



PATIENT

Tucker Haralgson

SPECIES

Canine

BREED

Chihuahua

SEX

Neutered Male

AGE

5 Years 1 Month

WEIGHT

3.5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Mariusz
Chmielinski DVM

HOSPITAL NAME

Apex Veterinary
Services LTD

REFERRING VET

Alpine 24/7 ER Doctor
& Lake BonaVista
Animal Clinic

INVOICE

15816

DATE

05/05/26

PRESENTING CLINICAL SIGNS

Progressive anorexia (~1 month, worse over last week), Vomiting bile/white foam, Weight loss, Lethargy, Progressive icterus noted by owner

Abnormal PE/Chem/CBC/UA Results: Icteric sclera, pinnae, oral mucosa, and skin, Mild tachycardia in clinic, Abdomen non-painful, Urinating/defecating reported normal, Weight loss noted (~1 lb) CBC: Mild microcytosis (MCV 58.5), Otherwise CBC largely unremarkable Chemistry: ALT 532 U/L, ALP >2000 U/L, GGT 167 U/L, Total bilirubin 186 µmol/L, Lipase 3445 U/L, Low BUN (1.4), Mild hypokalemia (3.0)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 change were noted.

The area of the residual prostate appeared normal and free of pathology.

No evidence of medial iliac or sublumbar lymphadenopathy or masses.

Normal size and margination was 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 3.4 cm in length. The right kidney measured 3.5 cm in length.

Adrenal Glands

The adrenal glands were indistinctly visualized without overt pathology. The left adrenal gland subjectively measured 0.32 cm width at the caudal pole. The right adrenal gland subjectively measured 0.47 cm width at the caudal pole.

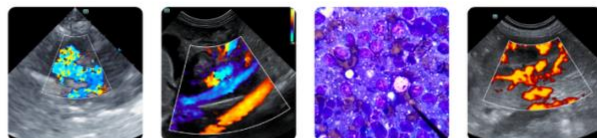
Spleen

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. 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 mildly distended in size with normal walls without evidence of inflammatory criteria or tumors. Mild nonorganized gallbladder debris was present. Indistinctly visualized yet subjective mildly dilated common bile duct potentially measuring 0.36 cm in diameter.



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Gastrointestinal

Ill-defined to mildly thickened stomach wall with empty gastric lumen.

The small intestine presented primarily intact wall layering with normal wall layer ratio and empty intestinal lumen. Indistinctly visualized upper duodenum in the area of the pylorus with mildly thickened possible concurrent ill-defined to mildly thickened duodenum wall.

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

Pancreas

The definitive pancreas was not obviously visualized. Within the area of the pancreas, an ill-defined mass was present in the areas of the left and right pancreatic limbs caudal to the stomach with a portion of mass measuring at least 5.0 cm in diameter.

Free Abdomen

Increased peripancreatic to cranial abdomen omentum and subjective irregular hypoechoic to swollen cranial mesenteric lymphadenopathy. An example of lymph nodes measured 1.9 cm x 0.90 cm. No obvious evidence of peritoneal effusion.

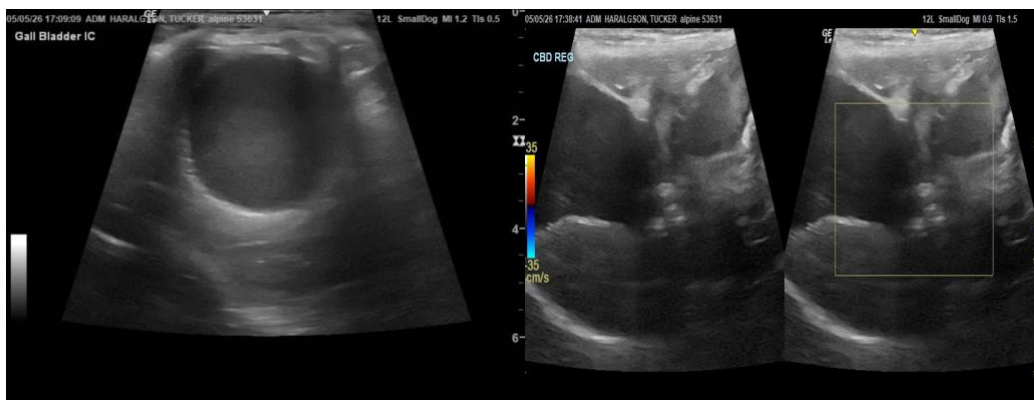
ULTRASONOGRAPHIC FINDINGS

- Ill-defined cranial abdomen mass in the area of the pancreas and upper gastrointestinal tract.
- Associated regional cranial abdomen hyperechoic omentum and swollen nonhomogenous cranial mesenteric lymphadenopathy.
- Overall, empty gastrointestinal tract with indistinctly thickened stomach and upper duodenum wall.
- Distended gallbladder with nonorganized bile sediment, concurrent common bile duct dilation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Multicentric neoplastic criteria involving the pancreas, potential upper gastrointestinal tract and with evidence of regional lymphatic involvement metastasis is highly likely although sampling is required for further clarification. Given icterus, partial common bile duct dilation is suspected.

FNI cytology of the ill-defined mass for further clarification could be considered. Unfortunately, an unfavorable prognosis is indicated.





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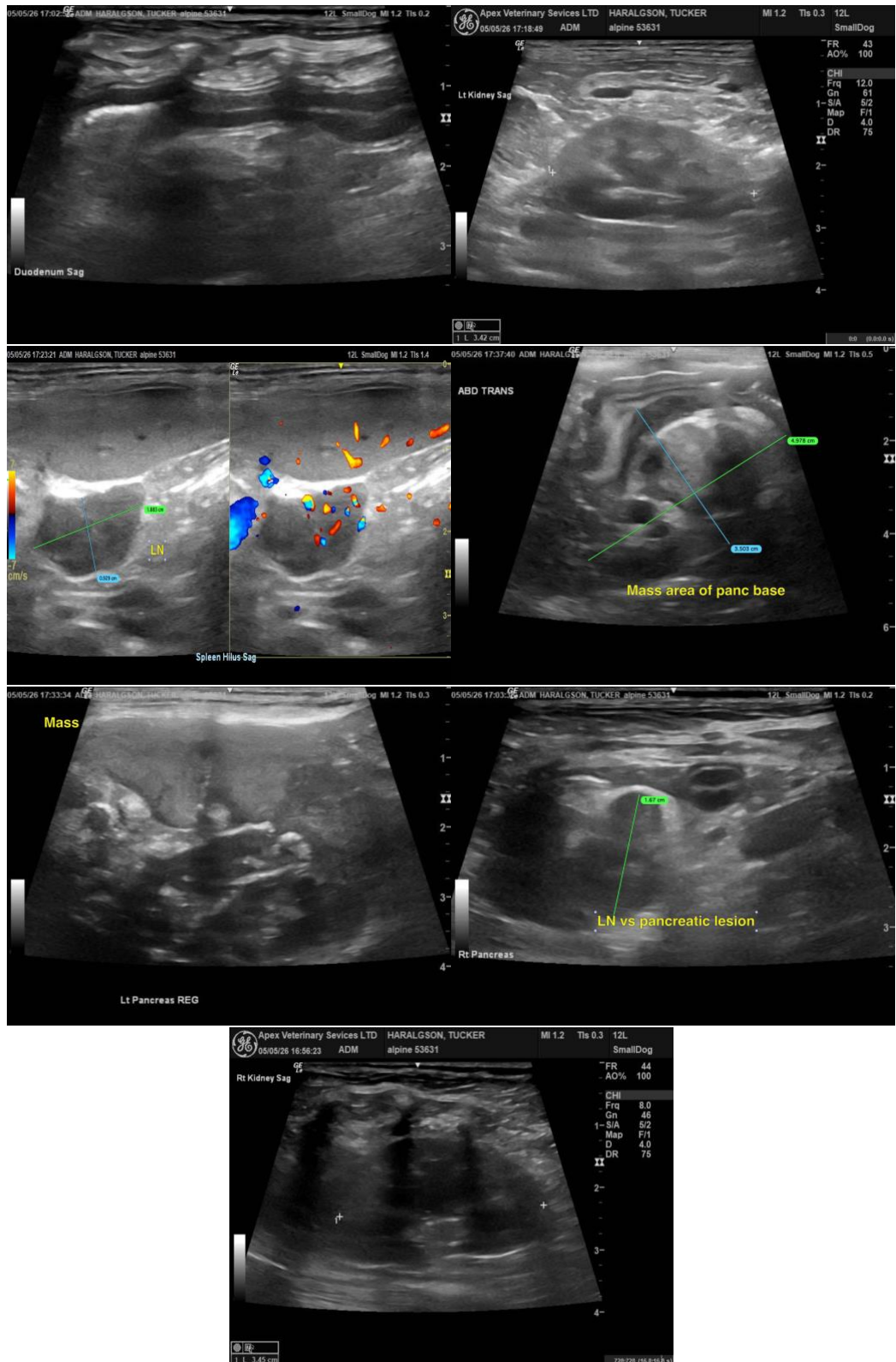
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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