



PATIENT

Luna Petty

SPECIES

Canine

BREED

Pitbull Mix

SEX

FS

AGE

6yr

WEIGHT

65lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Santa Clara AH

REFERRING VET

Dr Giddens

INVOICE

23860

DATE

02/11/2026

PRESENTING CLINICAL SIGNS

- concerned as pet is extremely lethargic, and not eating despite multiple rounds of medications/ BW/x-rays- no answers and o is very concerned pet is not well. Few times of vomiting and last feces were WNL. Not suspecting mouth/dental pain as pet will still eat hard dental bones.
- NSF on PE
- ABNORMAL Labwork Values ALP 719, ALT 320, GGT 70. White blood cell 18.5 with neutrophilia and lymphopenia. Multiple BW's run at previous vets- will send, but include elevation in liver values and WBC
- Current Medications Entyce, Denamarin, Amoxicillin
- Radiographic Findings Taken at other hosp- xray quality poor when transferred - will try to send also
- Notes to Specialist (if any) Seems unclear if pet may have ingested a F.B- o does not suspect but pet has chewed on stuff when puppy- o does not think now. Urine dark but pet not jaundiced- o decline U/A

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 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 6.8 cm in length. The right kidney measured 7.1 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.67 cm width at the caudal pole. The right adrenal gland was not definitively visualized owing to effusion and increased adrenal 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 presented generalized enlarged in size. The hepatic parenchyma revealed diffuse reduced echogenicity compared to the spleen and renal cortical parenchyma with a mild coarse echotexture. Increased portal vein prominence was evident. The capsule of the liver was normal in margination.



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Distinct masses or nodules were not evident. Mild increased prominence of portal vascular borders. Normal vascular volume without evidence of congestion. The gallbladder was non-distended with mildly thickened hyperechoic gallbladder wall. Mild non-organized, gravity dependent hyperechoic gallbladder debris. The common bile duct was not visualized without overt evidence of dilation or post hepatic obstructive criteria.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with mild lumen gas and no signs of ileus, obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material.

Normal visible colon wall layers were present. The colon was non-distended containing soft and non-formed fecal matter.

Pancreas

The pancreas exhibited mild prominent size, symmetrical to rounded capsule contour and hypoechoic, mildly non-homogenous parenchyma compared to adjacent omentum.

Free Abdomen

Moderate volume peritoneal effusion.

Generalized homogenous hyperechoic omentum.

No obvious visualized omental lymphadenopathy or masses.

ULTRASONOGRAPHIC FINDINGS

Primary

- Non-congested hepatopathy- inflammation, vacuolar or non-obstructive cholestatic, infectious, toxin, occult neoplasia or other.
- Mild chronic cholecystitis gallbladder pattern with non-organized common bile duct debris
- Empty gastrointestinal tract with soft and non-formed fecal matter in colon
- Prominent mildly hypoechoic non-homogeneous pancreas-inflammation, edema
- Normal spleen
- Peritonitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status and using a 25g needle, a hepatic FNA for screening cytology is warranted for further assessment in conjunction with effusion analysis cytology +/- C/S if effusion inflammatory component.

No evidence of mechanical gastrointestinal obstruction, i.e. foreign body, mass, hepatic congestion, or subnormal ALB as a contributing factor. A spec cPL or full GI panel to correlate with the pancreas and assess for non-structural intestinal disease may be considered. Pending additional diagnostics, gastrointestinal support with empirical therapy for possible inflammatory hepatopathy, pancreatitis, and nonspecific peritonitis with close monitoring would be reasonable. Possible guarded prognosis is



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indicated.

Luna Petty

**Peritonitis Protocol
 Colloids/Hetastarch**

SPECIES

10 to 20 mL per kilogram per hour and dogs
 10 to 15 mL per kilogram per hour cats
 (Can bolus first 1/3 of dose over 15 minutes)

Canine

Plasma 10 mL / kilogram IV over 4 hours

BREED

Buprenorphine 0.02 mg/kg IV IM SC q4-6 hours Or CRI Lidocaine 30-50 ug/kg/min

Pitbull Mix

Dolasetron for nausea: 0.6-1 mg/kg/day Iv or PO

Famotidine 1 mg/kg IV IM p.o. dc s.i.d. /b.i.d.

Sucralfate 0.5-1 g p.o. t.i.d. dogs, 0.5 g bid cats in slurry Or Misoprostol 1-5 ug/kg po tid

Clindamycin 10mg/kg IV p.o. bid

SEX

Enrofloxacin 10-15 mg/kg IV p.o. s.i.d. dogs, 5 mg/kg Iv po Sid cats

FS

Metronidazole 10-20 mg/kg IV p.o. b.i.d.

Dexamethasone physiological 1 mg/kg to treat adrenal burnout if long standing sickness, shock dose 4-10 mg/kg.

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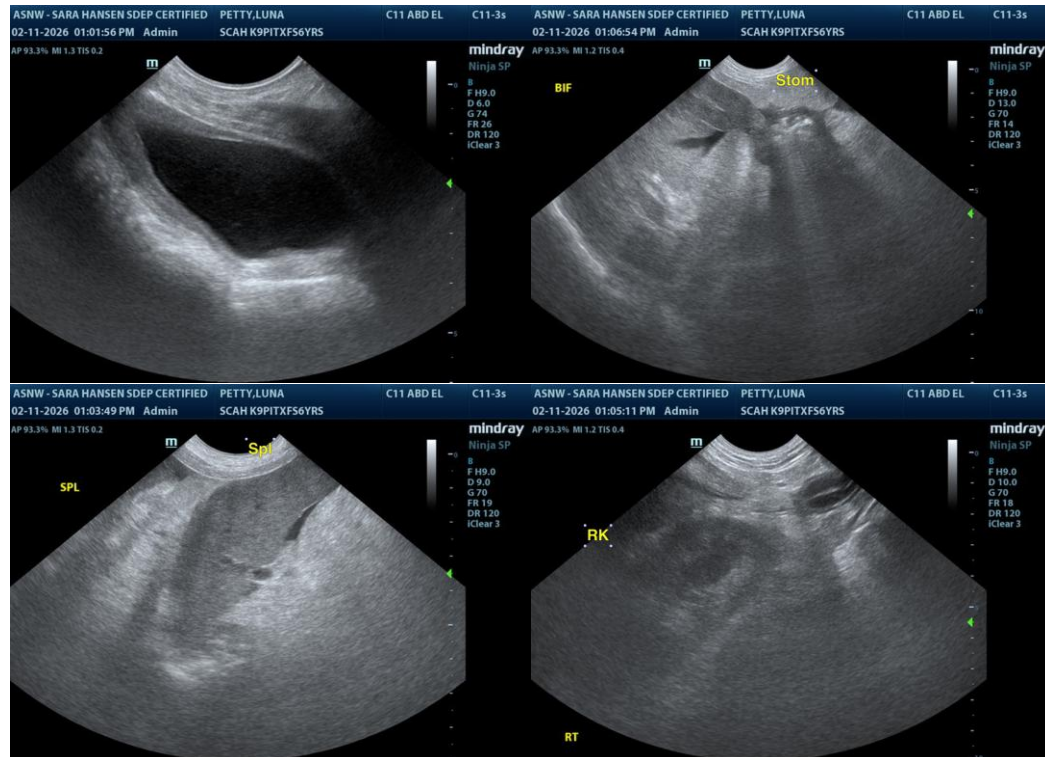
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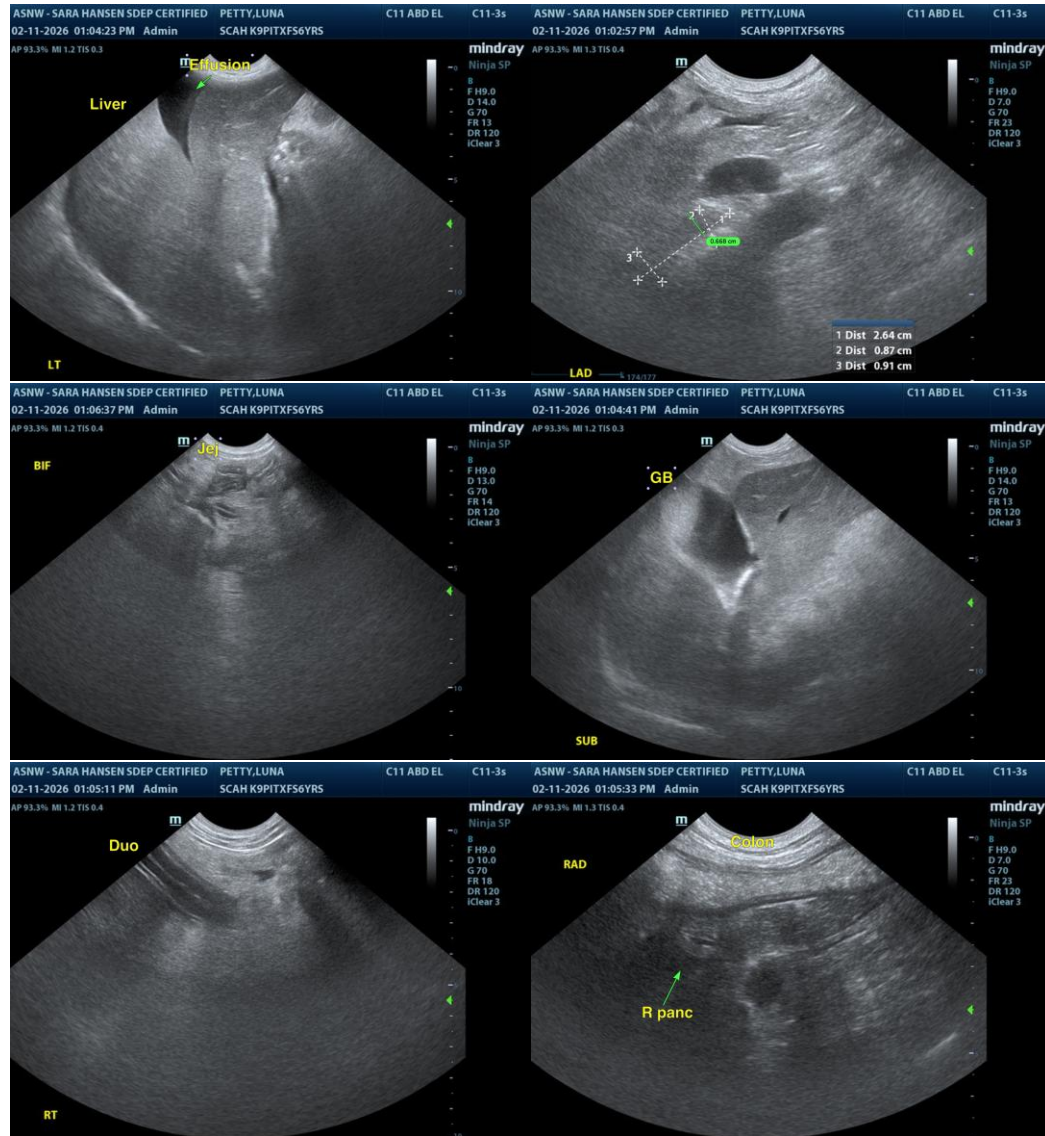
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
info@sonopath.com