



PATIENT

Winchester Piche

SPECIES

Canine

BREED

Jack Russel Terrier

SEX

MN

AGE

9yr

WEIGHT

9kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Eagleson Veterinary
Clinic

HOSPITAL NAME

Natalia Franco

REFERRING VET

Moaz Radwan

INVOICE 24817

DATE
05/13/2026

PRESENTING CLINICAL SIGNS

Presented 3 days ago anorexic, vomiting, lethargic and being treated for DKA since. Hospitalized and has not improved or became stable. Firm structures palpable in abdomen.

Abnormal PE/Chem/CBC/UA Results: Hyperglycemic and glucosuria. 1+ ketones in urine. ALP markedly elevated. Mild elevation of Bilirubin, Cholesterol and lipase. Abdominal radiographs did not show an obstructive pattern or radio-opaque foreign body; hepatomegaly and limited abdominal detail were noted FNA of abdominal masses results pending.

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 evidence of urine/lumen sediment, mineral, or calculi. 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 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 4.8 cm in length. The right kidney measured 4.7 cm in length.

The area of the aortic trifurcation was free of pathology.

The residual prostate appeared normal and free of pathology.

Adrenal Glands

The left adrenal gland was indistinctly visualized, exhibiting subjective mildly enlarged caudal pole, symmetrical contour and maintained homogenous parenchyma measuring 0.67 cm in width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.61 cm width.

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 enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was distended in size with mild, non-organized congealed gallbladder



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debris. Normal gallbladder wall without evidence of edema. The common bile duct was not visualized without overt evidence of dilation or post hepatic obstructive criteria.

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. Mild decreased duodenal mural echogenicity with non-obstructive mild duodenal ileus.

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

Pancreas

The left pancreas was mildly prominent in size with capsule asymmetry and mild non-homogenous parenchyma compared to adjacent omentum. The area of the pancreas base and cranial right pancreatic limb exhibited enlarged to swollen appearance, non-homogenous parenchyma extending caudally. At the level of the right kidney, severely asymmetrically enlarged, non-homogenous hypoechoic right pancreatic limb exhibiting cystic changes containing anechoic fluid was present, with the enlarged right pancreatic limb measuring ~ 5.3 cm x 3.4 cm.

Free Abdomen

Peripancreatic to regional hyperechoic cranial abdomen omentum.

Scant concurrent peritoneal effusion.

No obvious visualized significant omental lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

Primary

- Severely enlarged, non-homogenous hypoechoic cystic right pancreas vs pancreatic or unspecified mass.
- Associated regional peritonitis.
- Hepatomegaly.
- Distended gallbladder with non-organized congealed bile debris- not consistent with mature mucocele
- Mild duodenitis.
- Subjective mildly enlarged caudal left adrenal gland.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Severe, potentially necrotic right limb pancreatitis with potential for pancreatic cyst, emerging abscess, neoplasia and associated regional peritonitis probable. Unspecified non-pancreatic mass and potential for emerging associated post-hepatic obstruction not excluded.

Aggressive therapy for severe necrotizing pancreatitis and DKA with close clinical monitoring is recommended. Referral for additional workup with potential for interventional procedure or possible surgery is likely ideal.



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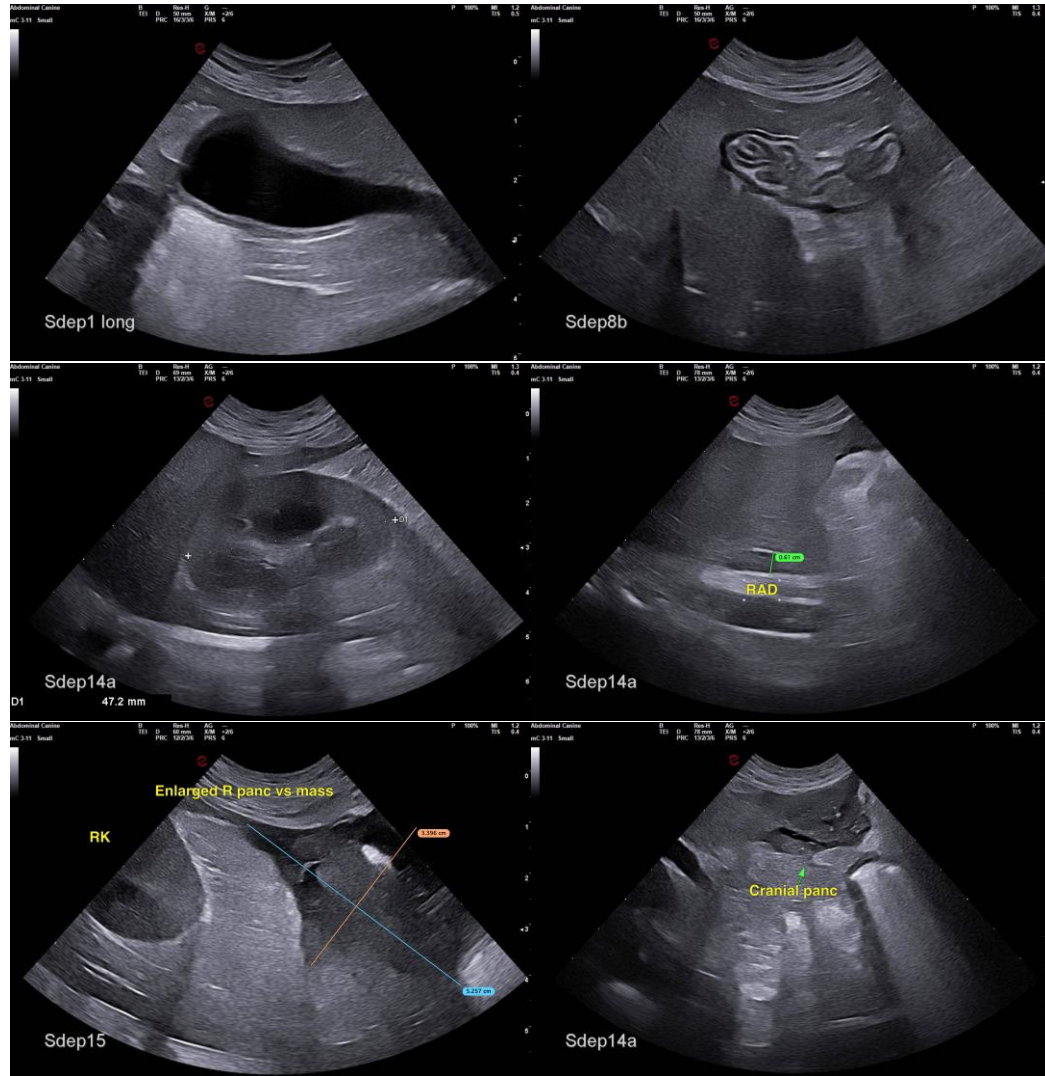
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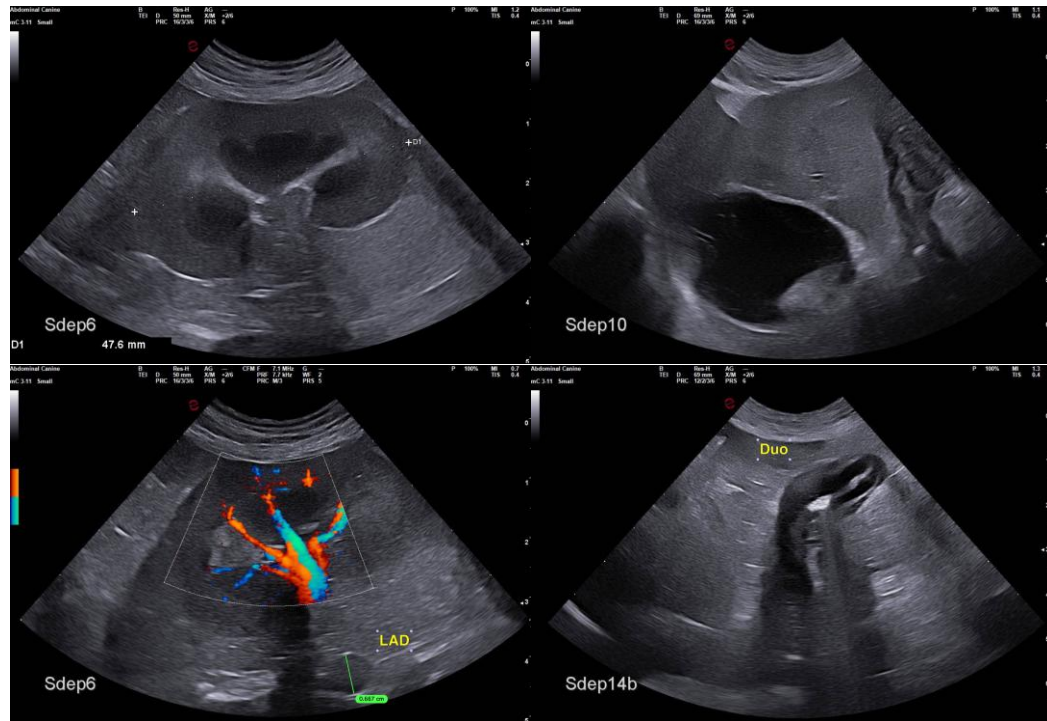
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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