



PATIENT

Luke Wilson

SPECIES

Canine

BREED

Lab Ret

SEX

MN

AGE

11 years 11 months

WEIGHT

65.8 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Kristen Carpenter

HOSPITAL NAME

Pennridge Animal
Hospital

REFERRING VET

Dr. Mehaffey

INVOICE

11460

DATE

3/11/2026

PRESENTING CLINICAL SIGNS

- Hx: Not sedated. Chronic hx of presumptive IBD based on AUS at specialty hospital. Hx of prostatitis (when intact, patient was subsequently neutered). Hx of perianal fistulas. Hx of migrating FB resulting in pyothorax and lung lobectomy at U of Penn. Hx of suspected LARPAR
- Recently here for Wellness and screening b/w -- amylase/lipase elevation and intermittent diarrhea noted by O. Add on cpl elevated, here for AUS. No vomiting, appetite ok, weight relatively stable. Patient did show signs of discomfort when US in region of L limb of pancreas
- Current food/meds: HP diet and treats, Carprofen 50 mg PO SID, Dasuquin, Apoquel 16 mg PO SID
- Diagnostics: Full bloodwork 2/25/26: ALP 176 (5-160), Chol 421 (131-345), Amylase 2663 (337-1469), Lipase 904 (0-250). T4 normal. 4dx neg x 4. Add on Spec CPL 1,065 (0-200). 3/11/26: Fecal NOS, UA - USG 1.026, quiet sediment

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.

Prostate is normal in size, echotexture, and echogenicity for a neutered male.

The right kidney is normal in 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.

The left kidney is normal in size (7.09 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 normal in size (0.69 cm at cranial pole and 0.51 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.54 cm at cranial pole and 0.57 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

Spleen is subjectively large in size with a mildly swollen but smooth capsule. Parenchyma is normal and homogenous in echogenicity and echotexture. 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.



PATIENT

Luke Wilson

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

SPECIES

Canine

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

BREED

Lab Ret

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.

SEX

MN

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

AGE

11 years 11 months

Pancreas

Caudal to the stomach, in the area of the left pancreas, there is an approximately 3.2 cm x 4.0 cm coarse, hypoechoic, relatively homogenous mass lesion with some subtly enhanced hyperechoic adjacent mesenteric fat.

WEIGHT

65.8 lbs

Free Abdomen

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

INTERPRETED BY

Beth Johnson, DVM
DACVIM

There is no apparent pathologic lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

IMAGING PERFORMED BY

Dr. Kristen Carpenter

- The pancreatic mass could be a benign inflammatory change consistent with benign pancreatitis. Although, infiltrative neoplasia can't be ruled out without tissue sampling.
- Moderate gallbladder debris - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.
- Splenomegaly- can be associated with congestion caused by sedation (if sedated) but can also be associated with diffuse infiltrative disease. Both benign conditions such as extramedullary hematopoiesis, lymphoid hyperplasia, as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered.

HOSPITAL NAME

Pennridge Animal Hospital

REFERRING VET

Dr. Mehaffey

INVOICE

11460

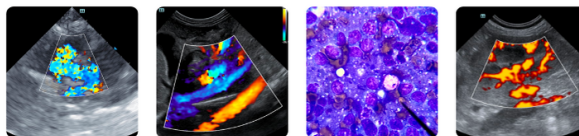
DATE

3/11/2026

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.

Fine needle aspirates of the pancreatic mass are recommended if patient's coagulation status is appropriate.



PATIENT

Luke Wilson

SPECIES

Canine

BREED

Lab Ret

SEX

MN

AGE

11 years 11 months

WEIGHT

65.8 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Kristen Carpenter

HOSPITAL NAME

Pennridge Animal
Hospital

REFERRING VET

Dr. Mehaffey

INVOICE

11460

DATE

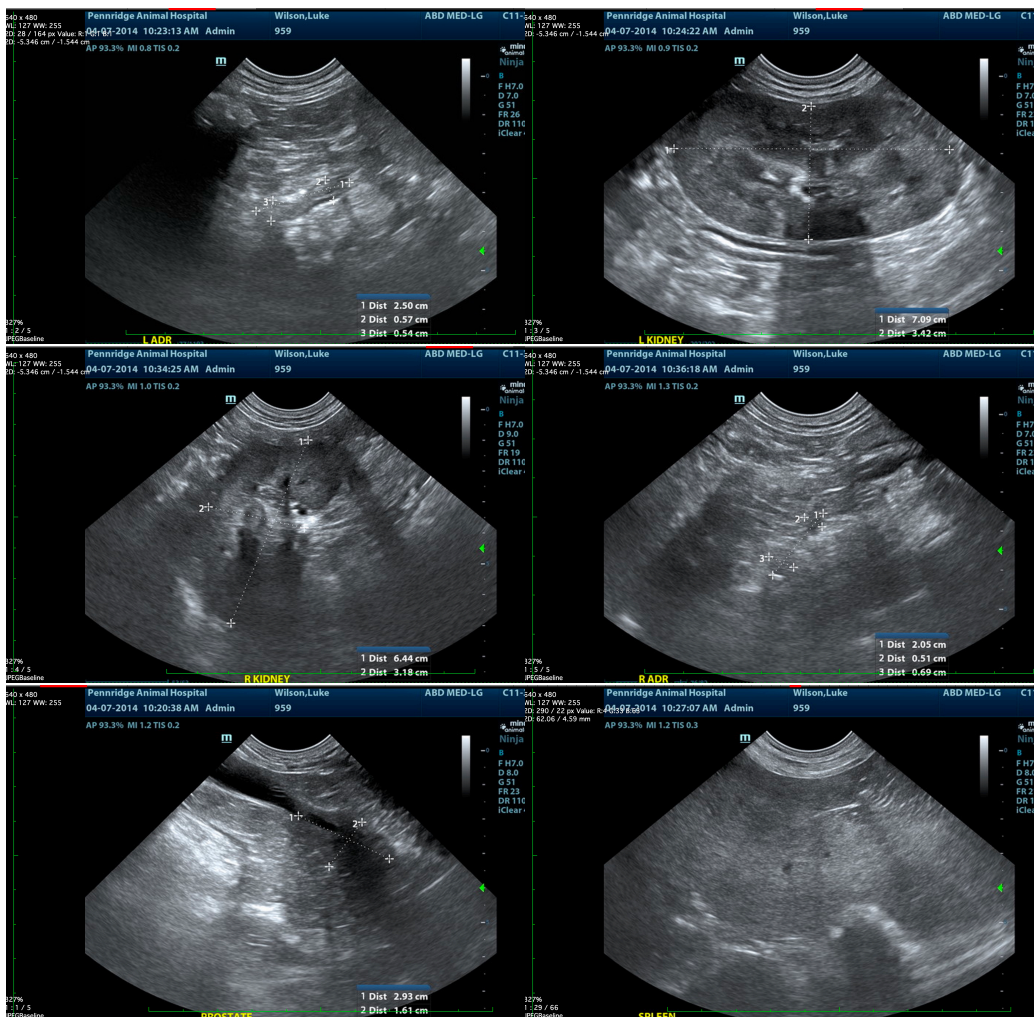
3/11/2026

In the meantime, given the reportedly ongoing intermittent diarrhea, 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.

Supportive/symptomatic medical management of clinical signs is recommended, including a probiotic (such as visbiome or proviable), empirical deworming with a 5-day course of Panacur and, if tolerated, a transition in diet, based on trial-and-error response, beginning possibly with a gastrointestinal biome diet vs a hydrolyzed protein diet vs other. Some patients respond to one brand/version of a hydrolyzed protein diet better than another brand, so several brand attempts may be required.





PATIENT

Luke Wilson

SPECIES

Canine

BREED

Lab Ret

SEX

MN

AGE

11 years 11 months

WEIGHT

65.8 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Kristen Carpenter

HOSPITAL NAME

Pennridge Animal Hospital

REFERRING VET

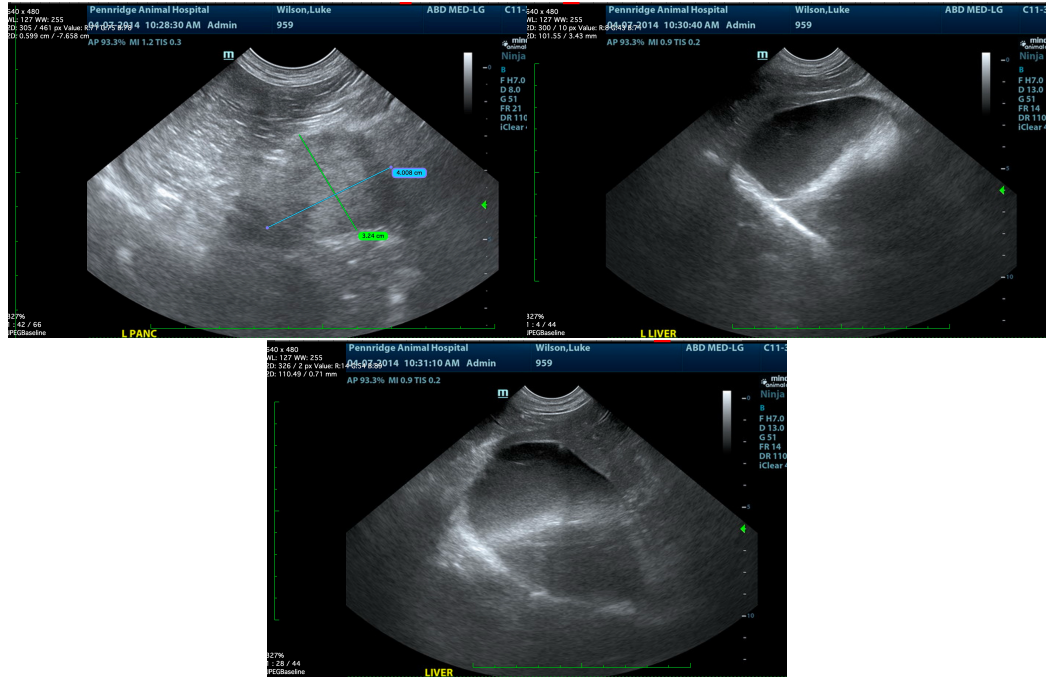
Dr. Mehaffey

INVOICE

11460

DATE

3/11/2026



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