



PATIENT

Luna Hanif

SPECIES

Canine

BREED

Chihuahua

SEX

FS

AGE

7yr

WEIGHT

16.2lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Ray

HOSPITAL NAME

Kew Gardens Animal
Hospital

REFERRING VET

Dr Ray

INVOICE

24204

DATE

03/15/2026

PRESENTING CLINICAL SIGNS

- The owner presents the patient to check for vomiting, lethargic and anoxia for the past 3 days.
- The owner mentioned that the patient had seizure and using Kepra.
- The owner mentioned that the previous Vet told her that the patient had hepatomegaly.

Abnormal PE/Chem/CBC/UA Results: Leukocytosis, Neutrophilia, Pancreatitis. The owner declined blood work Chem.

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 4.6 cm in length. The right kidney measured 4.8 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 0.60 cm width at the caudal pole. The right adrenal gland was not definitively visualized, no overt pathology in the area of the right adrenal gland.

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. 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 mild thickened wall. Intact wall layering was maintained and distinct. The stomach contained a mild amount of anechoic fluid.

The small intestine presented thickened duodenum wall with concurrent mild duodenal ileus. The visualized segments of the jejunum exhibit intact wall and maintain wall layer ratio and empty lumen to level of the ileum and colon.

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

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. Minor volume primarily peripancreatic effusion.

Free Abdomen

Regional peripancreatic to cranial abdomen hyperechoic omentum.

Minor volume primarily peripancreatic effusion.

No visualized significant omental lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

Primary

- Pancreatitis with regional peripancreatic peritonitis
- Gastroduodenitis with mild non-obstructive gastroduodenal ileus
- Hepatomegaly- metabolic, reactive, vacuolar, or potential inflammatory hepatopathy possible
- Mild non-organized gallbladder debris (non-mucocele)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Aggressive supportive care for pancreatitis with associated peritonitis and gastroduodenitis with clinical and as needed sonographic monitoring is recommended. Correlation with a full CBC/chemistry panel and UA is recommended if not already done.



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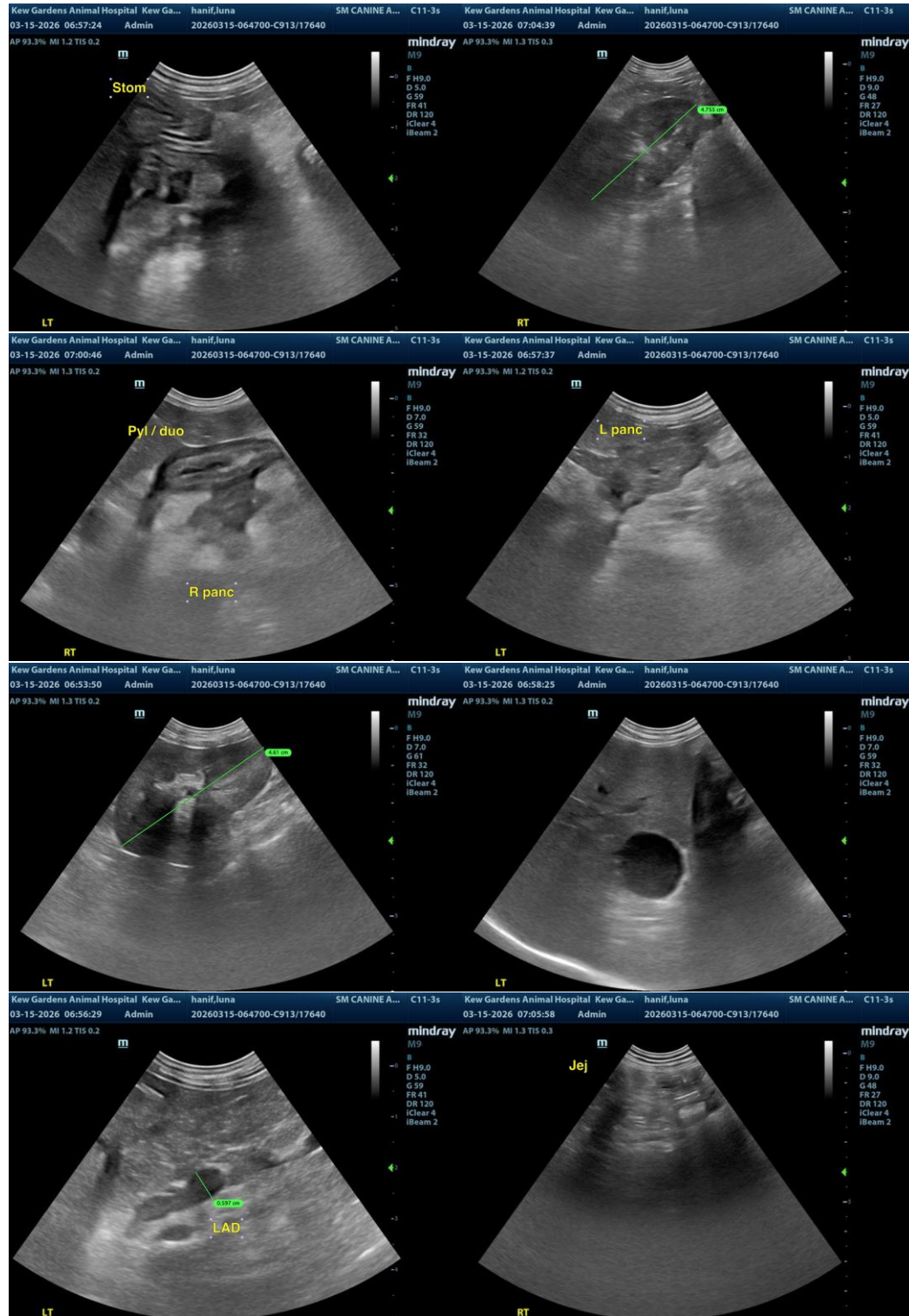
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not



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visible in the image/video clips provided.

Luna Hanif

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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