



PATIENT

Sansa Ramirez

SPECIES

Canine

BREED

Mixed

SEX

FS

AGE

9y

WEIGHT

48.4 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gabriel Ferrer
DVM

HOSPITAL NAME

Pulse Pet
Ultrasound Services

REFERRING VET

Dr. Jeimy Rivera

INVOICE

10883

DATE

5/19/26

PRESENTING CLINICAL SIGNS

Px presented as a referral for intermittent episodes of pancreatitis. Px originally visited rDVM due to inappetence and diarrhea, bloodwork was performed and Px was the Dx with Pancreatitis. Px was hospitalized for 3 days, is now taking Provable Forte, and is on Royal Canin's Low-Fat diet. Abnormal PE/Chem/CBC/UA Results: Bloodwork attached below for your reference.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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.

No evidence of pathology in the area of the aortic trifurcation.

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 5.4 cm in length. The right kidney measured 5.4 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 0.50 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 0.56 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. Normal hepatic vascular volume was present. 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 containing primarily anechoic content with minor gallbladder debris. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty without evidence of retained ingesta, fluid, or foreign material. The stomach wall width measured 0.49 cm.



PATIENT

Sansa Ramirez

SPECIES

Canine

BREED

Mixed

SEX

FS

AGE

9y

WEIGHT

48.4 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gabriel Ferrer
DVM

HOSPITAL NAME

Pulse Pet
Ultrasound Services

REFERRING VET

Dr. Jeimy Rivera

INVOICE

10883

DATE

5/19/26

The small intestine presented intact wall layering with subjective mild altered wall layer ratio owing to propensity for mildly prominent intestinal mucosa layer, although no evidence of intestinal wall thickening, loss of wall layering, or masses to the level of the colon.

Normal visible colon wall layers were present with formed to semi-formed fecal matter.

Pancreas

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

Free Abdomen

The visible mesenteric lymph nodes were sonographically normal. No evidence of effusion was noted.

ULTRASONOGRAPHIC FINDINGS

- Nonspecific mild enteropathy pattern
- Mild heterogeneous pancreas
- Sonographically normal empty stomach
- Formed to semi-formed fecal matter in colon
- Normal adrenal glands
- Minor gallbladder debris

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, there is no sonographic evidence of active pancreatitis or significant gastroenterocolic mural pathology. Mild or chronic pancreatitis may present in this manner, although reactive pancreatic changes and elevated pancreatic parameters secondary to mild primary enteropathy with IBD favored, is possible.

Continued gastrointestinal support, empirical therapy for mild-chronic pancreatitis which may include a hydrolyzed diet trial, potential long-term dietary therapy, continued high colony count probiotic, i.e., Provable, as-needed gastroprotectants, and empirical deworming (Panacur 50 mg/kg SID x 5 days with suggested repeat protocol in 3 weeks despite fecal testing) may prove beneficial. Clinical and sonographic monitoring is recommended pending further assessment. Biopsies may be required for a definitive diagnosis if non-responsive, persistent or progressive gastrointestinal signs.



PATIENT

Sansa Ramirez

SPECIES

Canine

BREED

Mixed

SEX

FS

AGE

9y

WEIGHT

48.4 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gabriel Ferrer
DVM

HOSPITAL NAME

Pulse Pet
Ultrasound Services

REFERRING VET

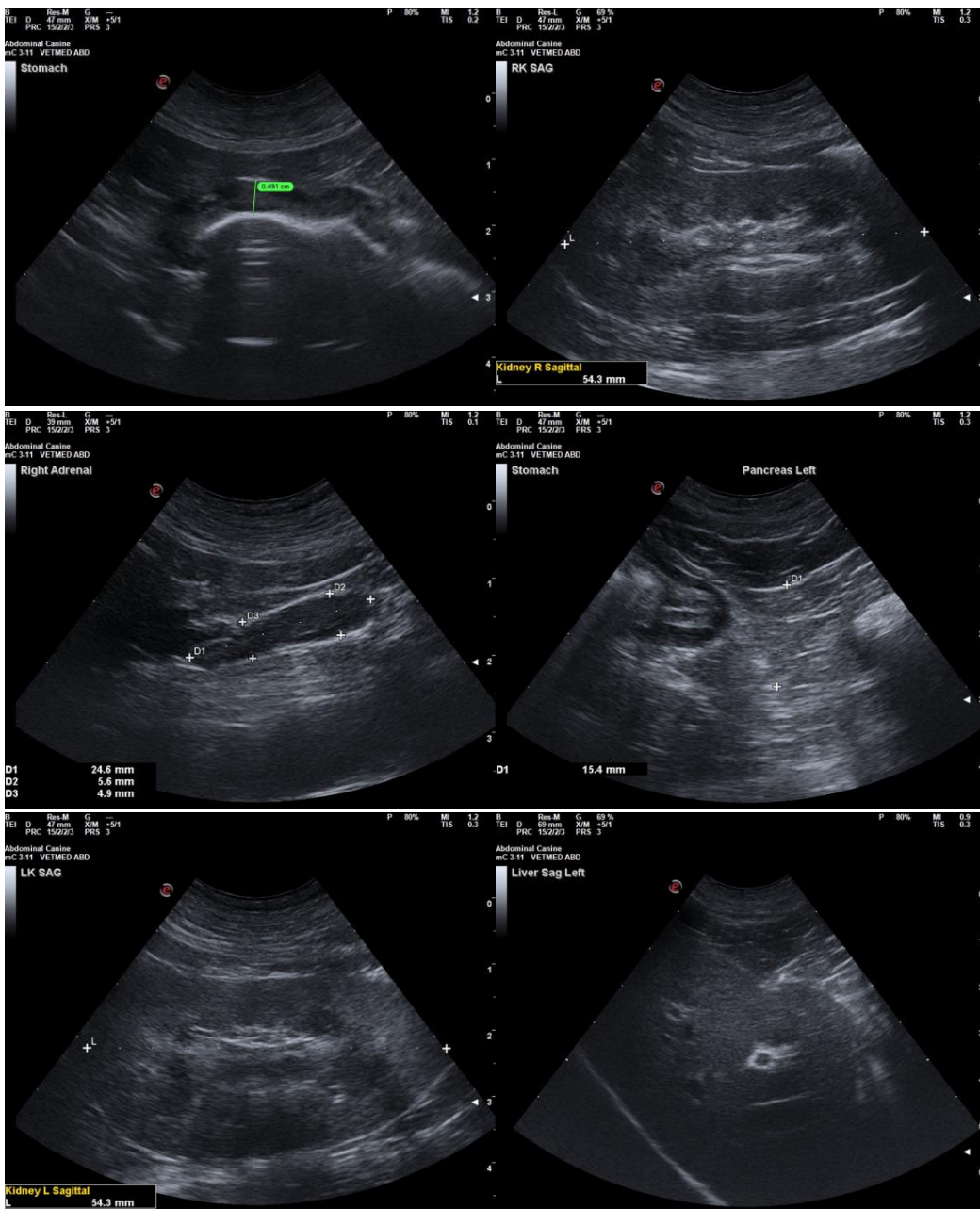
Dr. Jeimy Rivera

INVOICE

10883

DATE

5/19/26





PATIENT

Sansa Ramirez

SPECIES

Canine

BREED

Mixed

SEX

FS

AGE

9y

WEIGHT

48.4 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gabriel Ferrer
DVM

HOSPITAL NAME

Pulse Pet
Ultrasound Services

REFERRING VET

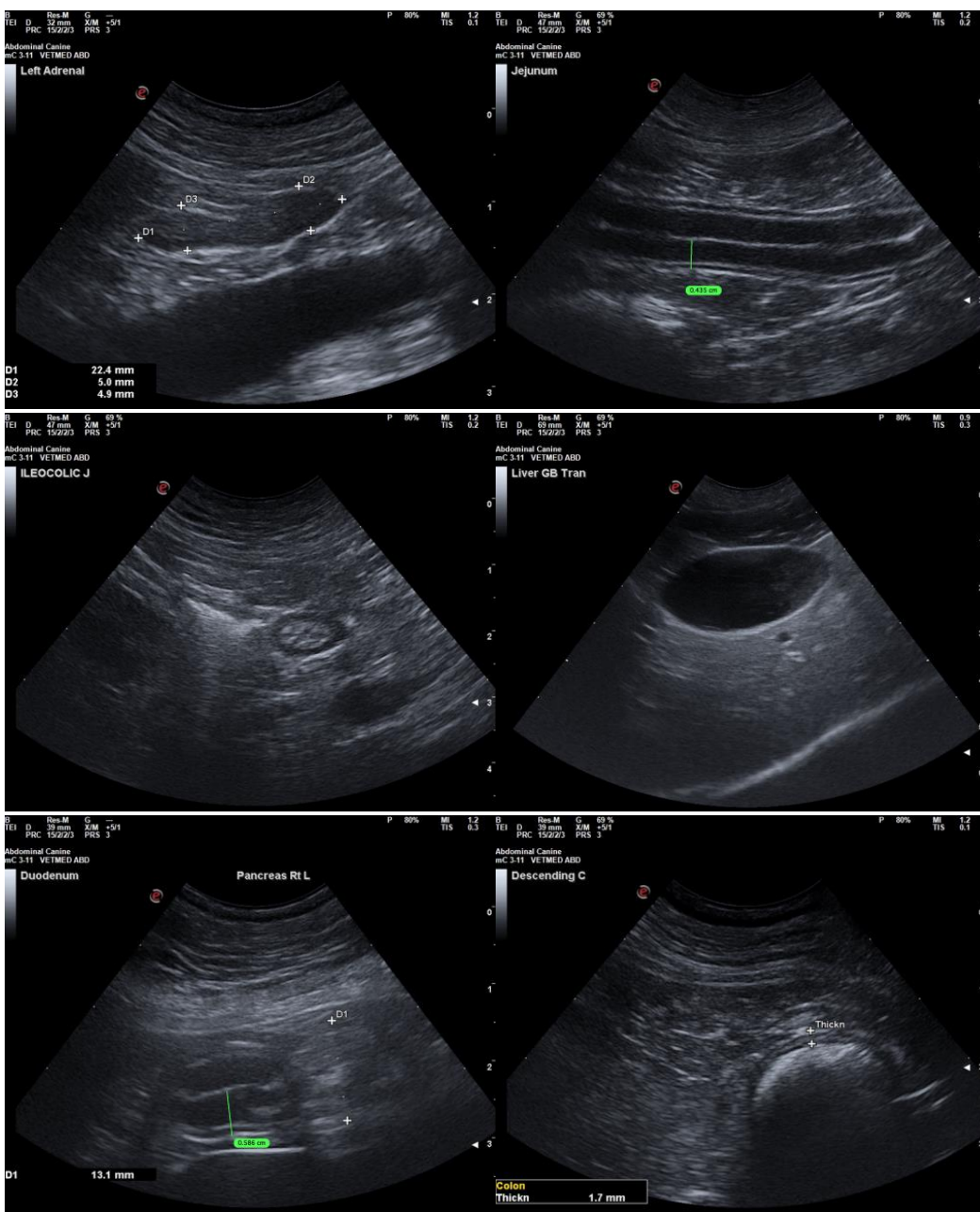
Dr. Jeimy Rivera

INVOICE

10883

DATE

5/19/26



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