



PATIENT

The submitted study contained 27 videos.

Maui Cameron

PRESENTING CLINICAL SIGNS

Vomiting and regurgitation

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

The urinary bladder was not definitively visualized.

Golden doodle

The solitary visualized kidney exhibited intact one to three cortex medulla ratio with adequate corticomedullary border demarcation.

SEX

Adrenal Glands

M

The left and right adrenal glands were not definitively visualized.

AGE

Spleen

4yr

The spleen was not definitively visualized.

WEIGHT

Liver/Gallbladder

18kg

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 mild non-organized debris. The cystic and common bile ducts were normal.

INTERPRETED BY

Gastrointestinal

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

The stomach was moderately distended with retained anechoic fluid. Overtly normal, visible stomach wall.

IMAGING PERFORMED BY

Significantly irregular thickened duodenum exhibiting intact to indistinct upper to mid visible duodenal mural detail and mild upper to mid duodenal ileus. The duodenum wall measured 0.83 cm wall width. The visualized segments of jejunum exhibited intact wall layering with overall maintained wall layer ratio. Empty segmental jejunum with concurrent jejunal ileus.

F Azizi

HOSPITAL NAME

The colon was not definitively visualized.

Eagleson Veterinary
Clinic

Pancreas

REFERRING VET

Dr Amar

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. Mild localized free fluid was present around the abnormal pancreas. Regional peripancreatic hyperechoic omentum.

INVOICE

Free Abdomen

24690

No overt visualized omental lymphadenopathy was present.

DATE

04/30/2026



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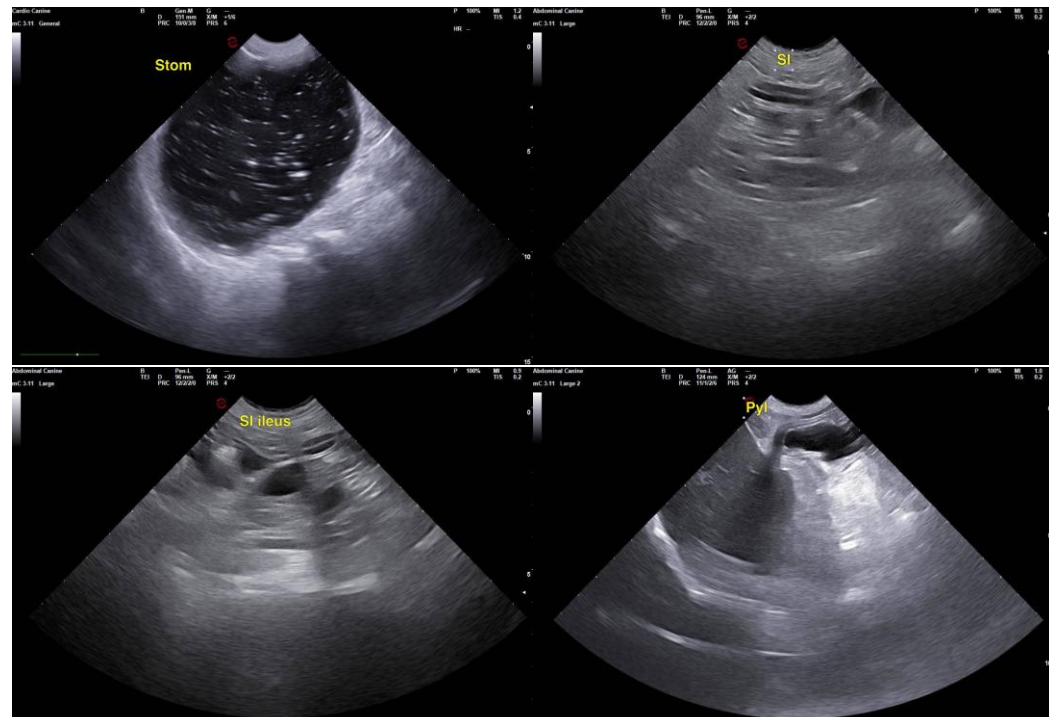
ULTRASONOGRAPHIC FINDINGS

Primary

- Severe active possibly necrotizing pancreatitis with regional peritonitis
- Associated severe duodenitis with moderate hypomotile stomach and concurrent segmental, duodenojejunal ileus
- Mild non-organized gallbladder debris

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Severe upper gastrointestinal inflammatory changes secondary to pancreatitis is probable. Mild potential for occult to emerging pancreatic or upper intestinal neoplasia thought less likely yet not technically excluded. No definitive visualized evidence of mechanical gastrointestinal obstruction. Hospitalization with aggressive therapy for severe, possibly necrotizing pancreatitis with associated peritonitis and significant gastroduodenitis with clinical and as needed sonographic monitoring is indicated. A guarded prognosis is indicated.





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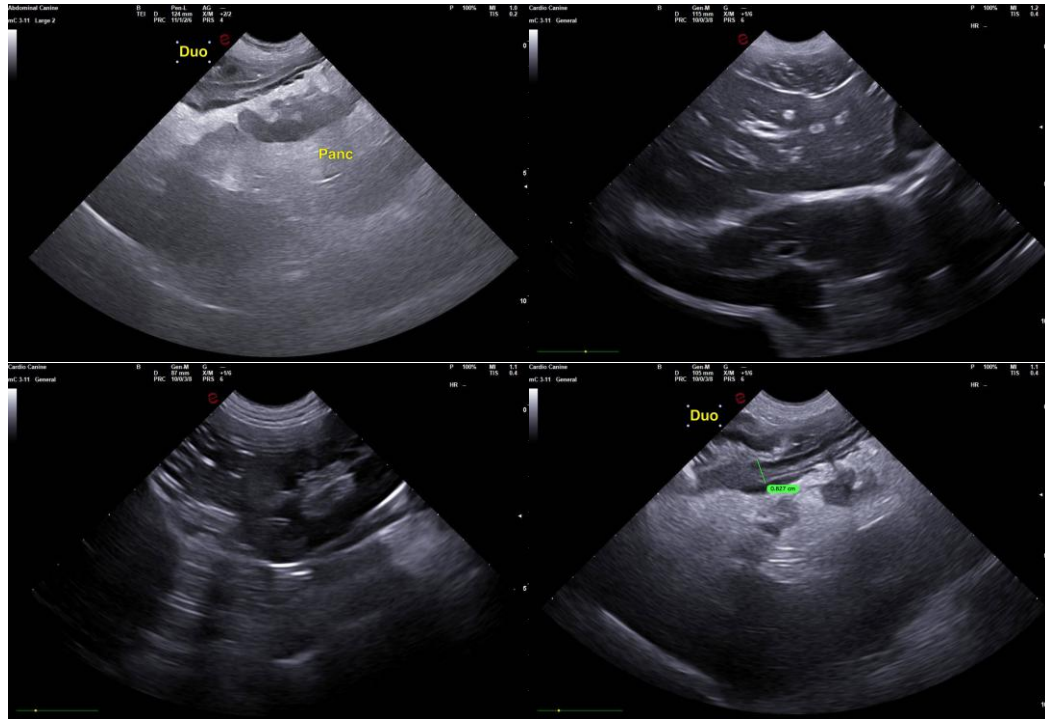
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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info@sonopath.com