



PATIENT

Luna Szalczinger

SPECIES

Canine

BREED

German Shepherd

SEX

Spayed Female

AGE

4

WEIGHT

85

INTERPRETED BY

Beth Johnson, DVM

DACVIM

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal Hospital

REFERRING VET

Dr. Harrs

INVOICE

10938

DATE

12/16/2025

PRESENTING CLINICAL SIGNS

Recurrent pancreatitis Lipase 731re checking pancreatic cyst/nodule Prev u/s 11/22.

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.

The right kidney is normal is size (6.15 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

The left kidney is normal is size (6.44 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

The right adrenal gland is unable to be well visualized in these images.

The left adrenal gland is normal in size (0.6 cm at cranial pole and 0.5 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

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). No focal nodules or masses are observed. 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 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 lumen of the stomach is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction or foreign material noted. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction or foreign material noted.



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

Pancreas

The pancreas that is observed appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation. ***See Free Abdomen***

Free Abdomen

There is no definitively visible lymphadenopathy noted in these images.

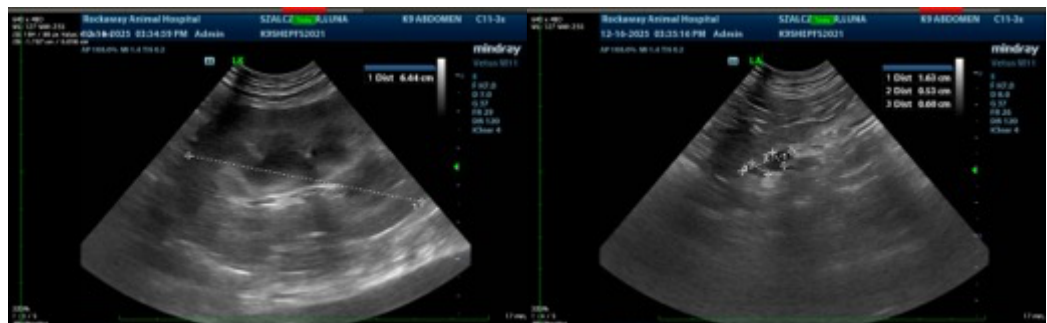
There is no visible free peritoneal effusion noted in these images, except for adjacent to and suspected to be lateral to the left kidney there are two subtle oblong, hypoechoic densities. One measuring 0.52 cm thick, and one measuring 0.88 cm thick. That could represent mildly enlarged lymph nodes, although, mildly prominent hypoechoic areas of the caudal left limb of the pancreas, while thought less likely, can't be definitively ruled out. Additionally, just medial to the spleen, in the area of the left limb of the pancreas, is a homogenous, hyperechoic, ovoid density measuring 1.7 cm long x 0.8 cm thick.

ULTRASONOGRAPHIC FINDINGS

- The hyperechoic density in the area of the left limb of the pancreas is static in appearance toward benign. As is seen with the granuloma or lipoma versus infiltrative neoplasia which is considered much less likely.
- Possible mild lymphadenopathy is noted in this area versus a mildly prominent left limb of the pancreas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Continued monitoring is recommended especially given the new concern for possible lymphadenopathy in the area of the left limb of the pancreas. The densities described above are likely too small to sample at this junction. Another follow up ultrasound in another 6 – 8 weeks is recommended.





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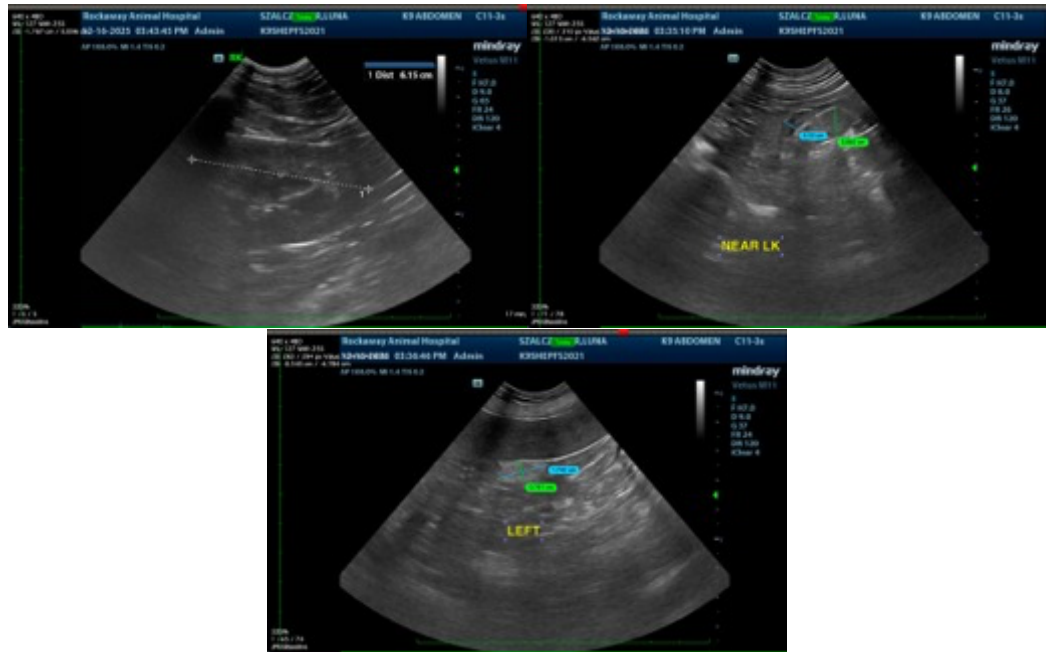
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM, DACVIM
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