



PATIENT

Luna Swartout

SPECIES

Canine

BREED

Mixed Breed

SEX

Spayed Female

AGE

8 Years

WEIGHT

18.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Emma Flott

HOSPITAL NAME

Portland Veterinary
Wellness Center

REFERRING VET

Dr. Emma Flott

INVOICE

15705

DATE

05/01/26

PRESENTING CLINICAL SIGNS

History of elevated cPL and intermittent vomiting and hyporexia. Patient has responded well to supportive care, but symptoms reoccur

Abnormal PE/Chem/CBC/UA Results: cPL 265

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.

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 4.4 cm in length. The right kidney measured 4.1 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 0.38 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 0.44 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 & Gallbladder

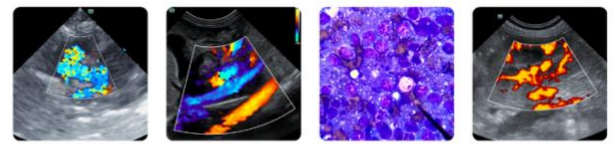
The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with mild congealed hyperechoic 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 was empty with no signs of ileus, obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.



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

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Pancreas

SPECIES

The pancreas was normal in size with isoechoic mildly heterogeneous remodeled parenchyma compared to adjacent nonreactive or inflamed omentum. No signs of active inflammation or neoplasia. Indistinct pancreatic capsule compared to adjacent omentum.

Canine

BREED

Free Abdomen

Mixed Breed

No overt lymphadenopathy or peritoneal effusion was present.

SEX

ULTRASONOGRAPHIC FINDINGS

Spayed Female

- Mild heterogeneous remodeled pancreas.
- Mild congealed gallbladder debris (non-mucocele).
- Sonographically normal gastrointestinal tract.

AGE

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

8 Years

No evidence of gastrointestinal mural pathology or sonographic evidence of active pancreatitis. Chronic pancreatitis, if previous or historical pancreatitis, may be suspected if cranial abdomen or subxiphoid discomfort on palpation and correlation with elevated cPL and gastrointestinal signs.

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18.2 lbs

Gastrointestinal support and empirical therapy for chronic pancreatitis is recommended. Sonographic reassessment is indicated if continued non-responsive or progressive gastrointestinal signs. No evidence of neoplastic criteria.

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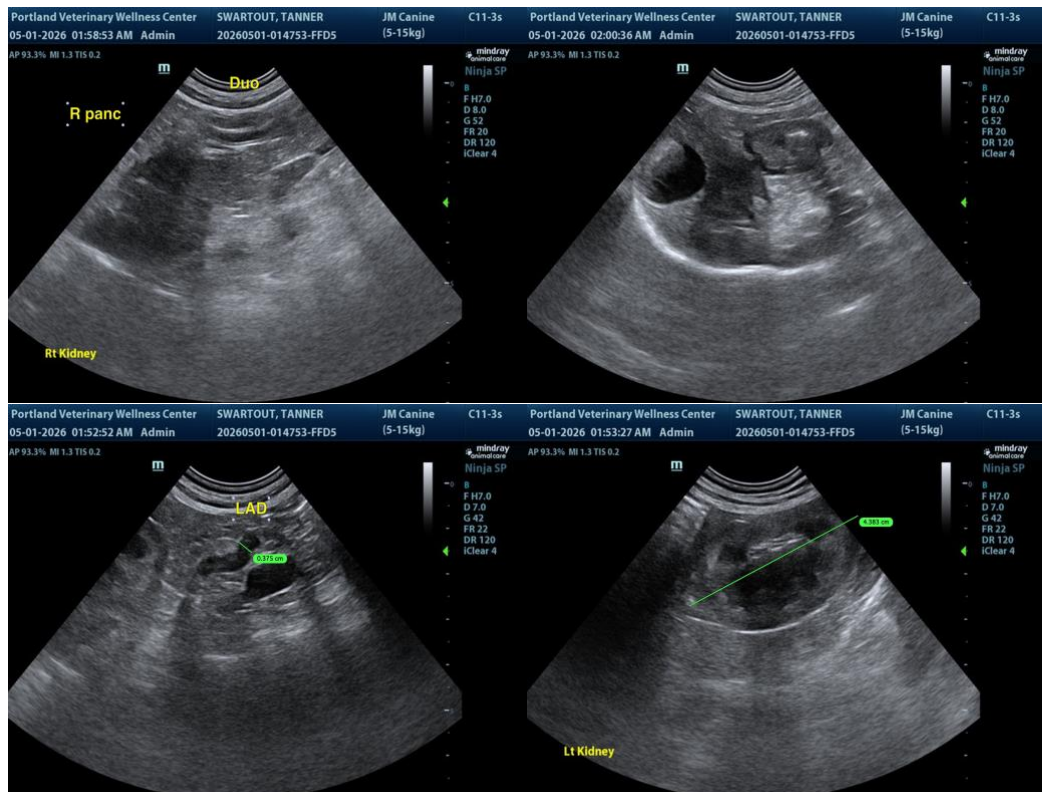
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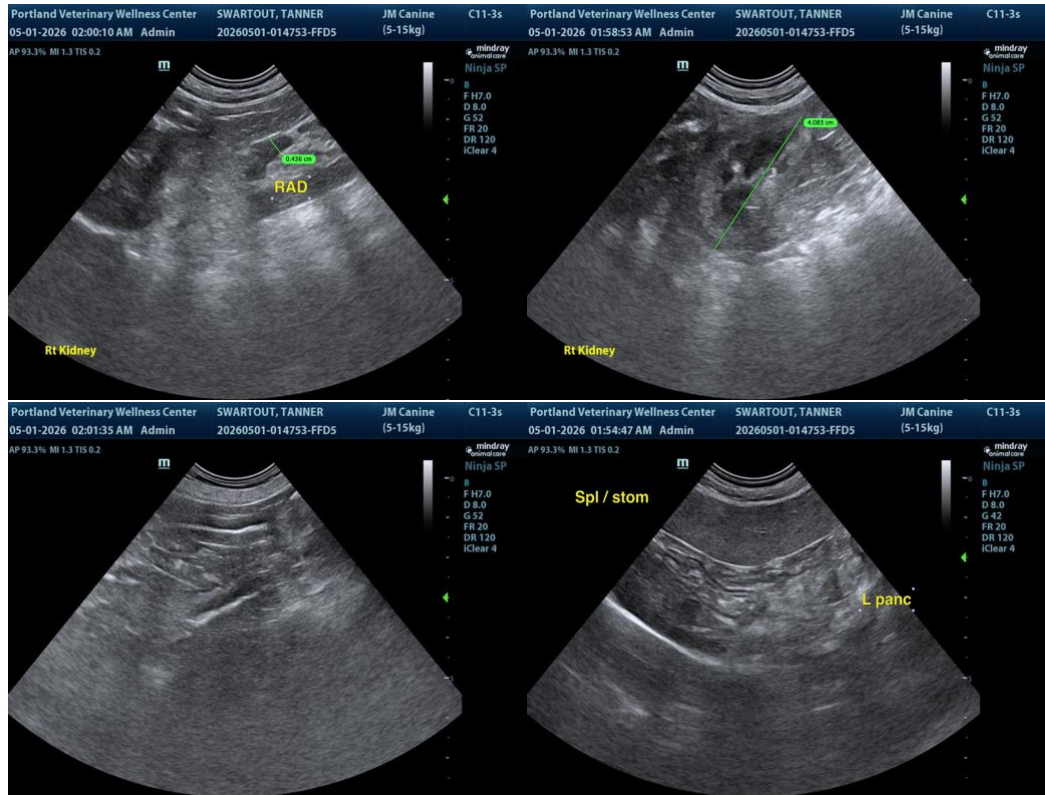
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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