



PATIENT

River Bertholf

SPECIES

Canine

BREED

Schnauzer

SEX

Neutered Male

AGE

8 Years

WEIGHT

17.2 pounds

INTERPRETED BY

R. McKenzie Daniel,
 DVM, DABVP (Canine
 / Feline Practice)

IMAGING PERFORMED BY

Dr. Ken Leal

HOSPITAL NAME

Newton Veterinary
 Hospital

REFERRING VET

Dr. Chan

INVOICE

13945

DATE

02/24/26

PRESENTING CLINICAL SIGNS

- Mild splenic enlargement on rads
- Abdominal pain
- Medications: Cerenia, Panoquel, fentanyl lidocaine CRI, ondansetron

Abnormal PE/Chem/CBC/UA Results: TP = 8.1 Alb = 4.3 Glob = 3.8 Chol = 450 K = 3.7 Cl 101 Neu = 13.53 CPL = abnormal

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

The area of the residual prostate appeared normal and free of pathology.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was 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 4.3 cm in length. The right kidney measured 3.9 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 0.45 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 0.49 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 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 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.



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The gallbladder was non distended in size with mild to moderate congealed possibly adhered yet nonorganized debris occupying a majority of the mid to cranial lumen. No evidence of gallbladder or peripheral gallbladder inflammation. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

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

The small intestine presented intact wall layering with primarily maintained wall layer ratio. Mildly prominent duodenal mucosa with mild duodenal corrugation adjacent to the area of the right pancreatic limb.

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

Pancreas

The left limb, right limb, and base of the pancreas presented mildly enlarged to swollen with nonhomogenous hypoechoic echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. Regional peripancreatic hyperechoic omentum.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Pancreatitis with regional mild peripancreatic hyperechoic omentum.
- Suspect mild associated duodenitis.
- Benign hepatomegaly.
- Nonorganized possibly adhered gallbladder debris- not consistent with mature mucocele criteria.
- Sonographically normal spleen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming gastrointestinal signs are present in this patient, hospitalization with supportive care for pancreatitis with clinical and as needed sonographic monitoring is recommended. No evidence of hepatosplenic neoplastic criteria. Recheck sonogram if progressive clinical signs which may suggest non-responsive or progressive pancreatitis is recommended.



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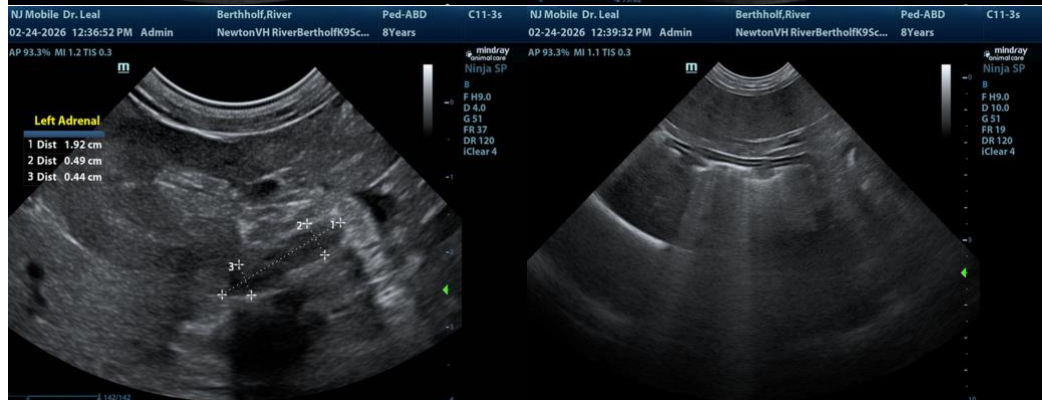
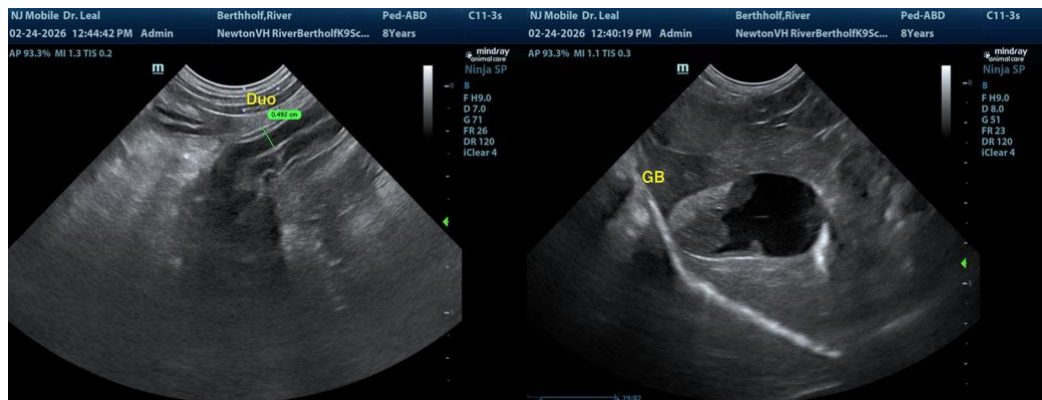
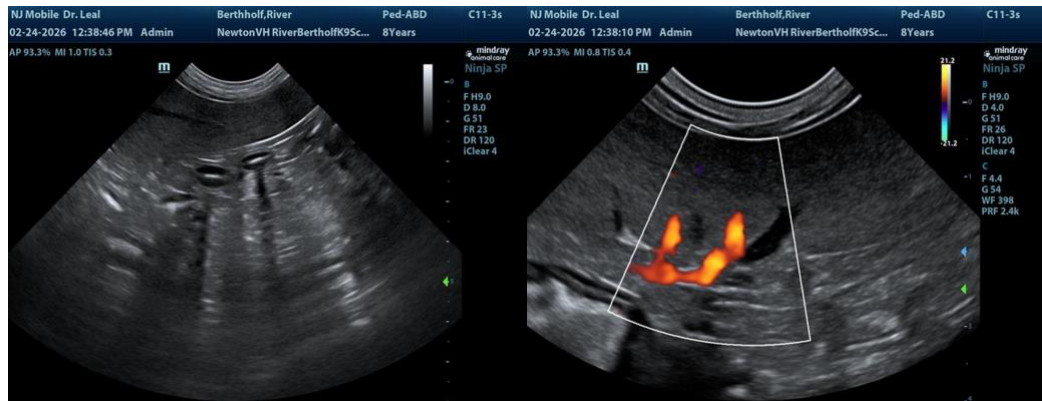
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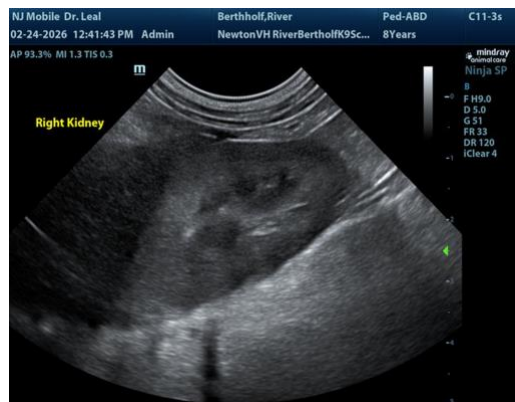
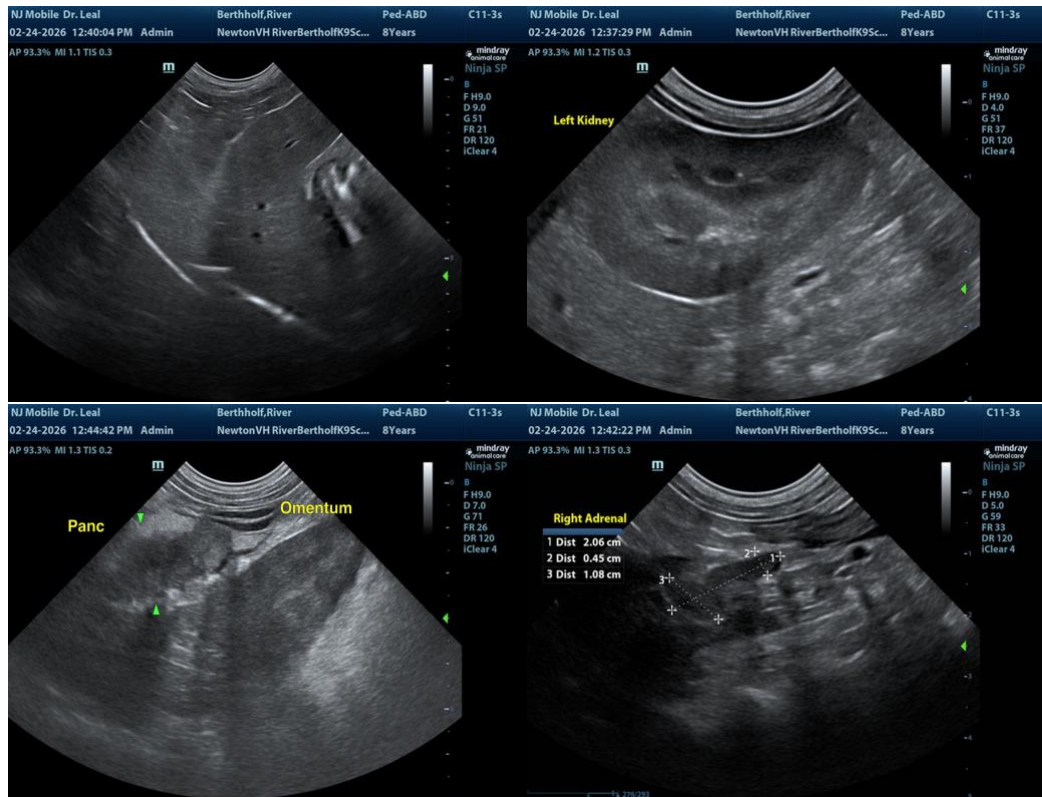
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

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