPITAL NAME

Animal Health
Veterinary Clinic

REFERRING VET

Dr. Rodriguez

INVOICE

23113

DATE

12/04/2025

PRESENTING CLINICAL SIGNS

- P presented 12/1/25 for annual visit, no concerns doing well overall - Yesterday 12/3/25 at 4pm P started vomiting bile, trembling, legs gave out and went to local E clinic and received SQ fluids and Cerenia - This AM P is still trembling and weak, hasn't eaten in 24 hours, not drinking - Painful abdomen and back

Abnormal PE/Chem/CBC/UA Results: 12/4/25 - PLI snap - Severe strong abnormal, Cortisol - 3.53 12/1/25 - T4 <0.5, Globulin - 3.8, ALKP - 402, BUN - 61, Creat - 2.0, Magnesium - 2.6, Potassium - 6.1

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm 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 moderate to marked loss of corticomodullary symmetry and definition expected for the age of the patient. Bilateral areas of medullary mineral, cortical cysts and mild pyelectasia were present. The left kidney measured 3.4 cm in length. The right kidney measured 3.8 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

Spleen

The spleen was normal in size and contour with mild heterogeneous parenchyma exhibiting multifocal pinpoint hyperechoic parenchyma foci to striations. No visualized masses or nodules were present.

Liver/Gallbladder

The liver was subjectively mildly enlarged in size with areas of asymmetric capsule contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. 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-organized debris. No evidence of gallbladder/peripheral gallbladder inflammation or wall edema was present. The common bile duct was not visualized without overt evidence of dilation or post hepatic obstructive criteria.

Gastrointestinal

The stomach presented intact mildly thickened hypoechoic wall. The lumen of the stomach was empty with mild lumen gas and no signs of ileus, obstruction or foreign material.



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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 feces in lumen.

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Pancreas

The left limb and right limb of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.

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Free Abdomen

No overt lymphadenopathy was present.

Scant pockets of peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

Primary

- Pancreatitis with peripancreatic to generalized mild reactive to inflamed omentum
- Mildly enlarged non-homogenous liver
- Non-organized gallbladder debris not consistent with mature mucocele criteria
- Gastroenteritis
- Chronic renal changes exhibiting medullary mineral, cortical cysts and mild pyelectasia

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Mild potential for pancreatic to potential multicentric neoplastic criteria not definitively excluded yet thought less likely. Hospitalization with empirical therapy for pancreatitis including hepatogastrointestinal support and clinical monitoring indicated. Sonographic reassessment warranted if progressive clinical signs, hepatopathy or abdominal / back pain.

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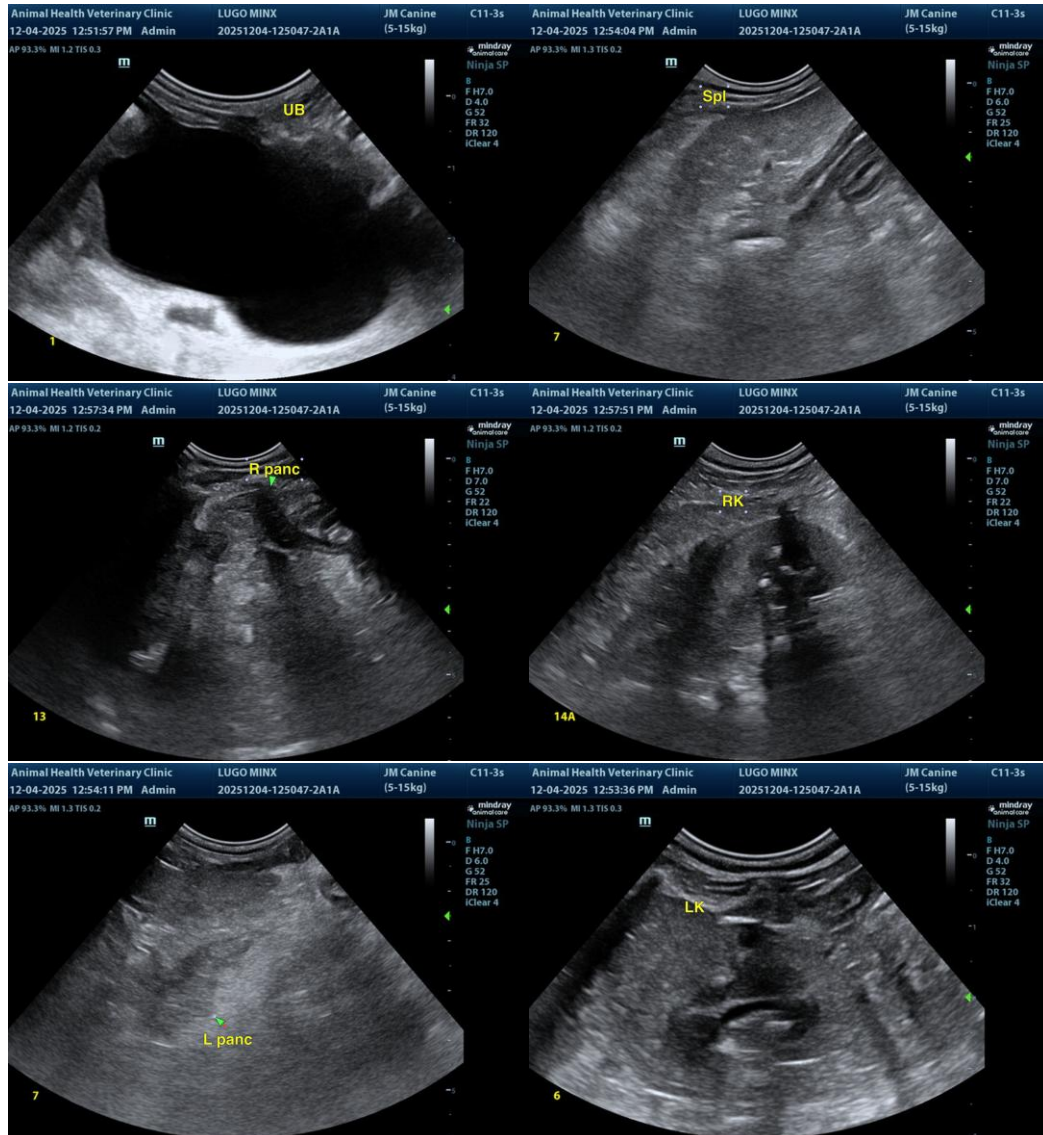
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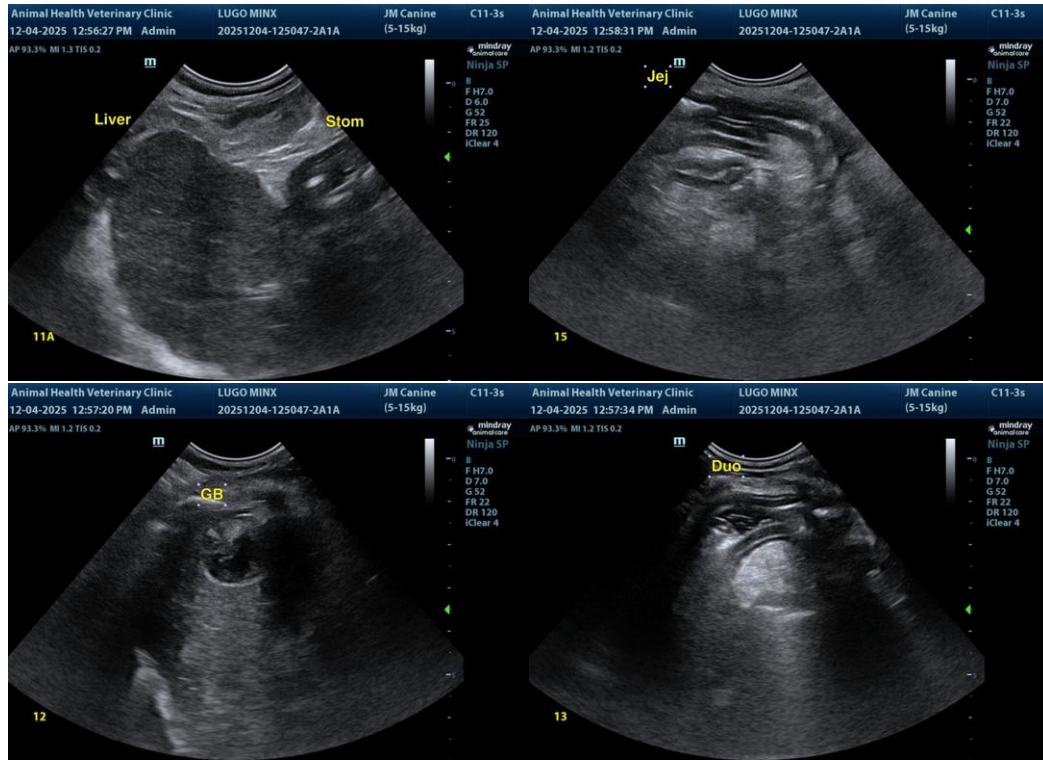
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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info@sonopath.com