



**PATIENT**

Mogar Fleetwood

**SPECIES**

Canine

**BREED**

Boxer Mix

**SEX**

Neutered Male

**AGE**

11 Years

**WEIGHT**

29 kg

**INTERPRETED BY**

R. McKenzie Daniel,  
 DVM, DABVP (Canine  
 / Feline Practice)

**IMAGING PERFORMED BY**

Shari Reffi CVT

**HOSPITAL NAME**

Pet Stat Animal Urgent  
 Care

**REFERRING VET**

Dr. Payne

**INVOICE**

14976

**DATE**

04/09/26

**PRESENTING CLINICAL SIGNS**

BCS 7/9. Pancreatitis

Abnormal PE/Chem/CBC/UA Results: ALP-173; Amy-2160; Lip >1k; CPL-950; Lyme (+)

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm 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 change were noted.

The area of the residual prostate appeared normal and free of pathology.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was 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 7.2 cm in length. The right kidney measured 6.9 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 0.82 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 0.80 cm width at the caudal pole.

**Spleen**

The spleen presented overall normal in size with symmetrical contour and homogenous parenchyma. AN area of potential medial parenchymal expansion connected to the medial spleen or focal ectopic spleen was visualized measuring 2.9 cm in diameter with similar echogenicity to the primary spleen.

**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. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with mild hyperechoic nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

**Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, mild nonshadowing ingesta without signs of obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental similar appearing nonshadowing intestinal ingesta was present.



**PATIENT**

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

Mogar Fleetwood

**Pancreas**

**SPECIES**

The pancreas was normal in size and contour with isoechoic mildly heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Canine

**Free Abdomen**

**BREED**

No overt lymphadenopathy or peritoneal effusion was present.

Boxer Mix

Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.

**SEX**

**ULTRASONOGRAPHIC FINDINGS**

Neutered Male

- Sonographically normal liver- consistent with mild benign hepatopathy.
- Nonorganized gallbladder debris (non-mucocele).
- Mild heterogeneous pancreas.
- Normal bilateral kidneys/adrenal glands.
- Focal medial splenic parenchymal expansion versus ectopic spleen- subjective benign.
- Normal gastrointestinal tract with gastrointestinal ingesta- consistent with food echogenicity.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

29 kg

No sonographic evidence of active pancreatitis, although mild pancreatitis may be suspected if concurrent clinical signs in conjunction with elevated CPL.

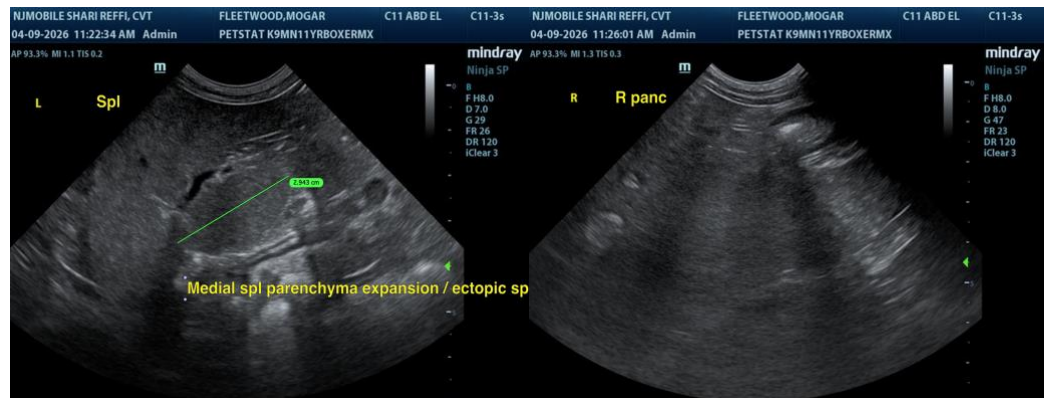
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As needed supportive care for possible mild chronic pancreatitis if clinically indicated is recommended. Concurrent hepatosupportive medications may prove beneficial. Sonographic monitoring of the subjective benign medial splenic parenchymal expansion or ectopic spleen for evidence of progression is recommended.

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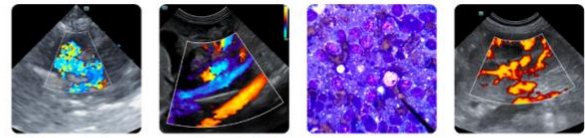
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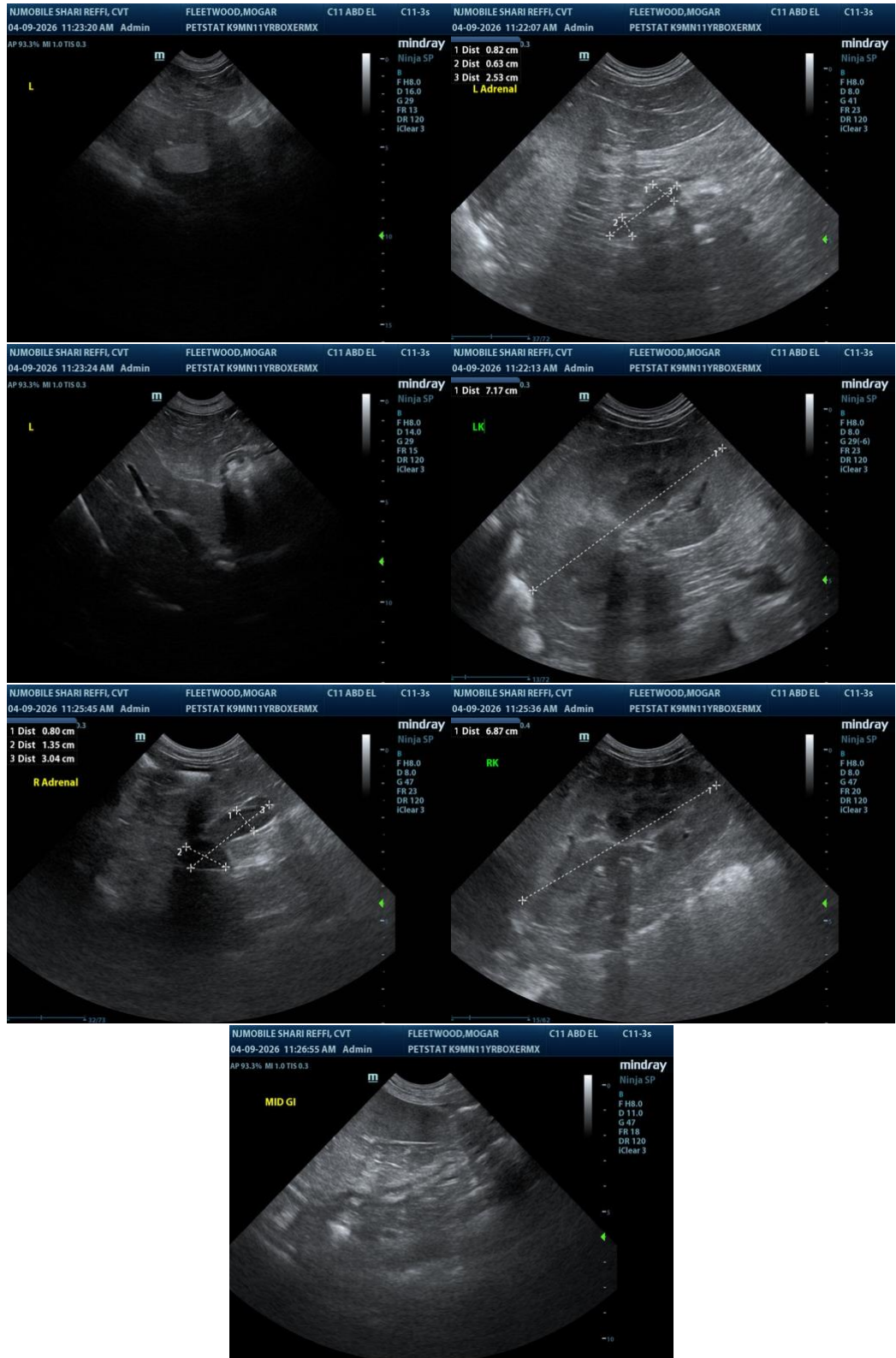
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)