



PATIENT

Maximiliano Sarriera

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Male Intact

AGE

15Y

WEIGHT

6.8lbs

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. Fonseca

INVOICE

75199

DATE

5-29-26

PRESENTING CLINICAL SIGNS

Px presented as a referral for an abdominal ultrasound due to lethargy and vomiting. Px is currently hospitalized in emergency vet. Owner reports that Px is currently lethargic and inappetent. Radiographs and bloodwork were performed and leukocytosis and elevated ALKP were observed. Px is currently on the following Mx: Metronidazole, Baytril, Sucralfate, Famotidine, Cerenia, Unasyn. Abnormal PE/Chem/CBC/UA Results: Bloodwork, Urinalysis, and Radiographs attached below for your reference.

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 uroliths or sediment. The ureteral papillae were normal. The ureters were not visible, which is normal. No evidence of inflammatory or neoplastic changes was noted.

The prostate was mildly enlarged in size with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. The prostate measured 1.8 cm in diameter.

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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.3 cm in length. The right kidney measured 3.8 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 0.45 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 0.50 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 presented 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. The hepatic and portal vasculature were normal in appearance without signs of congestion.



PATIENT

Maximiliano Sarriera

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Male Intact

AGE

15Y

WEIGHT

6.8lbs

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. Fonseca

INVOICE

75199

DATE

5-29-26

The gallbladder was distended in size with subtle edematous gallbladder wall. The gallbladder lumen was primarily occupied by mild to moderate nonorganized nonmineralized bile sediment. The cystic and common bile ducts were mildly dilated to the approximate level of the duodenal papilla. No obvious visualized duodenal papilla pathology. The common bile duct measured 0.49 cm diameter.

Gastrointestinal

The stomach presented mildly thickened wall. Intact wall layering was maintained and distinct. The stomach contained a moderate amount of anechoic fluid.

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.

Normal visible colon wall layers were present with generalized soft fecal matter in the lumen.

Pancreas

The pancreas exhibited prominent size, asymmetrical to indistinct capsule contour compared to adjacent mild hyperechoic peri pancreatic omentum, and variable nonhomogeneous hyperechoic to hypoechoic pancreatic parenchyma. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

No obvious visualized significant or swollen mesenteric lymphadenopathy.

The left testicle was sonographically normal.

Subjective static mild nonhomogeneous right testicle nodule measuring 1.2 cm in diameter.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Hepatopathy.
- Subtle edematous gallbladder with nondependent nonorganized bile debris.
- Diffuse cystic/common bile duct dilation to the level of the duodenal papilla – no obvious obstructive pathology visualized.
- Hypomotile gastritis with overall sonographically normal empty small intestine.
- Soft fecal matter in colon.
- Chronic/chronic active pancreatitis with peri pancreatic hyperechoic omentum, scant effusion.

Secondary Findings

- Age related renal changes.
- Benign prostatic hyperplasia – minor potential for prostatitis.
- Subjective static right testicle nodule.



PATIENT

Maximiliano Sarriera

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Male Intact

AGE

15Y

WEIGHT

6.8lbs

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. Fonseca

INVOICE

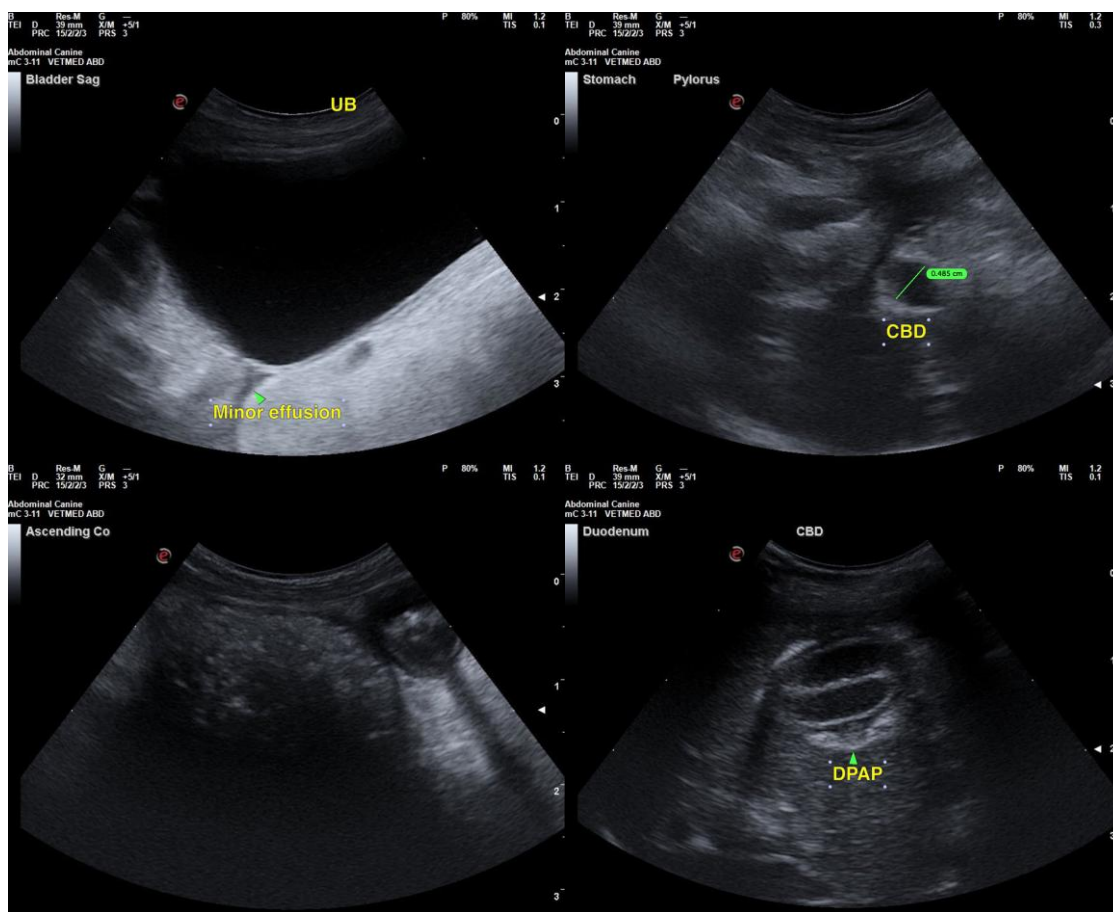
75199

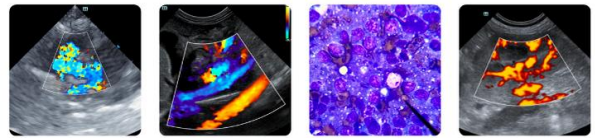
DATE

5-29-26

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hepatobiliary inflammation i.e. cholangiohepatitis with concurrent mixed pattern pancreatitis and associated gastric to gastrointestinal inflammation favored. The gallbladder did not meet mature mucocele criteria although atypical immature mucocele is possible. No evidence of post-hepatic or gastrointestinal obstruction. Mild potential for pancreatic to emerging multicentric neoplasia not definitively excluded yet thought less likely. Empirical therapy for cholangiohepatitis/pancreatitis with gastrointestinal support with clinical and as needed sonographic monitoring would be appropriate. Recheck sonogram indicated if nonresponsive or progressive clinical signs or evidence of progressive hepatopathy/cholestasis.





PATIENT

Maximiliano Sarriera

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Male Intact

AGE

15Y

WEIGHT

6.8lbs

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

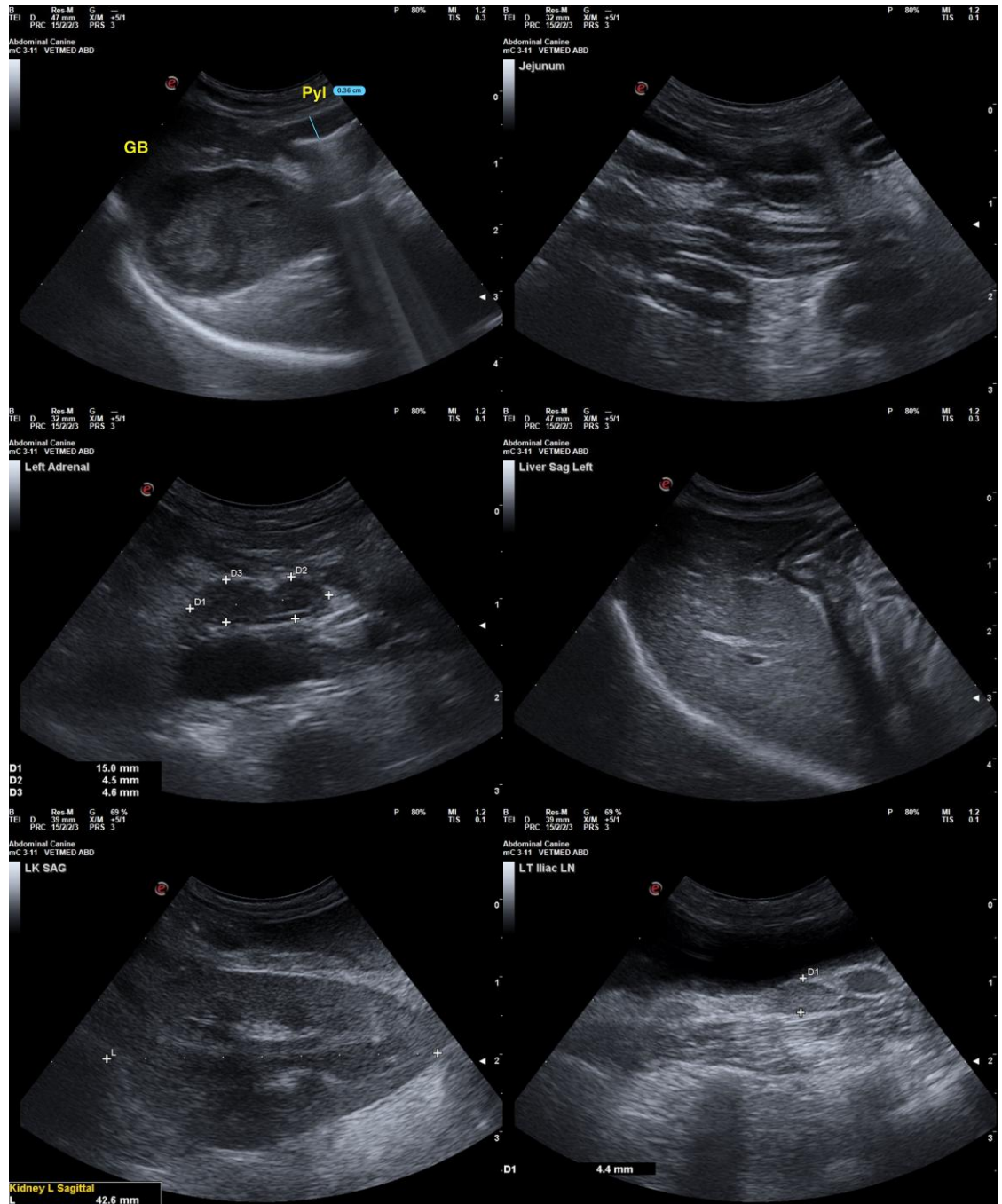
Dr. Fonseca

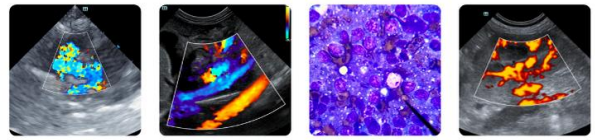
INVOICE

75199

DATE

5-29-26





PATIENT

Maximiliano Sarriera

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Male Intact

AGE

15Y

WEIGHT

6.8lbs

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

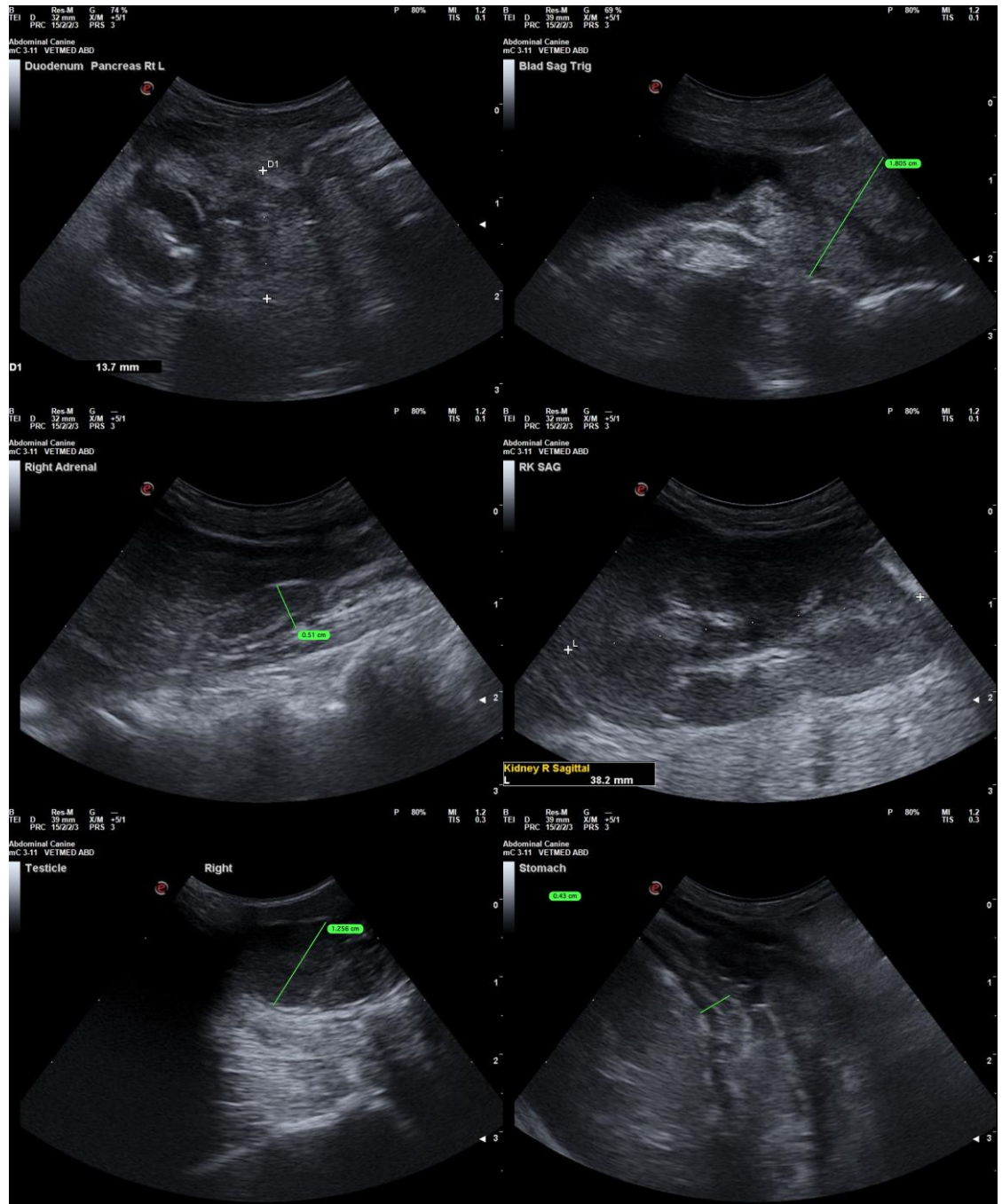
Dr. Fonseca

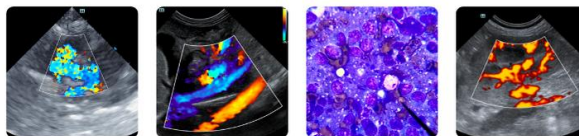
INVOICE

75199

DATE

5-29-26





PATIENT

Maximiliano Sarriera

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Male Intact

AGE

15Y

WEIGHT

6.8lbs

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. Fonseca

INVOICE

75199

DATE

5-29-26

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