



PATIENT

Pekas Barragan

SPECIES

Canine

BREED

Shih Tzu Mix

SEX

FS

AGE

16

WEIGHT

5.1

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Gira

HOSPITAL NAME

Sabadilla Animal Clinic

REFERRING VET

Dr. Nathaniel
Asemadahun

INVOICE

23975

DATE

02/24/2026

PRESENTING CLINICAL SIGNS

- Diarrhea started Sunday, described as very liquid, no blood noted this time
- Straining accidents in house yesterday due to urgency. Complete anorexia since yesterday, refusing all food including boiled chicken. Weight loss of one pound since last visit. Episodes of running frantically every 1-2 weeks, suspected to be due to old age related- dementia. No vomiting reported. No fever present.
- RAG was removed in 2025 (board certified surgeon)

Abnormal PE/Chem/CBC/UA Results: Elevated Spec c PL, TLI, ALP BW attached

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 renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild to moderate loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. Bilateral areas of medullary mineral and intermittent small cortical cysts were present. The left kidney measured 4.2 cm in length. The right kidney measured 3.7 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 0.64 cm width at the caudal pole. The right adrenal gland was not visualized owing to previous adrenalectomy.

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 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



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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.

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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.

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The small intestine presented intact wall layering with propensity for mildly prominent jejunal and ileal muscularis layer. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material. The duodenum wall measured 0.53 cm width. The jejunum wall measured 0.39 cm width. The ileocolic wall measured 0.40 cm width.

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Normal visible colon wall layers were present with semi formed to soft feces in lumen.

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Pancreas

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.

Free Abdomen

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No overt lymphadenopathy was present.

Scant pockets of peritoneal effusion present.

Unspecified non-homogenous hyperechoic possibly mildly cystic lesion in the left lateral abdomen, caudal to the left kidney potentially retroperitoneal in location, measuring 4.2 cm in diameter.

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ULTRASONOGRAPHIC FINDINGS

Primary

- Normal mild gas distended stomach
- Nonspecific enterocolopathy potentially accentuated by ileitis
- Chronic active pancreatitis
- Hepatopathy- consistent with benign criteria and suggestive of vacuolar hepatopathy
- Mild non-organized gallbladder debris
- Chronic renal changes exhibiting medullary mineral and cortical cysts
- Normal left adrenal gland with non-visualized right adrenal gland - previous right adrenalectomy
- Unspecified hyperechoic possibly mildly cystic left lateral abdomen to retroperitoneal lesion- granuloma with potential cystic or necrotic component, consolidated abscess or other, neoplasia thought less likely

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of mechanical gastrointestinal obstruction. Gastrointestinal support and empirical therapy



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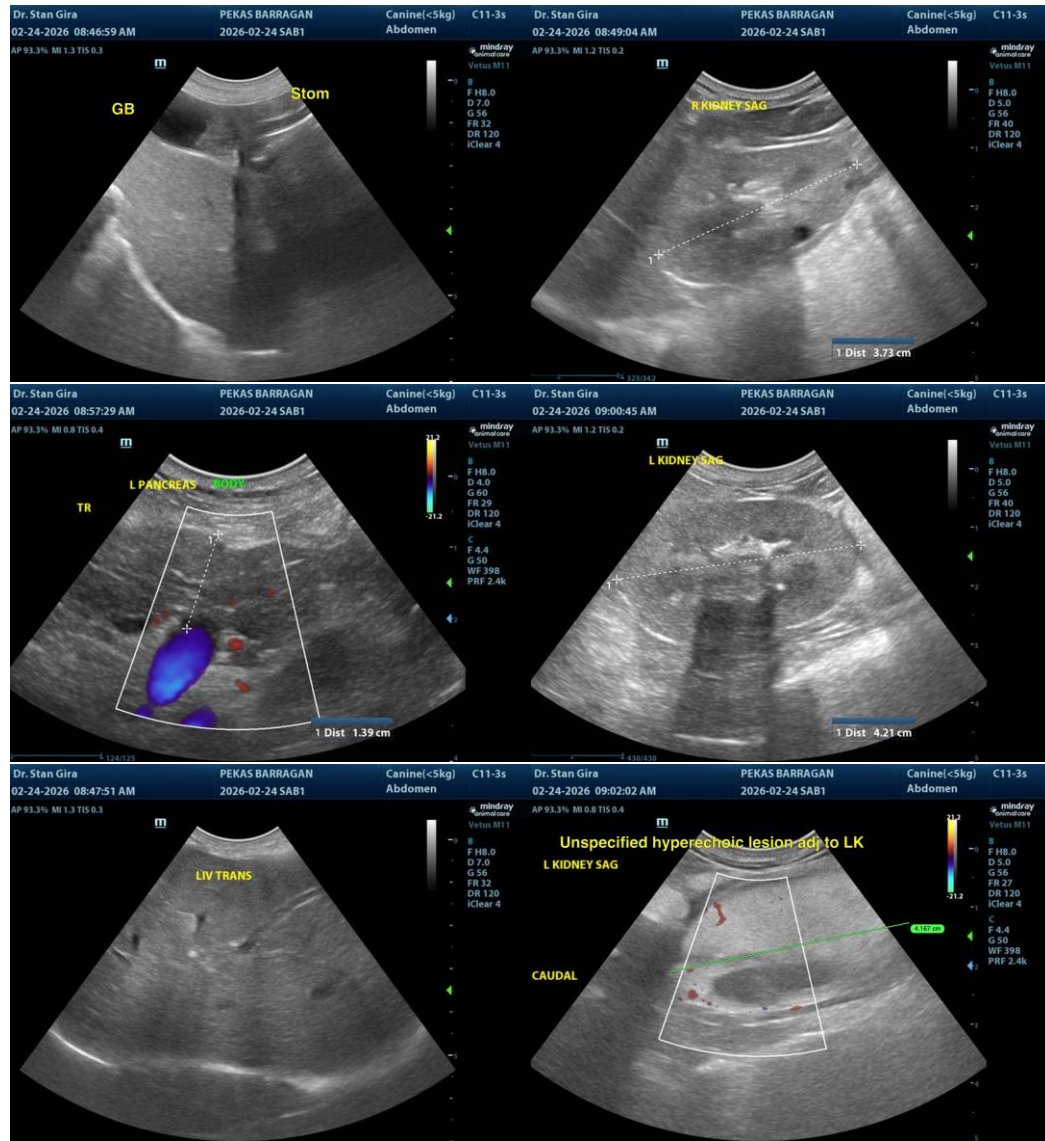
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for chronic active pancreatitis is recommended. Cobalamin supplementation recommended given cobalamin level <400. Assuming normal clotting status, FNA cytology of the unspecified perirenal to retroperitoneal lesion +/- C/S could be considered for further clarification. Concurrent hepatosupportive medications may prove beneficial. Sonographic monitoring if progressive or non-responsive gastrointestinal signs is recommended.





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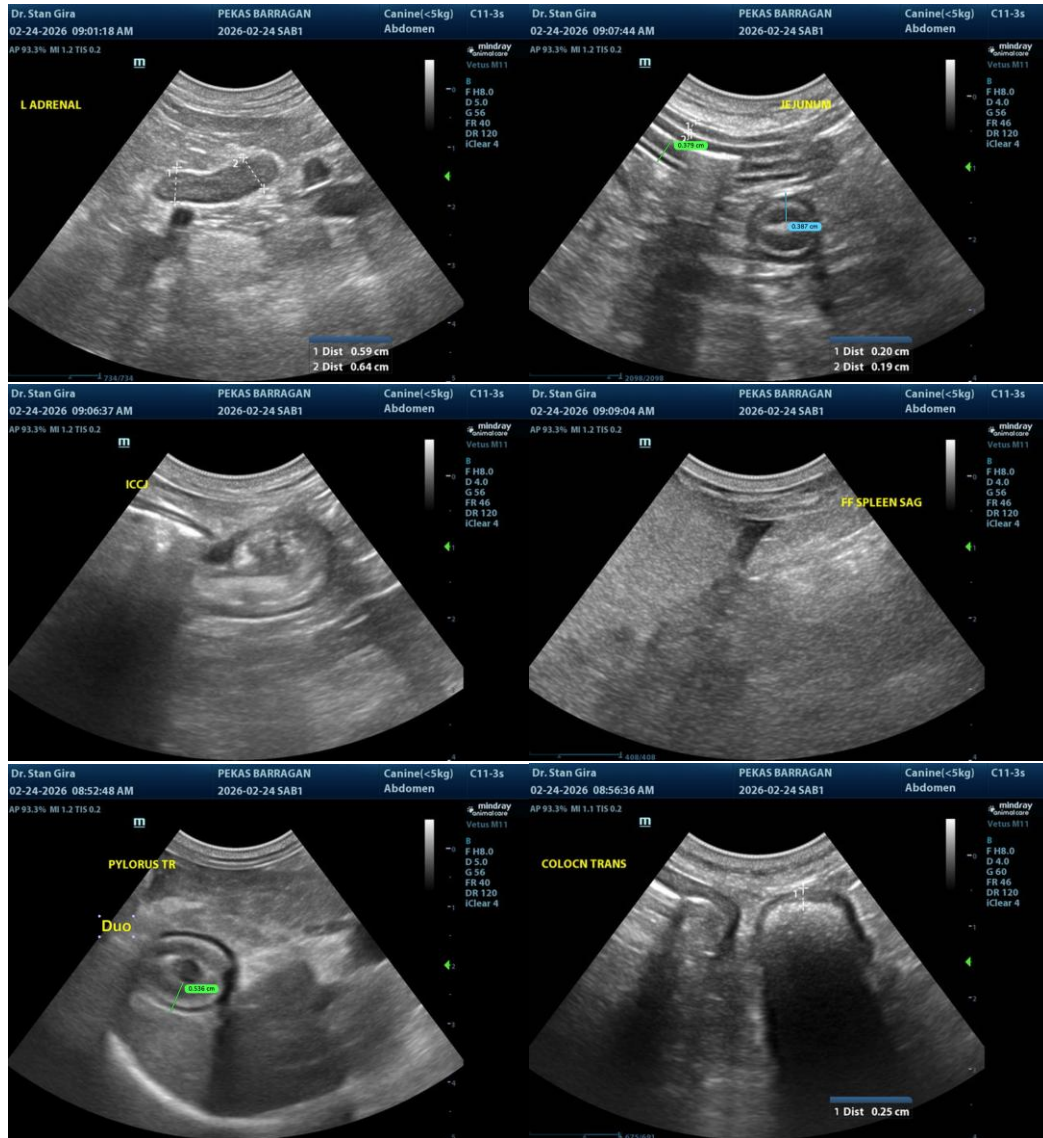
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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