



PATIENT

Puma Lugo

SPECIES

Canine

BREED

Boston Terrier

SEX

Female Spayed

AGE

11

WEIGHT

26

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Maniar

INVOICE

13336

DATE

3/27/26

PRESENTING CLINICAL SIGNS

History:

- Vomiting multiple times, green urine

Abnormal PE/Chem/CBC/UA Results: WBC 29.27 RBC 3.78 Lipase 1100

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 uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

Mildly prominent uterine remnant dorsal to the urinary bladder noted measuring 2.8 cm length x 0.74 cm. The uterine remnant was empty without evidence of lumen fluid or regional inflammation.

Asymmetrical enlarged or swollen, hypoechoic medial iliac lymph node measured 3.3 cm x 1.1 cm.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.0 cm in length. The right kidney measured 5.0 cm in length.

Adrenal Glands

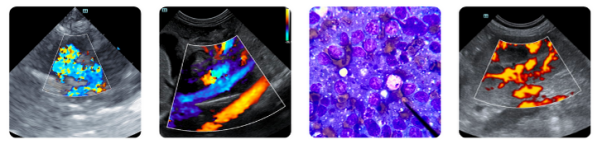
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.78 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.63 cm width 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

The liver presented normal / increased / decreased in size. The hepatic parenchyma revealed diffuse reduced echogenicity compared to the spleen with a mild coarse echotexture. Increased prominence of the intrahepatic hyperechoic portal vascular borders. Asymmetrical hepatic capsule contour. Distinct masses or nodules were not evident. 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 common bile duct was not visualized.



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Gastrointestinal

The stomach presented mildly intact prominent thickened wall. Intact wall layering was maintained and distinct. stomach contained moderate retained fluid.

The small intestine presented intact wall layering with thickened duodenum wall exhibiting indistinct wall layer detail. Generalized empty intestinal lumen.

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

Pancreas

The pancreas was enlarged to asymmetrical swollen in size exhibiting non-homogeneous, hypoechoic parenchyma. Regional peripancreatic hyperechoic omentum and mild effusion present.

Free Abdomen

Cystic structure noted caudal to the left kidney measuring 1.5 cm in diameter. No obvious visualized swollen mesenteric lymphadenopathy present.

PRIMARY FINDINGS

- Enlarged non-homogeneous hypoechoic pancreas with peripancreatic peritonitis – significant active, potentially necrotizing pancreatitis, neoplasia not excluded
- Hypoechoic liver
- Thickened stomach/duodenum with moderate hypomotile stomach
- Bilateral mild adrenomegaly
- Mild chronic renal changes
- Asymmetrically swollen hypoechoic medial iliac lymphadenopathy
- Nonspecific cystic structure caudal to the left kidney

SECONDARY FINDINGS

- Mildly prominent, non-fluid dilated uterine remnant

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Significant pancreatitis with associated regional peritonitis, potential acute to reactive hepatopathy and significant gastroduodenitis favored. Potential for pancreatic to possible multicentric neoplasia not definitively excluded. Further assessment may include, assuming normal clotting status, hepato-pancreatic and medial iliac lymph node FNA cytology in conjunction with possible effusion analysis. Hospitalization with aggressive therapy for pancreatitis with clinical and sonographic monitoring would be reasonable. Anti mullerian hormone assay may be considered if clinical signs consistent with ovarian remnant. Guarded prognosis.



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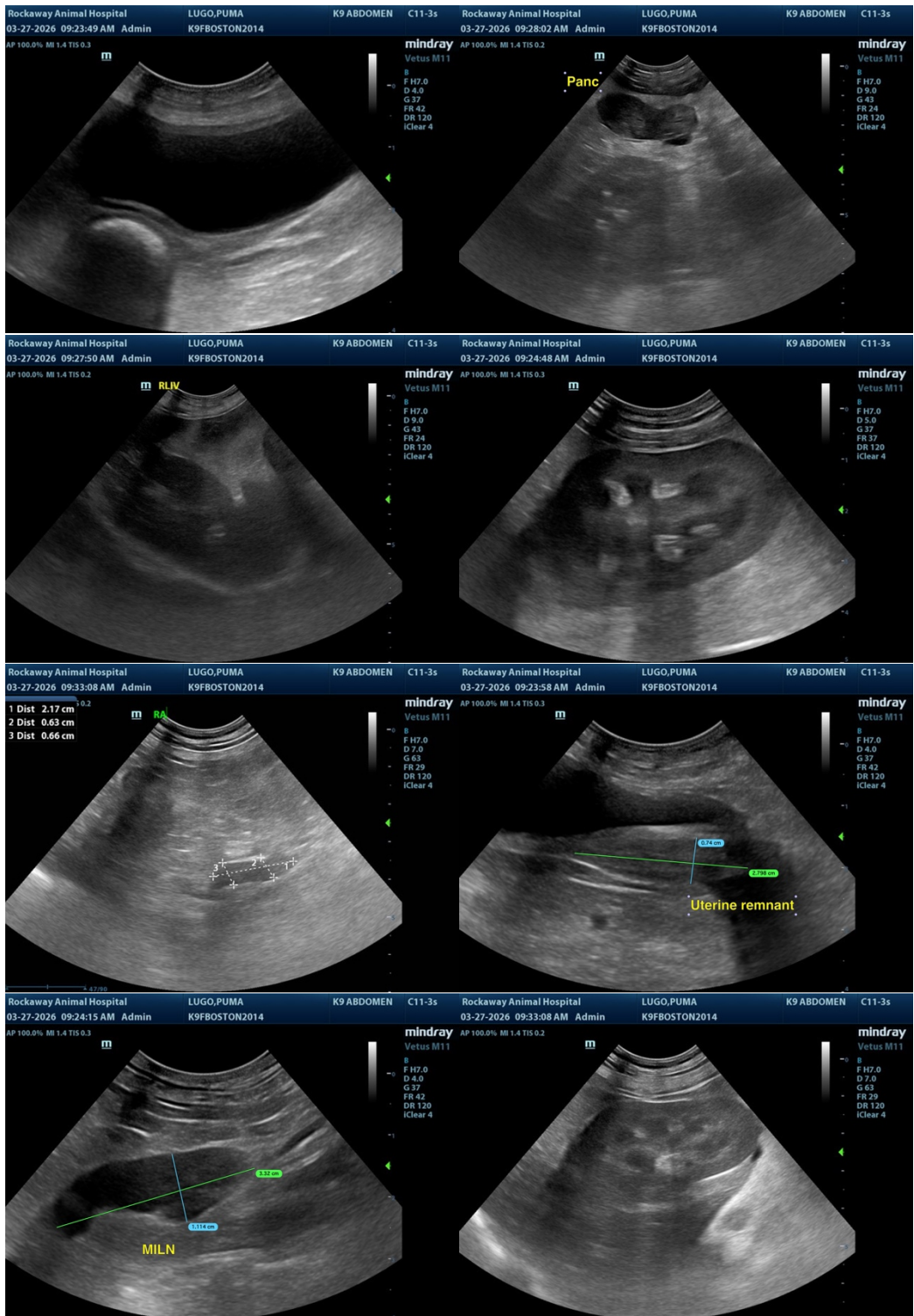
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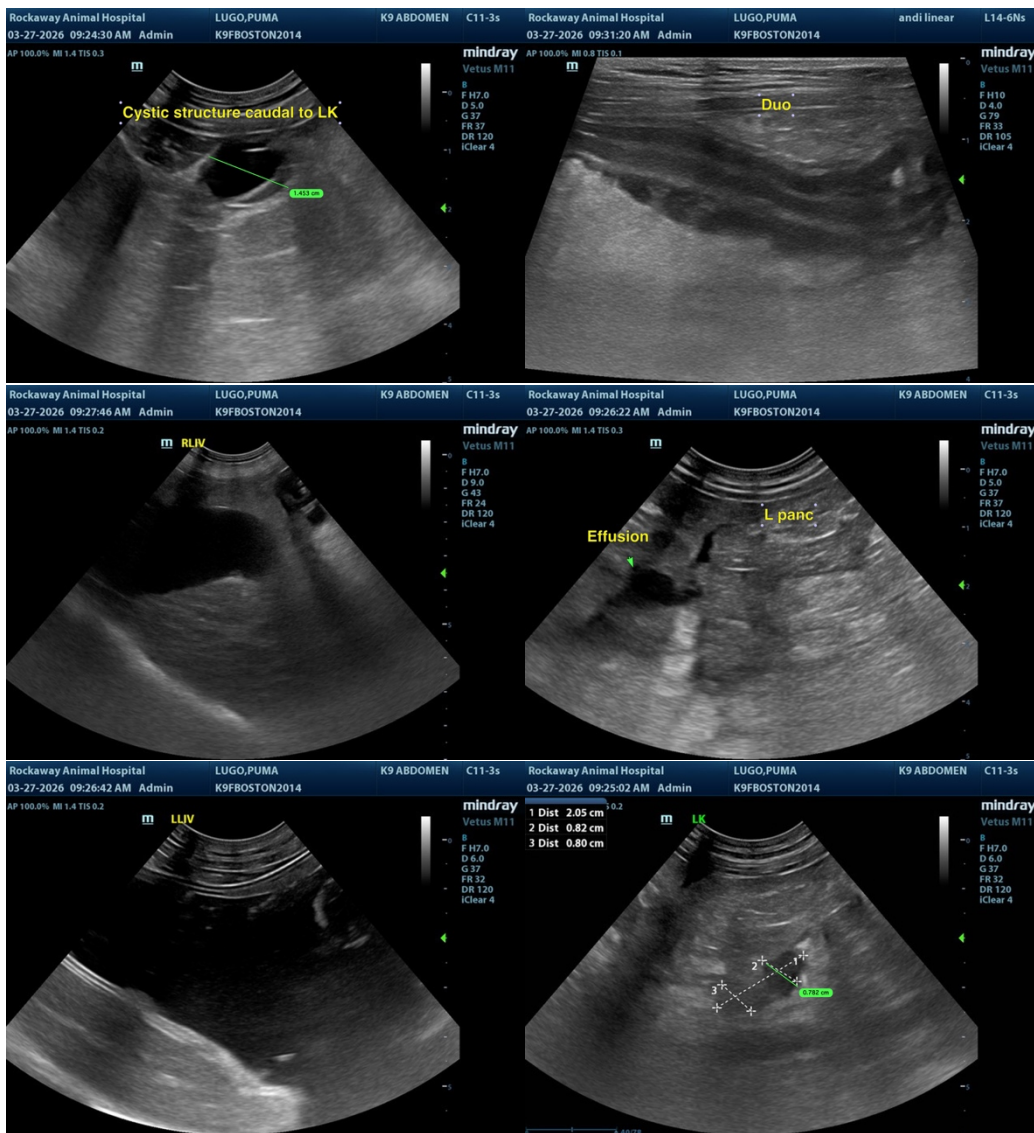
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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