



## PATIENT

Kira Gonzalez

## SPECIES

Canine

## BREED

Mixed

## SEX

Spayed Female

## AGE

10 Years

## WEIGHT

68 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Gabriel Ferrer, DVM

## HOSPITAL NAME

Pulse: Pet Ultrasound

## REFERRING VET

Dr. Mario Roman

## INVOICE

75229

## DATE

5/18/26

## PRESENTING CLINICAL SIGNS

Px presented as a referral for an abdominal ultrasound due to lethargy and anorexia. Px was hospitalized for 4 days, bloodwork was performed and Px was Dx with Pancreatitis. No vomiting or diarrhea was reported. Px is Heartworm positive. Owner reports that Px is less inappetent and lethargic now but still not back to normal.

Abnormal PE/Chem/CBC/UA Results: Bloodwork attached below for your reference.

## 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 changes were 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Right kidney measured 7.1 cm. Left kidney measured 7.2 cm.

### *Adrenal Glands*

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. Right measured 0.56 cm at the caudal pole. Left measured 0.68 cm 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*

The liver was mildly 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. Mild increased prominence of portal vascular borders. The gallbladder was mildly distended in size with moderate, variably congealed yet non-organized debris. No evidence of inflammation or wall edema. The common bile duct was not visualized.

### *Gastrointestinal*

The stomach presented mildly thickened wall. Intact wall layering was maintained and distinct. The stomach contained a mild to moderate amount of anechoic fluid. No evidence of obstruction to pyloric outflow.

The intestinal walls demonstrated intact mildly thickened duodenum wall. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. Normal non-thickened jejunum wall, with mild duodenal and segmental jejunal ileus without obstructive pattern to the level of the colon.



## PATIENT

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

Kira Gonzalez

## Pancreas

## SPECIES

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.

Canine

## BREED

## Free Abdomen

Mixed

Intermittent mildly prominent to enlarged mesenteric node was present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). Example measured 1.4 cm x 0.53 cm.

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Spayed Female

## ULTRASONOGRAPHIC FINDINGS

### AGE

- Severe active, possibly necrotizing pancreatitis with regional peritonitis.
- Gastroenteritis accentuated by hypomotile gastritis and duodenitis.
- Hepatopathy.
- Congealed, non-organized gallbladder debris – early immature mucocele.
- Intermittent mild, subjectively benign mesenteric lymphadenopathy.
- Mild chronic renal changes.

10 Years

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

## INTERPRETED BY

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(Canine and Feline)

Potential for pancreatic neoplasia, which present in similar sonographic manner as severe inflammation. Aggressive therapy for severe, potentially necrotizing pancreatitis with hepatogastrointestinal support indicated. The hepatopathy may suggest acute hepatopathy with considerations including reactive, vacuolar, inflammatory, or cholestatic hepatopathy, while concurrent acute hepatic neoplasia is thought less likely. Assuming normal clotting status and using 25-gauge needle, further assessment may include pancreatic and hepatic FNA cytology +/- culture and sensitivity. Serial sonographic monitoring indicated with aggressive empirical therapy for pancreatitis. Guarded prognosis.

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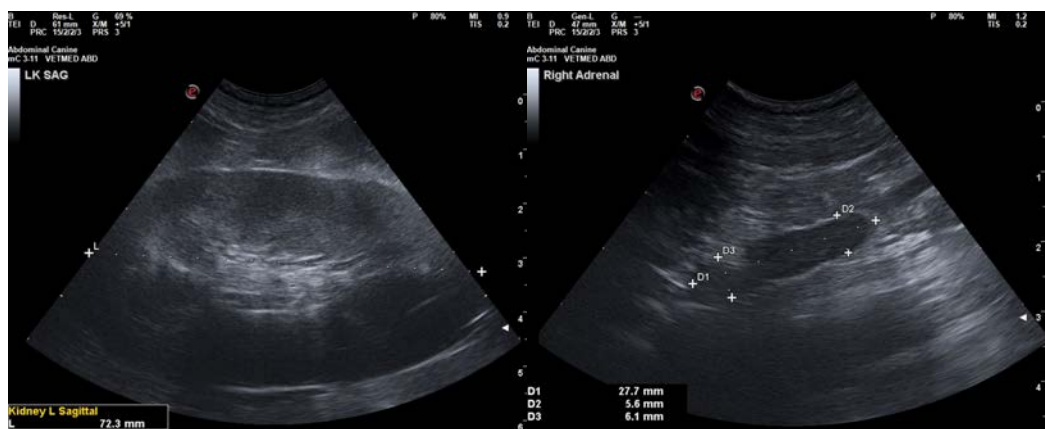
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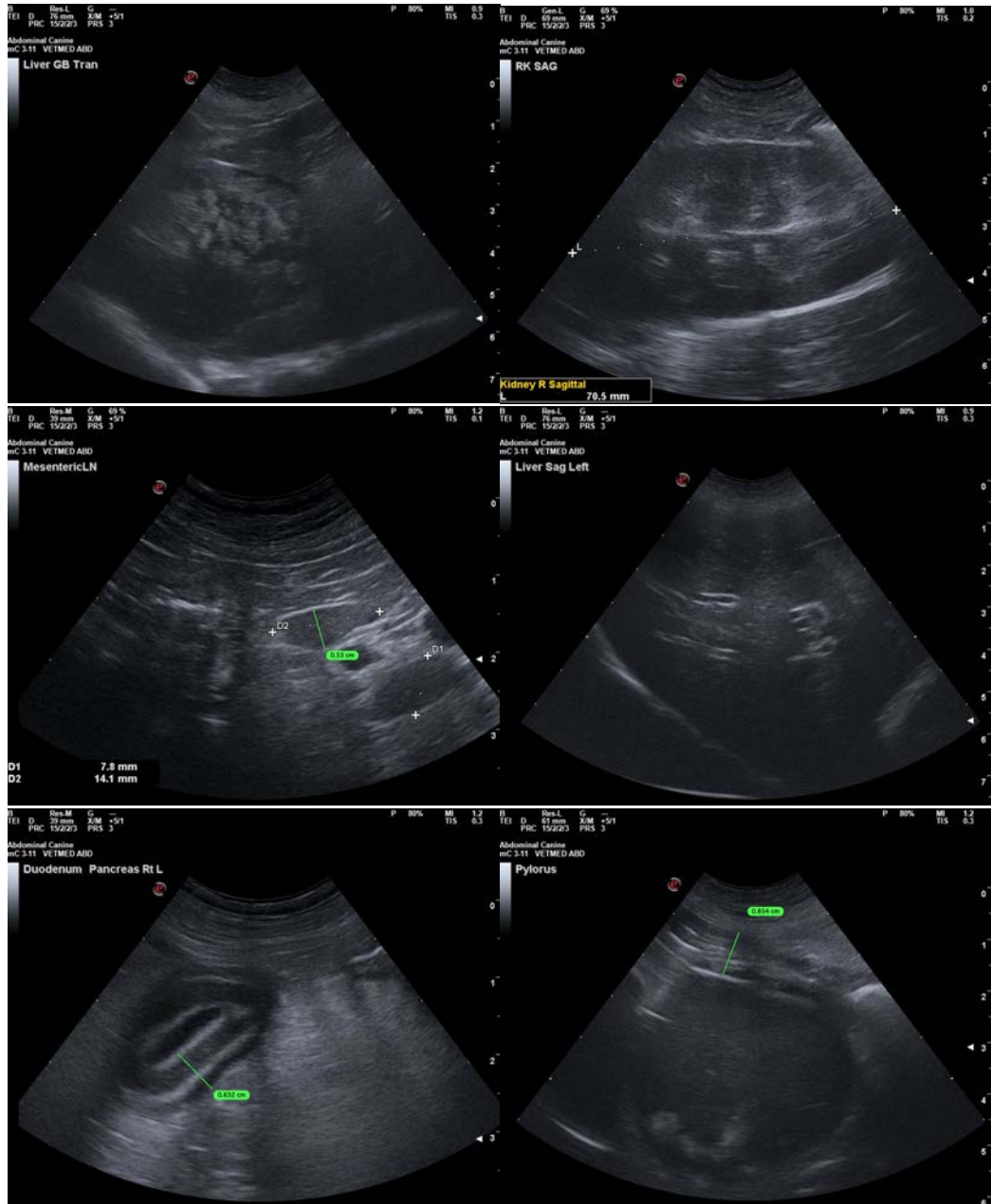
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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