



PATIENT

Chiqui Ramirez

SPECIES

Canine

BREED

Yorkie

SEX

FS

AGE

9yr

WEIGHT

2.9kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Renee Trionfetti, VMD

HOSPITAL NAME

Blue Pearl Wyomissing

REFERRING VET

Blue Pearl Wyomissing

INVOICE 24674

DATE
04/29/2026

PRESENTING CLINICAL SIGNS

AUS to further evaluate vomiting/pancreatitis. Seen at PHUC for pancreatitis but did not respond to outpatient treatments and breathing has persisted being off. Now in BP Wyomissing ER in oxygen cage noted to be bradycardic HR 39-40, marked abdominal pain, increased RR with mild increased RE. BW - elevated LES/GGT/BUN/Phos and elevated cPL.

Abnormal PE/Chem/CBC/UA Results: SBP: 116, 115, 122. HR 40, 44. CXR: Collapsing trachea and hypoinflation of the lungs. Possible bronchitis. No evidence of heart failure or pneumonia CBC: PLT 507 (H), PCT 0.57 (H) Serum chemistry (17) w/electrolytes: BUN 71 (H), PHOS 9.5 (H), ALT 258 (H), ALP 261 (H), GGT 17 (H), Chol 330 (H), AMY 2058 (H), LIP 4243 (H), cPL 911 (H)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN WITH LIMITED HEART

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 mild non-dependent particulate sediment. 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 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. Bilateral areas of mild medullary mineral were present. The left kidney measured 3.4 cm in length. The right kidney measured 3.0 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 0.43 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 0.37 cm width at the caudal pole.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.

Liver/Gallbladder

The liver presented mildly enlarged in size with symmetrical yet swollen contour. The parenchyma exhibited conserved uniform parenchyma with normal echogenicity isoechoic to the spleen and falciform fat. The hepatic vasculature was dilated in appearance, most notable at the level of the hepatic vein / caudal vena cava junction, without evidence of thrombosis. Mildly prominent caudal vena cava measured 0.72 cm in diameter. The gallbladder was non distended in size with echogenic, nonmineralized, nondependent biliary sludge. The biliary sludge was non organized with a hypoechoic



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to anechoic, irregular to interrupted rim visible between the nondependent sludge and inner wall. No signs of peripheral inflammation.

Gastrointestinal

The stomach presented mild thickened wall. Intact wall layering was maintained and distinct. The gastric lumen was empty with mild gas. Minor retained anechoic fluid was present.

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A segmental to diffuse ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material.

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

Pancreas

Asymmetrically enlarged non-homogenous hypoechoic pancreas with ill-defined capsule and borders compared to adjacent to regional peripancreatic hyperechoic omentum. Small right pancreatic limb thinly walled cyst containing anechoic fluid was present measuring 1.0 cm in diameter.

Free Abdomen/Cardiac

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

Brief subjective echo revealed normal LA/LV dimension with LV hypocontractility. Mildly thickened mitral valve leaflets with mild eccentric MR. Mildly enlarged RA/RV with concurrent thickened tricuspid valve and tricuspid insufficiency on Doppler. Subjective normal pulmonic artery. Mild pulmonic insufficiency on Doppler. No evidence of cardiac tumor in the visible window. No evidence of pericardial effusion. Non-specific arrhythmia.

ULTRASONOGRAPHIC FINDINGS

Primary

- Pancreatitis with regional peritonitis, right pancreatic limb cyst
- Hepatopathy with evidence of mild hepatic congestion
- Immature gallbladder mucocele
- Generalized gastroenteritis with semi formed fecal matter in colon
- Chronic renal changes with mild medullary mineral
- Normal bilateral adrenal glands
- Subjective compensated mitral valve insufficiency with LV hypocontractility, associated bradycardia/ non-specific arrhythmia
- Mild RA/RV enlargement with tricuspid and pulmonic valve insufficiency

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Potential for pancreatic or occult hepatic neoplasia thought less likely yet not definitively excluded. Left ventricle hypocontractility and bradycardia / arrhythmia, secondary to systemic disease, given evidence of significant pancreatitis is possible. Pulmonary hypertension and emerging right heart failure is of concern given right atrium / ventricle enlargement and evidence of mild hepatic congestion, which appears compensated at this stage without overt evidence of current ascites. Ideally a full echocardiogram is indicated.



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Continued empirical therapy for pancreatitis with hepatic /gastrointestinal support and judicious IV fluid administration is recommended with clinical and as needed sonographic monitoring. An extremely guarded prognosis is indicated.

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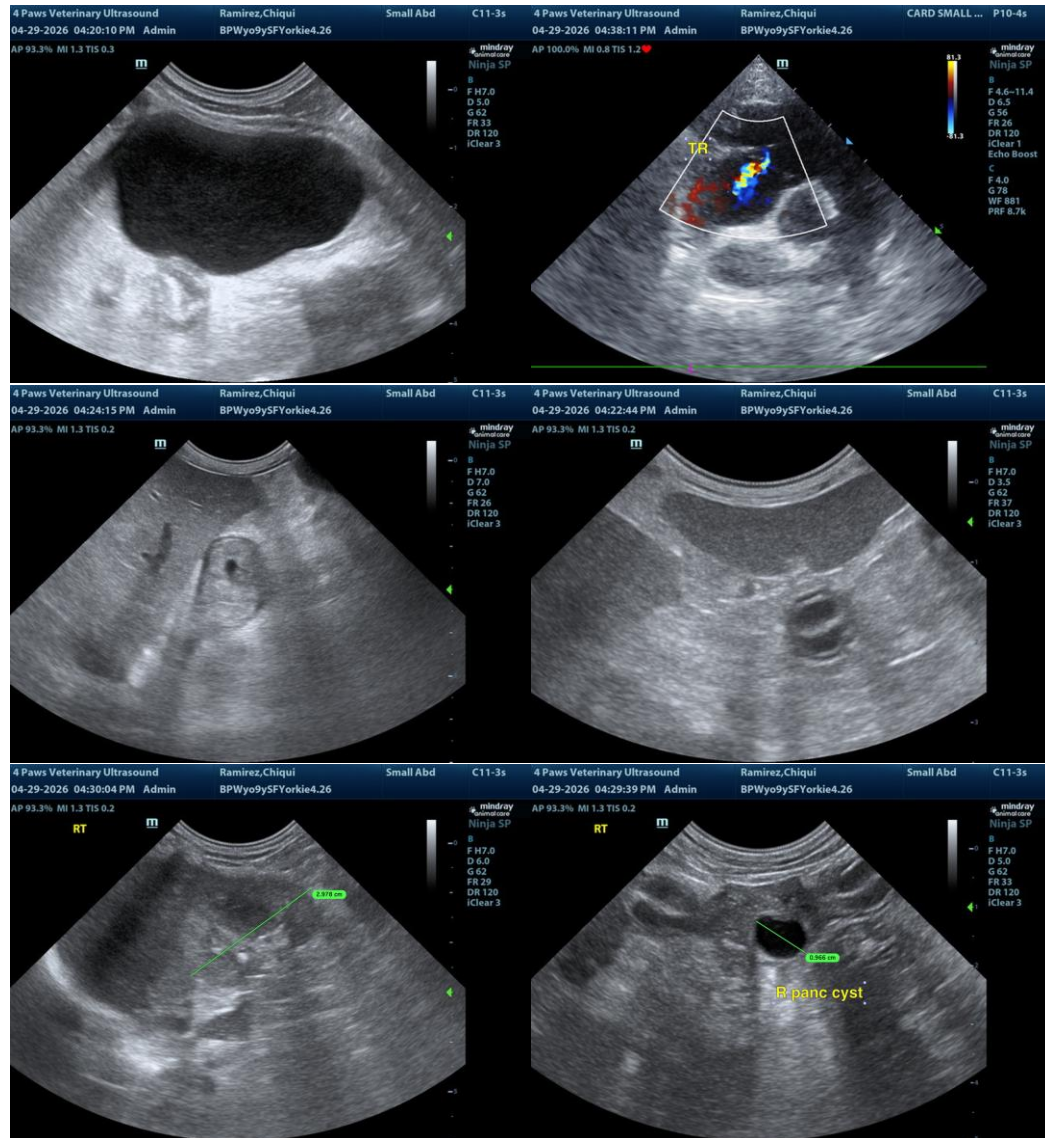
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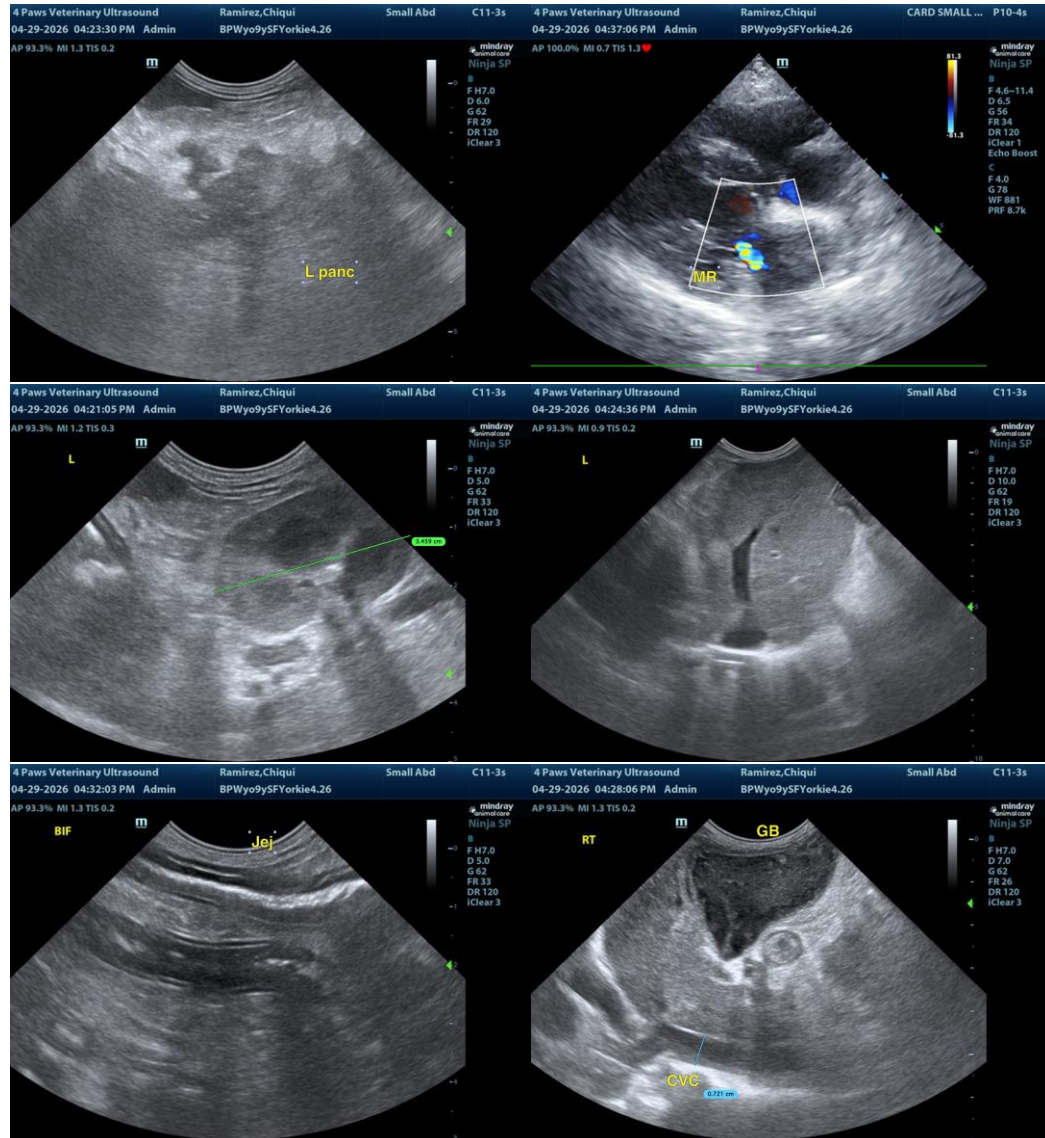
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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