



**PATIENT**

Jaeger Ruth

**SPECIES**

Canine

**BREED**

German Wirehair

**SEX**

M

**AGE**

8y

**WEIGHT**

78.2 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

Nazareth Vet Center

**REFERRING VET**

Dr. Larkin

**INVOICE**

10422

**DATE**

12/9/25

**PRESENTING CLINICAL SIGNS**

Acute onset (12/7/25) of vomiting and lethargy. Depressed, absent gut sounds. 3v abdo rads-loss of detail mid cranial abdomen. Gas filled duo. Meds: Cerenia; Buprenorphine; Baytil

Abnormal PE/Chem/CBC/UA Results: Bands suspected in cbc. Amylase 1860 (<1500); spec cpl 331 (<200)

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine or 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.

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 6.1 cm diameter.

The left and right testicles were sonographically normal.

No evidence of pathology in the area of the aortic trifurcation.

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 7.5 cm in length. The right kidney measured 7.6 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 0.54 cm width at the caudal pole. The right adrenal gland was not definitively visualized owing to patient size, adrenal depth, and periadrenal 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/ 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. The hepatic and portal vasculature were



**PATIENT**

Jaeger Ruth

**SPECIES**

Canine

**BREED**

German Wirehair

**SEX**

M

**AGE**

8y

**WEIGHT**

78.2 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

Nazareth Vet Center

**REFERRING VET**

Dr. Larkin

**INVOICE**

10422

**DATE**

12/9/25

normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The common bile duct was not definitively visualized.

***Gastrointestinal***

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty without evidence of retained ingesta, fluid, or foreign material.

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. Thickened to mildly corrugated duodenum wall was noted.

Normal visible colon wall layers were present with semi-formed to soft fecal matter.

***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. Peripancreatic to primarily generalized hyperechoic omentum was present.

***Free Abdomen***

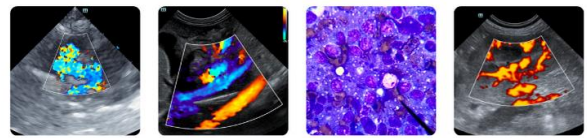
Intermittent, mild to variably enlarged, primarily homogeneous, mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). Mild peritoneal effusion was noted.

**ULTRASONOGRAPHIC FINDINGS**

- Severe active possibly necrotizing pancreatitis with associated peritonitis
- Gastroenteritis accentuated by duodenitis

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Aggressive therapy for active to necrotizing pancreatitis and peritonitis, which may include gastrointestinal support, antibiotics, analgesia, plasma expanders, etc., is recommended. Potential for pancreatic or diffuse intrabdominal neoplasia, i.e., carcinomatosis, is thought less likely yet may present in a similar sonographic manner. Abdominal effusion analysis, cytology, +/- C/S, and pancreatic FNA cytology, assuming normal clotting status, may be considered. A guarded prognosis is indicated.



**PATIENT**

Jaeger Ruth

**SPECIES**

Canine

**BREED**

German Wirehair

**SEX**

M

**AGE**

8y

**WEIGHT**

78.2 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

Nazareth Vet Center

**REFERRING VET**

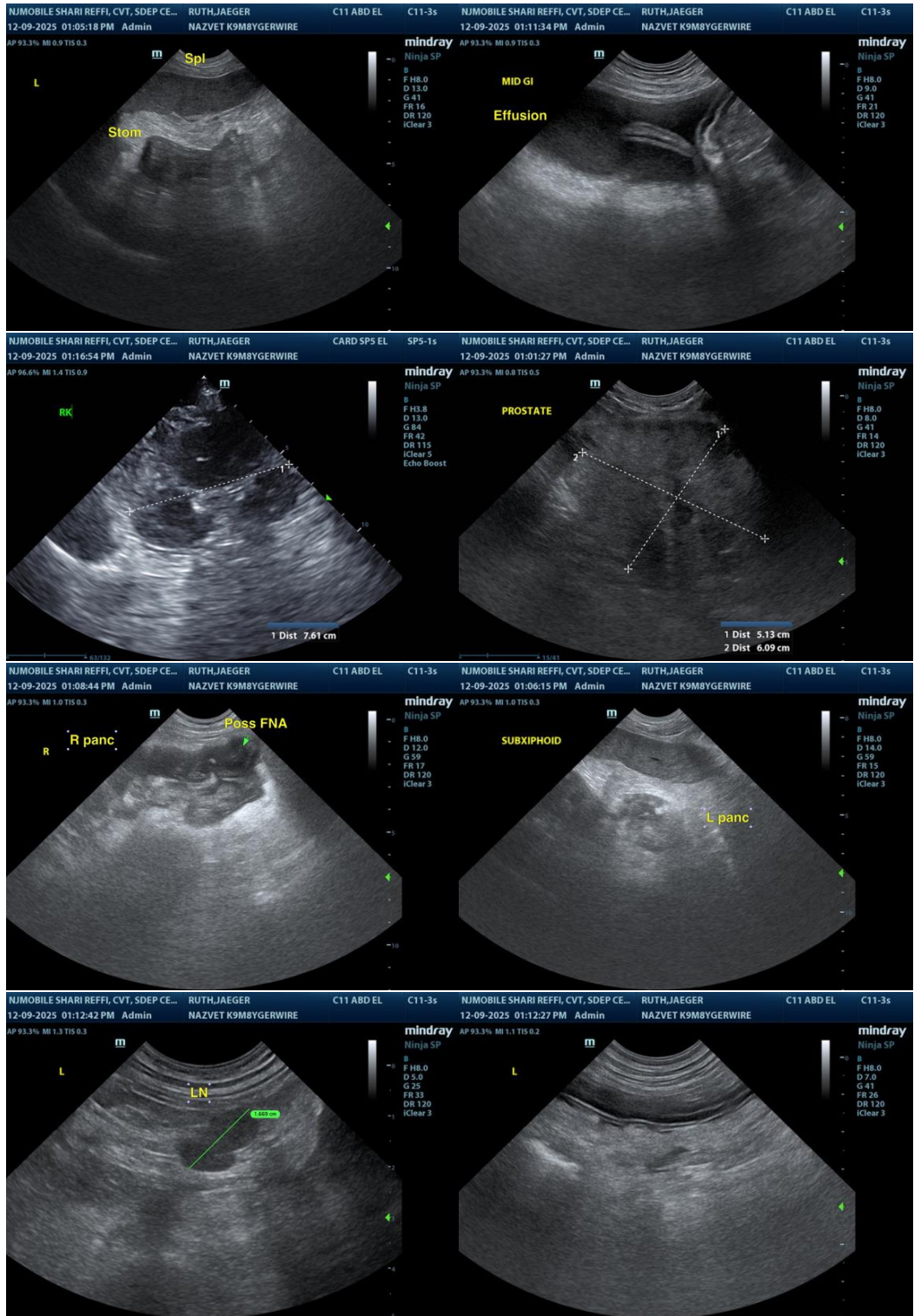
Dr. Larkin

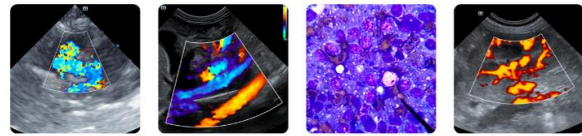
**INVOICE**

10422

**DATE**

12/9/25





**PATIENT**

Jaeger Ruth

**SPECIES**

Canine

**BREED**

German Wirehair

**SEX**

M

**AGE**

8y

**WEIGHT**

78.2 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

Nazareth Vet Center

**REFERRING VET**

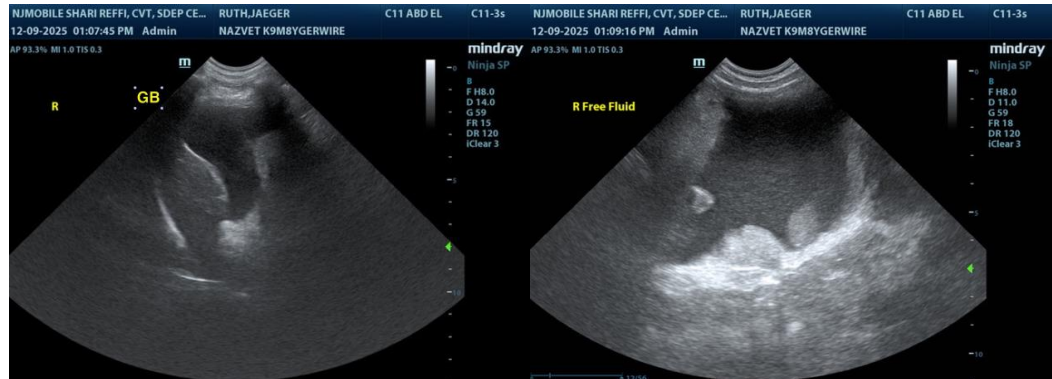
Dr. Larkin

**INVOICE**

10422

**DATE**

12/9/25



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](mailto:info@sonopath.com)