



PATIENT

Kira Gonzalez

SPECIES

Canine

BREED

Mixed

SEX

Spayed Female

AGE

10 Years

WEIGHT

64.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gabriel Ferrer,
DVM

HOSPITAL NAME

Pulse Pet Ultrasound
Services

REFERRING VET

Dr. Mario Roman

INVOICE

16552

DATE

05/28/26

PRESENTING CLINICAL SIGNS

Px presented as a follow-up appointment due to being Dx with Pancreatitis and is not showing improvement. Px has been hospitalized for a few weeks and an abdominal ultrasound and FNA of Liver and Pancreas was performed between 1-2 weeks ago at our clinic. Px is now jaundiced and owner reports that Px's symptoms seem to be doing better. Px is less inappetent, has a good water intake, some vomiting, and no diarrhea. Px is Heartworm positive.

Abnormal PE/Chem/CBC/UA Results: Most recent abdominal ultrasound report, bloodwork, and FNA Cytology attached below for your reference.

LIMITED ULTRASONOGRAPHIC EXAMINATION

Study limited to the area of the pancreas, stomach, upper duodenum and gallbladder.

Gallbladder

The gallbladder was moderate to significantly distended in size and normal wall without evidence of wall edema. Moderate to non-dependent, non-organized, non-mineralized gallbladder debris with concurrent anechoic bile. The visualized cystic duct and proximal common bile duct exhibited moderate dilation, measuring approximately 0.77 cm in diameter, containing anechoic content with potential mild non-mineralized mucus.

Gastrointestinal

The stomach exhibited overall intact wall layering with variably thickened visualized ventral stomach wall with mildly thickened stomach wall measuring up to 0.9 cm. Empty stomach lumen with lumen gas.

The visualized duodenum exhibited intact, mildly thickened wall, and empty lumen. The area of the duodenal papilla was free of overt pathology.

Pancreas

The generalized pancreas exhibited significant enlargement, capsule asymmetry, mixed echogenic to non-uniform hypoechoic parenchyma with right pancreatic limb measuring approximately 3.0 cm in diameter. Subjective cystic lesion in the area of the pancreas space or proximal left pancreatic limb, caudal to the stomach, containing anechoic to echogenic content potentially measuring 4.0 cm to 5.0 cm in diameter. Regional peripancreatic hypoechoic omentum. No definitive visualized peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

- Persistent, severe, potentially necrotizing pancreatitis with possible pancreatic cyst/pseudocyst versus abscess, potential pancreatic neoplasia.
- Empty stomach with variably thickened wall.
- Intact, mildly thickened, empty visible upper duodenum.
- Distended gallbladder with non-organized bile debris, mildly dilated cystic and proximal common bile duct with potential mild mucoduct.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given hepatopancreatic cytology, continued therapy for severe pancreatitis with gastrointestinal support and clinical monitoring would be reasonable. However, if persistent clinical signs or evidence



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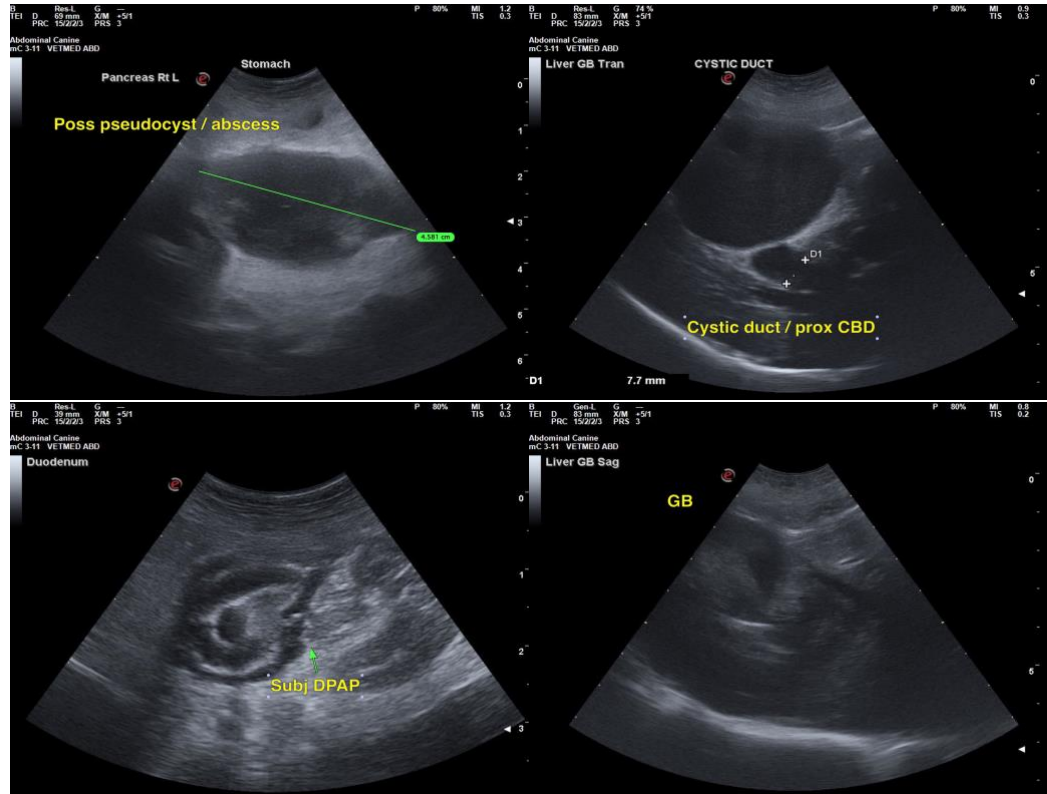
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of progressive icterus, which may indicate secondary post-hepatic obstruction, surgical intervention with biopsies may be indicated.





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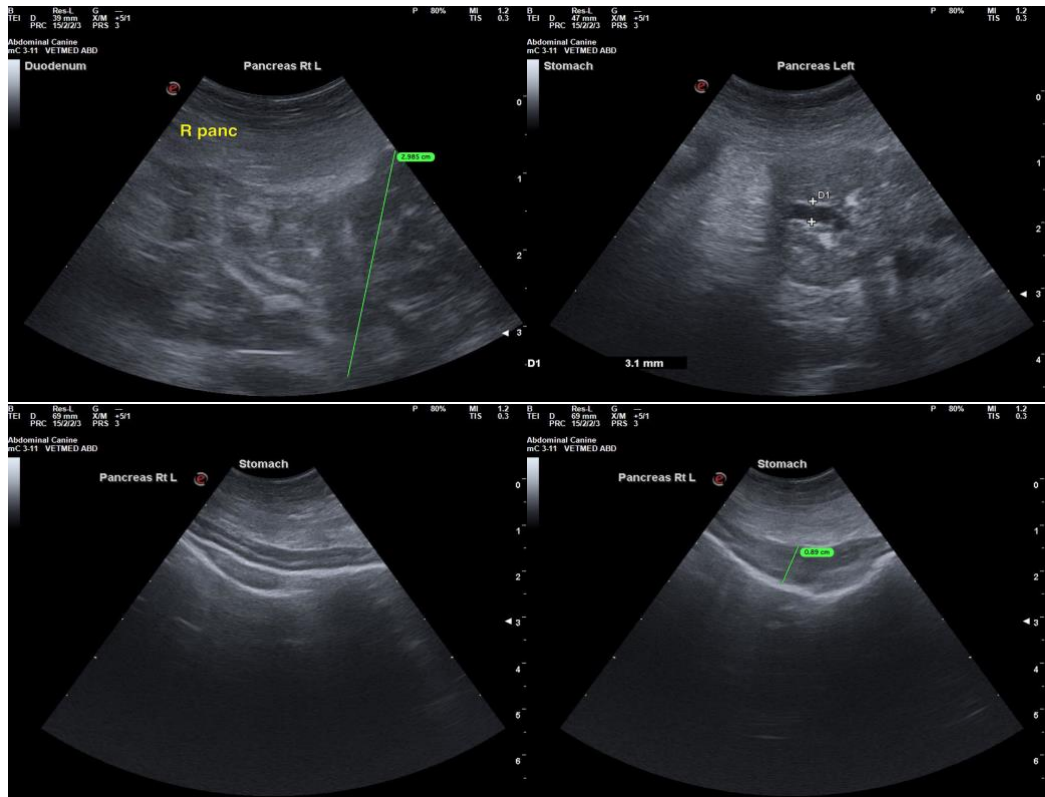
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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