



PATIENT

Puppicino Anderson

SPECIES

Canine

BREED

Pomeranian

SEX

MN

AGE

8yr

WEIGHT

12.1lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Wasserman DVM

HOSPITAL NAME

Village Pet Clinic

REFERRING VET

Defabio DVM

INVOICE

24774

DATE

05/09/2026

PRESENTING CLINICAL SIGNS

Elevated ALP/ALT / possible pancreatitis. Patient sedated with 0.05ml dexdomitor 0.5mg/ml combined with 0.1ml butorphanol 10mg/ml IV. Adequate for sonogram. Purpose of sonogram is to evaluate the pancreas and general survey of the abdomen. 3v radiographs provided for supplemental information if helpful. Bloodwork attached for supplemental. Abnormals below.

Abnormal PE/Chem/CBC/UA Results: 4/7/26 Labs: ALP 410 ALT 163 GLU 134

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 evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

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 4.0 cm in length. The right kidney measured 4.0 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.43 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 subjective 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. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

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 mechanical/metabolic ileus, obstruction or foreign material.

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

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Benign hepatopathy pattern
- Normal gallbladder
- Normal bilateral adrenal glands
- Normal pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is non-specific yet sonographically consistent with benign criteria. Considerations may include vacuolar, cholestatic, inflammatory, metabolic hepatopathy or other. No evidence of neoplastic criteria or adrenal disease as a contributing factor. Further assessment may include assuming normal clotting status, hepatic FNA cytology, primarily to assess for evidence of non-obvious inflammation.

No sonographic evidence of active pancreatitis, although given patient history, mild remodeling or chronic pancreatitis may present sonographically normal. Correlation with a spec CPL if gastrointestinal signs may be considered. If patient is non-clinical, hepatosupportive medications with monitoring and recheck sonogram if evidence of progressive hepatopathy would be reasonable.



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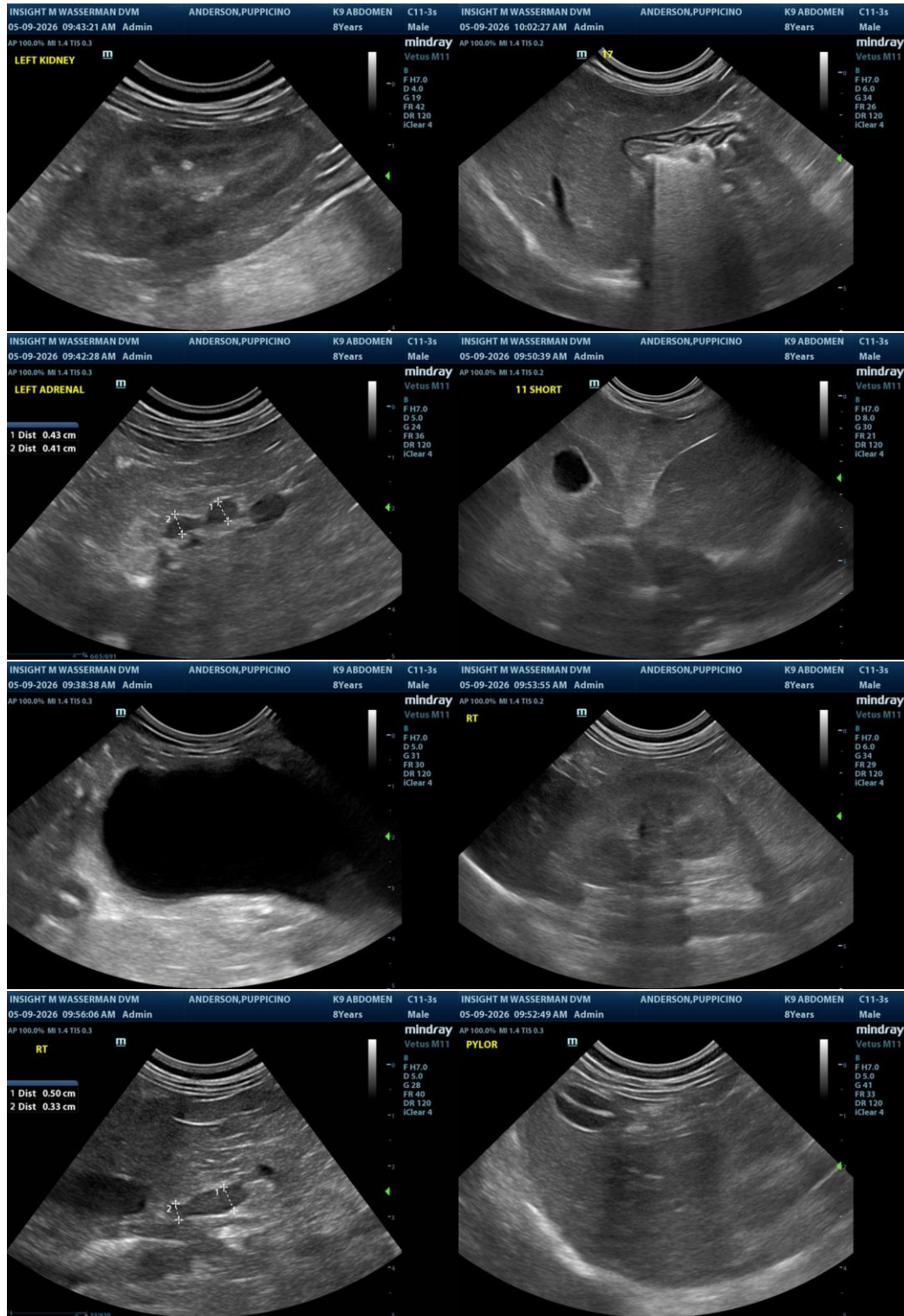
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not



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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.

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