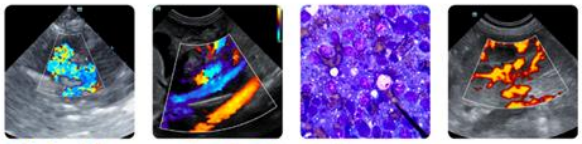




**PATIENT**
Leo Roker

**SPECIES**
Canine

**BREED**
Terrier Corgi Mix

**SEX**
MN

**AGE**
6yr

**WEIGHT**
12.6kg

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

**IMAGING PERFORMED BY**
Dr Sarah Barthelemy

**HOSPITAL NAME**
Fish Creek Pet Hospital

**REFERRING VET**
Dr Whale

**INVOICE**
23805

**DATE**
02/05/2026

## PRESENTING CLINICAL SIGNS

- vomiting, lethargy and inappetence

Abnormal PE/Chem/CBC/UA Results: Neutrophilia, monocytosis Elevated amylase

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 4.9 cm in length. The right kidney measured 5.2 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the residual prostate appeared normal and 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 0.57 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 0.47 cm width at the caudal pole.

### *Spleen*

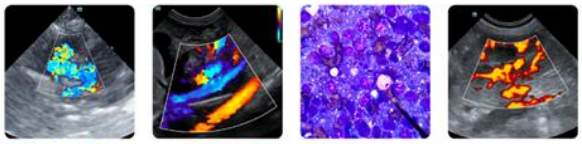
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

### *Liver/Gallbladder*

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

### *Gastrointestinal*

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was moderately distended with retained fluid and mild lumen gas and no signs of obstruction or foreign material.





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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Mildly prominent intact duodenum wall with mild duodenal mucosal speckling. 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 with semi formed feces and lumen gas.

***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.

***Free Abdomen***

Mild peripancreatic to cranial abdomen effusion.

Intermittent, mildly enlarged hypoechoic pancreaticoduodenal lymph nodes.

## ULTRASONOGRAPHIC FINDINGS

### Primary

- Significant active pancreatitis with regional peritonitis.
- Gastroduodenitis with non-obstructive hypomotile stomach
- Sonographically normal liver / gallbladder - no evidence of post-hepatic obstruction

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pancreas is consistent with active inflammation with associated peripancreatic regional peritonitis with potential for saponification or adhesions. Potential for pancreatic neoplasia, which may present in this manner, cannot be excluded yet considered less likely. Sonographic monitoring of the pancreas to assess for abscessation should be considered.

Hospitalization with aggressive therapy for active pancreatitis with concurrent gastrointestinal support and clinical monitoring is recommended.

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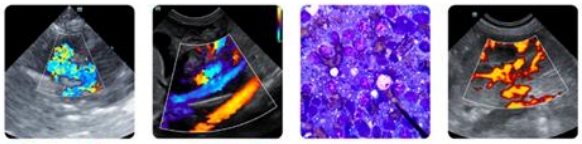

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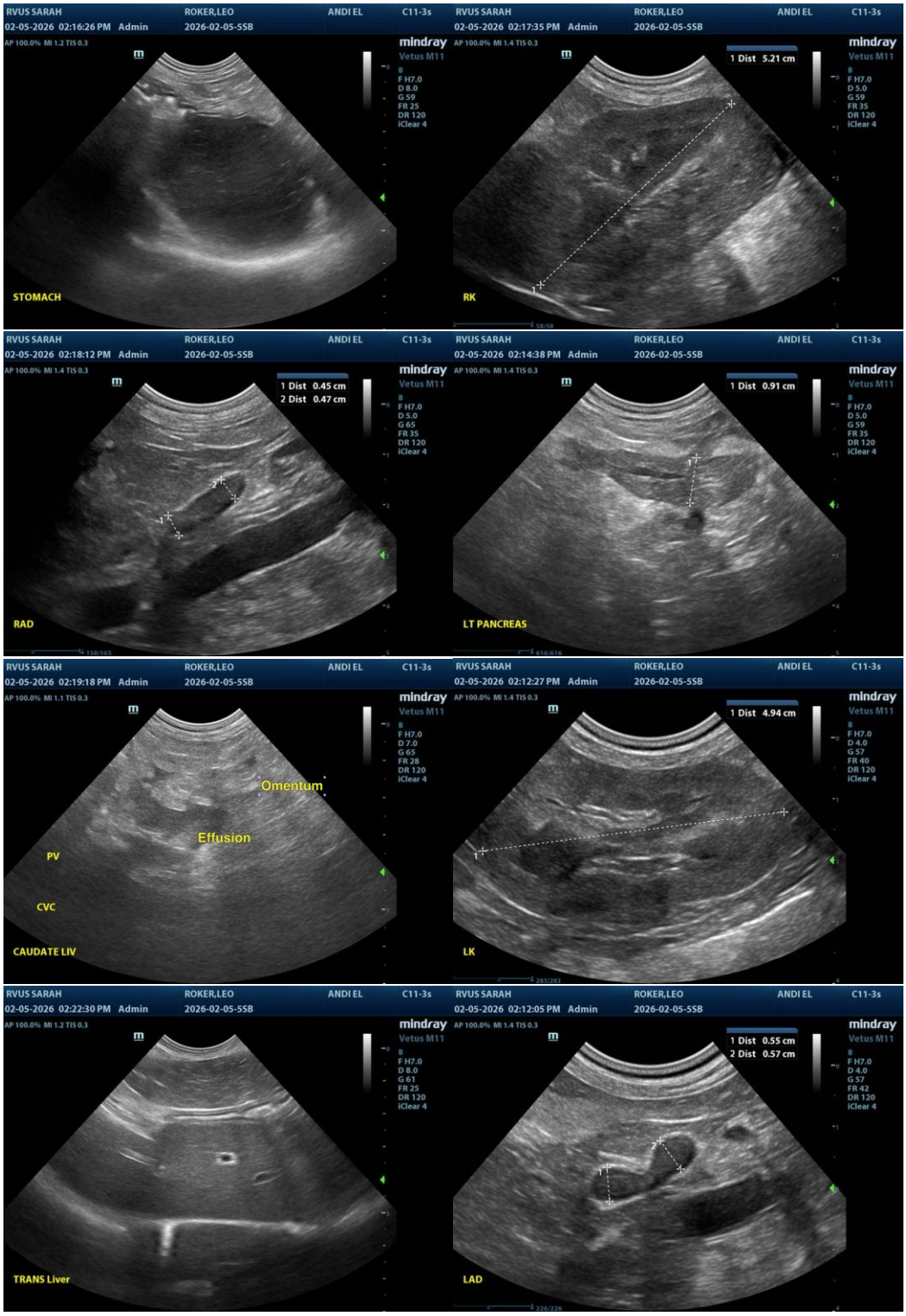

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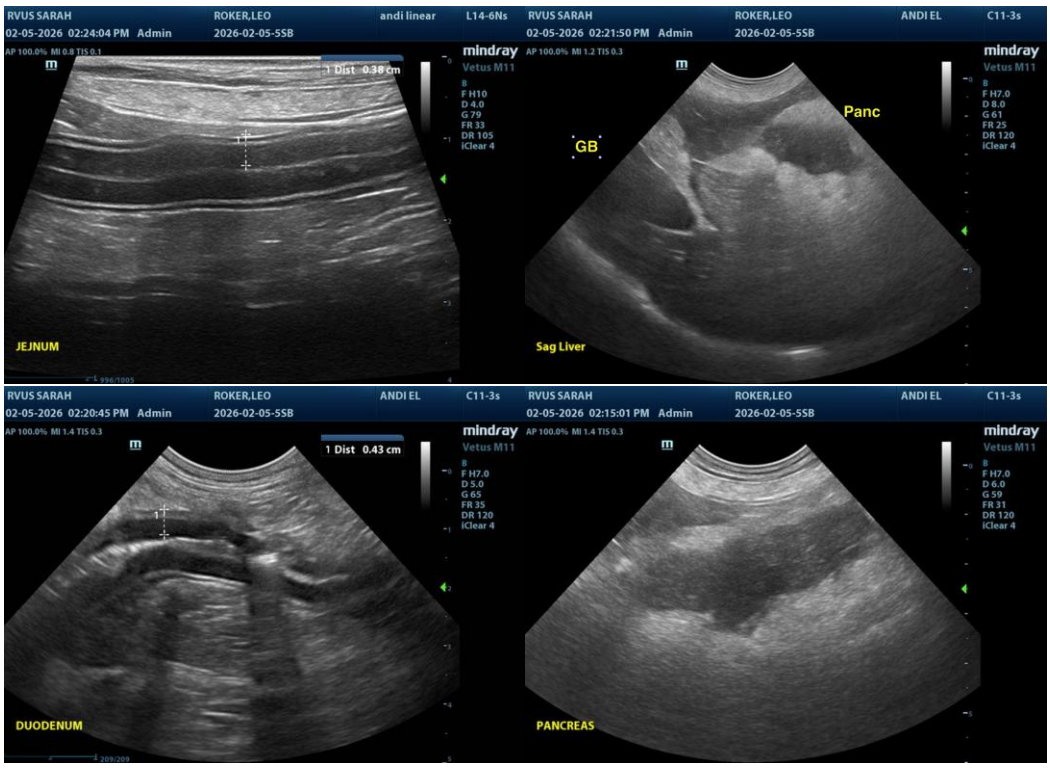


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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)**
info@sonopath.com