



PATIENT

Dollie Zesdorn

SPECIES

Canine

BREED

English Bulldog

SEX

Spayed Female

AGE

13.3 Years

WEIGHT

48.1 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Kristen Carpenter

HOSPITAL NAME

Pennridge Animal
Hospital

REFERRING VET

Dr. Andrew McManus

INVOICE

72502

DATE

1/27/26

PRESENTING CLINICAL SIGNS

Patient not sedated. Ongoing pancreatitis and intermittent V/D since ER visit/trash ingestion on 12/27/25. Vomits food/bile twice weekly, liquid diarrhea unless on probiotics and then has soft stool. Appetite is good, increased GI noise, abdomen bloated/cranial abdominal organomegaly. Hx of chronic allergies, mobility issues, resistant UTIs in past----all controlled for now.

Got into trash 12/27/25--- ate expired food +/- other material. Went to ER 12/28/25 - BW and rads, cPL elevated, rec'd AUS (declined), gave outpatient tx -Metronidazole, Propectalin, Cerenia, Ondansetron, Famotidine

Current Medications: Chronic prednisone for allergies and OA: 10 mg PO SID; Pepcid 20 mg PO SID; Propectalin supplement

Current Diet:Earthborn brand dry food mixed with a "gentle digestion nutrition" canned food, receiving one-third of a can with each meal.

Abnormal PE/Chem/CBC/UA Results: 12/28/25: BW at ER= ALP 569, WBC 24k, cPL 874 (H) AXR at ER- No overt obstruction; there is a significant amount of gas moving through and obstruction cannot be ruled out at this time. 1/24/26: BW recheck: ALP 569, mild decr Na and Cl, WBC 8.3k (N), cPL 938 (H)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. Left kidney measured 5.2 cm. Right kidney measured 6.28 cm.

Adrenal Glands

Adrenal glands are largely normal in size, shape and contour. Some parenchymal heterogeneity is present without concerning capsular distortion. These changes are likely normal for this age but should be monitored if there is any suspicion of adrenal disease. Left measures 0.57 cm at the cranial pole and 0.41 cm at the caudal pole. Right measures 0.73 cm at the cranial pole and 0.70 cm at the caudal pole.

Spleen

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver), except for an approximately 1.8 cm x 1.0 cm mildly heterogeneous, largely hypoechoic, non-capsule disrupting nodule. Splenic vasculature appears normal.

Liver

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and



PATIENT

Dollie Zesdorn

SPECIES

Canine

BREED

English Bulldog

SEX

Spayed Female

AGE

13.3 Years

WEIGHT

48.1 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Kristen Carpenter

HOSPITAL NAME

Pennridge Animal
Hospital

REFERRING VET

Dr. Andrew McManus

INVOICE

72502

DATE

1/27/26

homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The stomach is moderately distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. If patient was appropriately fasted, delayed gastric emptying could be considered. Non-shadowing foreign material is considered less likely but cannot be definitively ruled out.

If clinical signs are consistent (vomiting, etc.), recommendations include supportive medical care, 24 hours fasting and re-image.

The visible small intestine demonstrates areas of moderately thick muscularis layer relative to mucosa (disruption of the normal 1:3 muscularis:mucosa ratio). Small intestinal submucosa is slightly irregular, thick and hyperechoic, without evident loss of layering appreciated. The lumen is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta/chyme. There is no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

Pancreas is prominent (enlarged) in size and mildly irregular in shape with a slightly undulating contour. Parenchyma is coarse in echotexture and heterogenous to hypoechoic in echogenicity.

Free Abdomen

There is no visible free peritoneal effusion noted in these images.

There is no apparent pathologic lymphadenopathy noted in these images.

PRIMARY FINDINGS

- Moderate inflammatory bowel disease (IBD) pattern – Thick muscularis has been reported with infiltrative bowel disease including both benign inflammatory disease as well as infiltrative neoplasia such as lymphoma. No loss of layering or distinct characteristics of malignancy are present. Therefore, differentials cannot be further ranked without tissue sampling.
- Concurrent chronic low-grade smoldering pancreatitis can't be ruled out.
- The gastrointestinal contents are most consistent with normal ingesta/gas as would be seen with a post-prandial study. Having said that, given the gas shadowing, while there is no definitive obstructive pattern noted in these images, non-fully obstructive foreign material can't be definitively ruled out. Reassessment following an additional 12-24 hours of fasting could be considered if this is a concern.



PATIENT

Dollie Zesdorn

SPECIES

Canine

BREED

English Bulldog

SEX

Spayed Female

AGE

13.3 Years

WEIGHT

48.1 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Kristen Carpenter

HOSPITAL NAME

Pennridge Animal
Hospital

REFERRING VET

Dr. Andrew McManus

INVOICE

72502

DATE

1/27/26

- Hypo to anechoic splenic nodule – likely represents a benign lesion such as a cyst, hematoma, nodular hyperplasia, extramedullary hematopoiesis, etc., however while considered less likely, infiltrative neoplasia can mimic benign lesions, and cannot be ruled out.

SECONDARY FINDINGS

- Age related adrenal gland changes.
- Mild age related kidney changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A routine fecal/giardia exam is recommended if not recently evaluated.

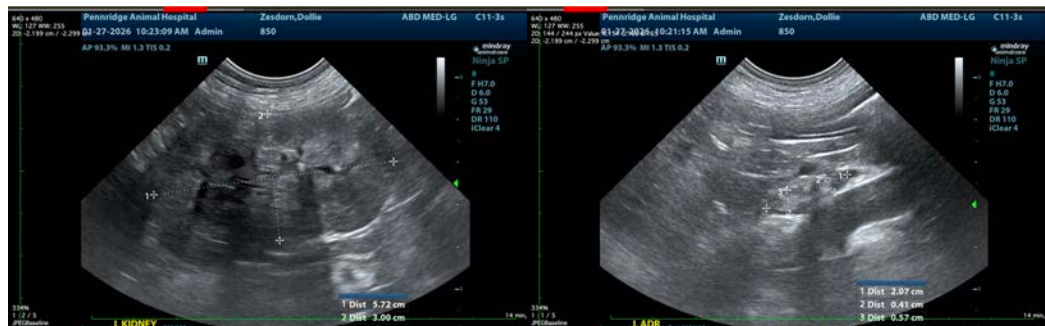
A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

A fecal enteropathogen PCR panel to Texas A&M GI Laboratory could be considered for further evaluation of possible infectious disease. Contact lab for recommendations on how long to discontinue antibiotics (if indicated) prior to obtaining a stool sample for submission.

Ultimately, biopsies of the GI tract may be necessary for a definitive diagnosis and therefore to further guide medial management of possible emerging bowel disease.

In the meantime:

- Supportive/symptomatic medical management of clinical signs is recommended, including anti-emetics, gastroprotectants (+/- sucralfate, especially with any history of hematemesis), an appetite stimulant and fluid therapy if indicated, etc.
- Additionally, empirical deworming with a 5-day course of Panacur is recommended.
- A full course of empirical Helicobacter triple therapy could be considered.
- A probiotic, such a visbiome or proviable, may be helpful.
- Finally, if tolerated, a transition in diet could be considered, based on trial-and-error response with some options to consider including a gastrointestinal biome diet vs a hydrolyzed protein diet (sometimes several trials with different brands are necessary) vs an easy to digest, bland or low-fat diet vs other.





PATIENT

Dollie Zesdorn

SPECIES

Canine

BREED

English Bulldog

SEX

Spayed Female

AGE

13.3 Years

WEIGHT

48.1 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Kristen Carpenter

HOSPITAL NAME

Pennridge Animal Hospital

REFERRING VET

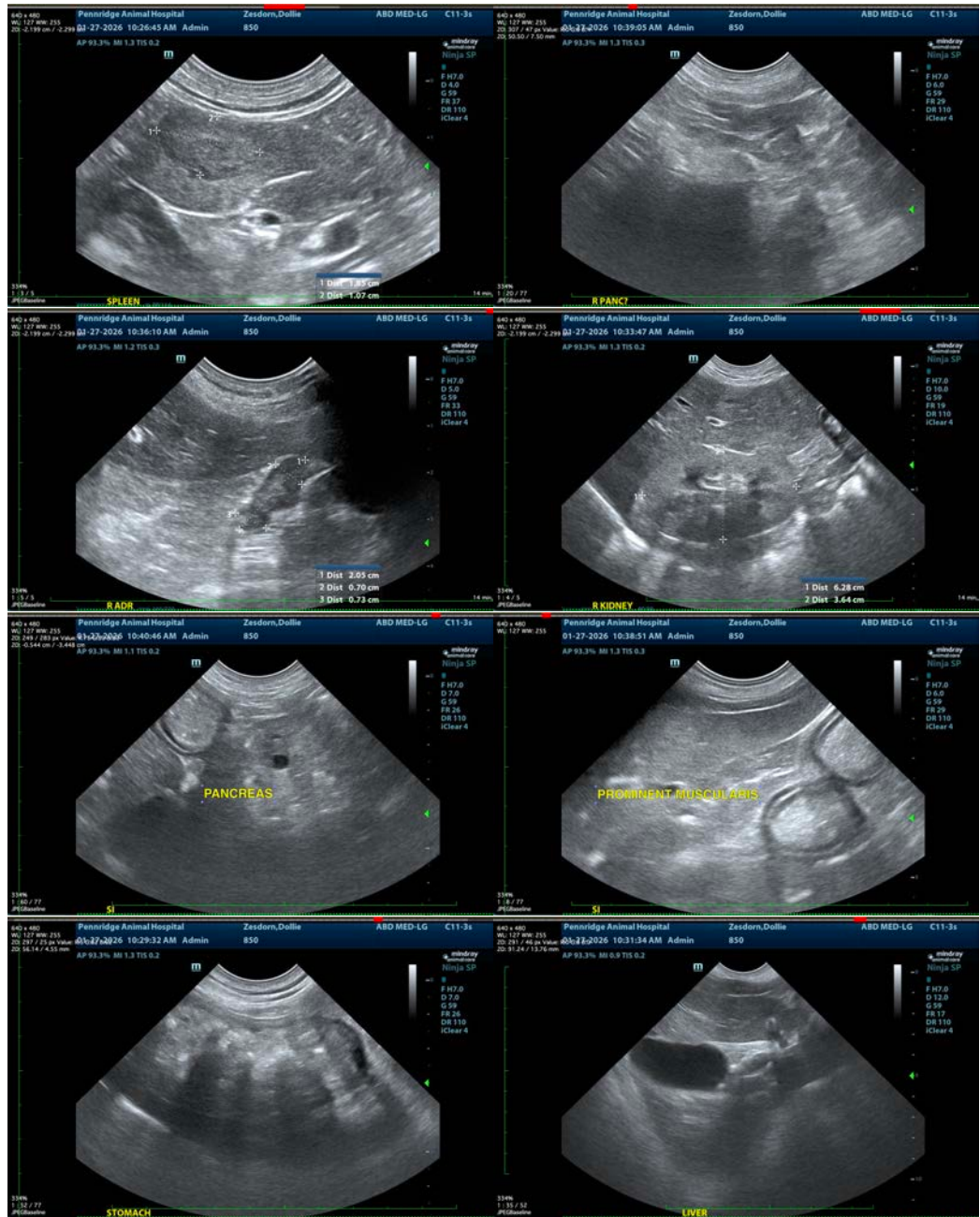
Dr. Andrew McManus

INVOICE

72502

DATE

1/27/26





PATIENT

Dollie Zesdorn

SPECIES

Canine

BREED

English Bulldog

SEX

Spayed Female

AGE

13.3 Years

WEIGHT

48.1 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Kristen Carpenter

HOSPITAL NAME

Pennridge Animal
Hospital

REFERRING VET

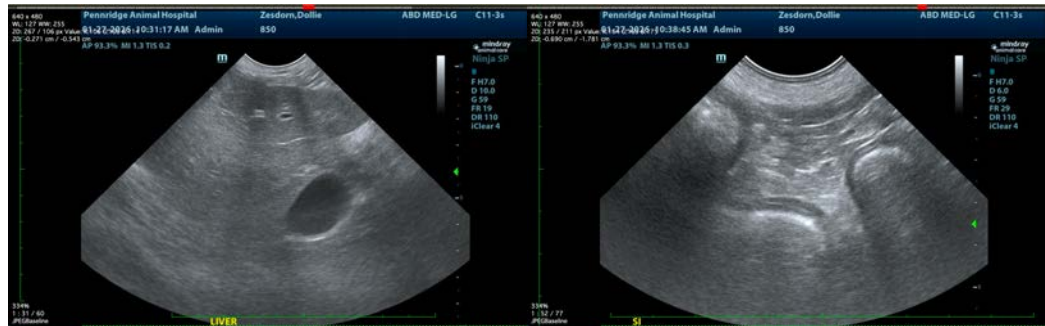
Dr. Andrew McManus

INVOICE

72502

DATE

1/27/26



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.

Beth Johnson, DVM, DACVIM
info@sonopath.com