PATIENT

Akela Cummings

SPECIES

Canine

BREED

Great Pyrenees

SEX

Intact Male

AGE

2 years

WEIGHT

35 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Animal Clinic of Penn Valley

REFERRING VET

Dr. Nancy Reese

INVOICE

11775

DATE

4/22/2026

PRESENTING CLINICAL SIGNS

Chronic diarrhea/chronic progressive weight loss.

Abnormal PE/Chem/CBC/UA Results: Labs attached.

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 prostate is normal for an intact dog measuring 2.76 cm wide in the sagittal view.

The right kidney is normal is size (8.42 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 (7.92 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 (0.59 cm at caudal pole and the cranial pole is difficult to fully visualize/isolate for measurement), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.49 cm at cranial pole and 0.68 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.

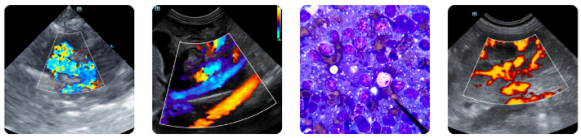
Liver

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.



PATIENT

Akela Cummings

SPECIES

Canine

BREED

Great Pyrenees

SEX

Intact Male

AGE

2 years

WEIGHT

35 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Animal Clinic of Penn Valley

REFERRING VET

Dr. Nancy Reese

INVOICE

11775

DATE

4/22/2026

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.

Beginning at the ileocecal colic junction and extending throughout the colon diffusely, the colon is markedly thick with mass like appearance in some areas, in one area measuring almost 8.0 cm in diameter. Where the wall maintains a more normal wall appearance, the thickness measures approximately 1.0 cm thick. In some places normal layering is present but in the more mass like appearing areas of the colon, loss of layering is noted. In one area there almost appears to be a loop of thick colon inside another loop, as could be seen with an intussusception or potentially sliding intussusception but given the degree of wall pathology it's difficult to definitively determine an intussusception versus loops of diseased colon adjacent to each other. The lumen is empty.

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.

Free Abdomen

There is a trace amount of free fluid noted in these images.

Medial iliac, colonic, and mesenteric lymph nodes are enlarged with swollen irregular capsular contour and loss of normal length to width ratio (rounded in shape). Nodes are hypoechoic with loss of normal parenchymal detail.

Other

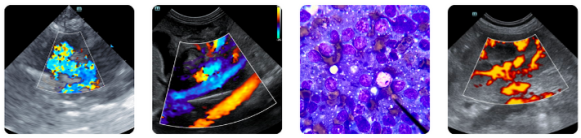
Both testicles are visualized without evident testicular pathology.

Assessment of heart base images is included when/if a splenic nodule/mass is present (as a complimentary add on). They are also assessed when a specific request is made for assessment of a limited second cavity (heart base and/or thorax) for an additional charge. Images of the heart (and/or) thorax were not assessed for this study. Please contact us if you would like a second cavity.

ULTRASONOGRAPHIC FINDINGS

- The diffusely thick colon, and in some places, mass like appearance to the colon is concerning for infiltrative neoplasia such as round cell neoplasia versus other. Having said that, a benign but marked inflammatory response secondary to underlying infectious or other inflammatory disease can't be ruled out without tissue sampling.
- Aggressive colonic, medial iliac, and mesenteric lymph nodes – concerning for infiltrative round cell or metastatic neoplasia. A benign aggressive inflammatory response cannot be ruled out without tissue sampling +/- culture.
- Trace free fluid is of unknown origin. Differentials (unless already ruled out) could include increased hydrostatic pressure (cardiac disease and/or vascular or lymph blockage), decreased oncotic pressure (low albumin), vasculitis, paraneoplastic fluid, rupture/leakage of/from an organ (GI, GB, UB, other), blood (hemoabdomen), other.

Imaging performed by
pawsonography@gmail.com
530-786-8340



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™
SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Akela Cummings

SPECIES

Canine

BREED

Great Pyrenees

SEX

Intact Male

AGE

2 years

WEIGHT

35 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Animal Clinic of Penn Valley

REFERRING VET

Dr. Nancy Reese

INVOICE

11775

DATE

4/22/2026

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Met check –
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 colonic wall masses and enlarged lymph nodes are recommended if patient's coagulation status is appropriate.

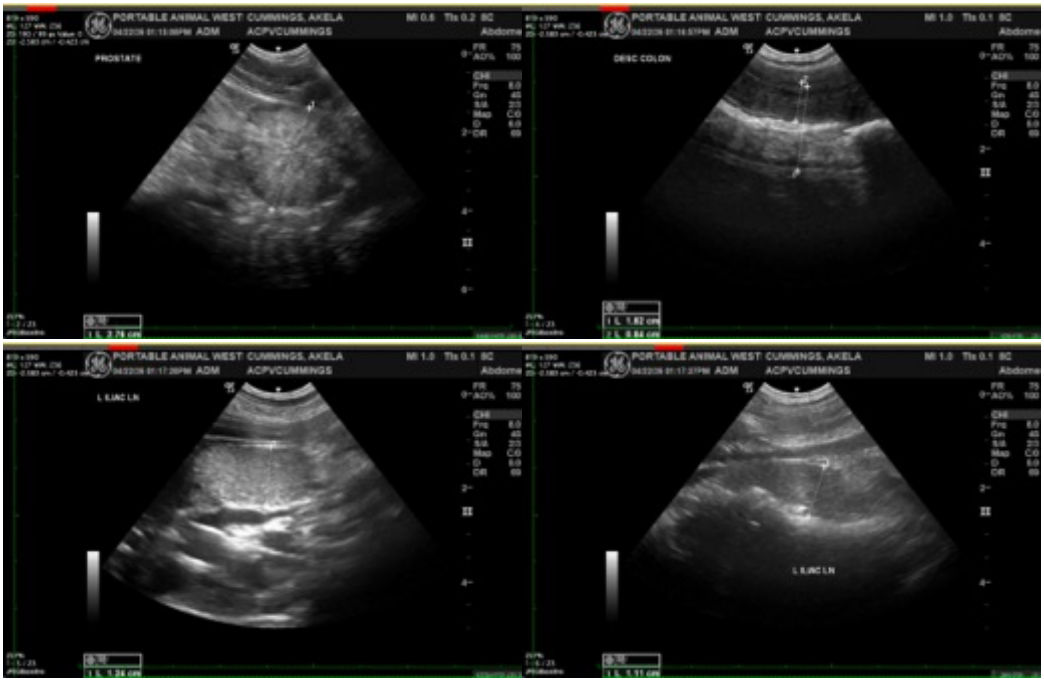
In the meantime, a recheck routine fecal/giardia exam is recommended, especially if deworming has been implemented since the last fecal was positive.

Additionally, 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.

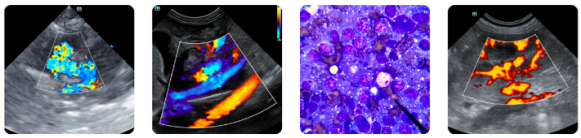
If a diagnosis is unable to be obtained, ultimately, biopsies of the colon may be necessary and could be obtained most likely via colonoscopy.

Other than supportive/symptomatic medical management of clinical signs, further treatment recommendations are largely dependent on results of the above.



Imaging performed by

pawsonography@gmail.com
530-786-8340



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™
SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Akela Cummings

SPECIES

Canine

BREED

Great Pyrenees

SEX

Intact Male

AGE

2 years

WEIGHT

35 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Animal Clinic of Penn Valley

REFERRING VET

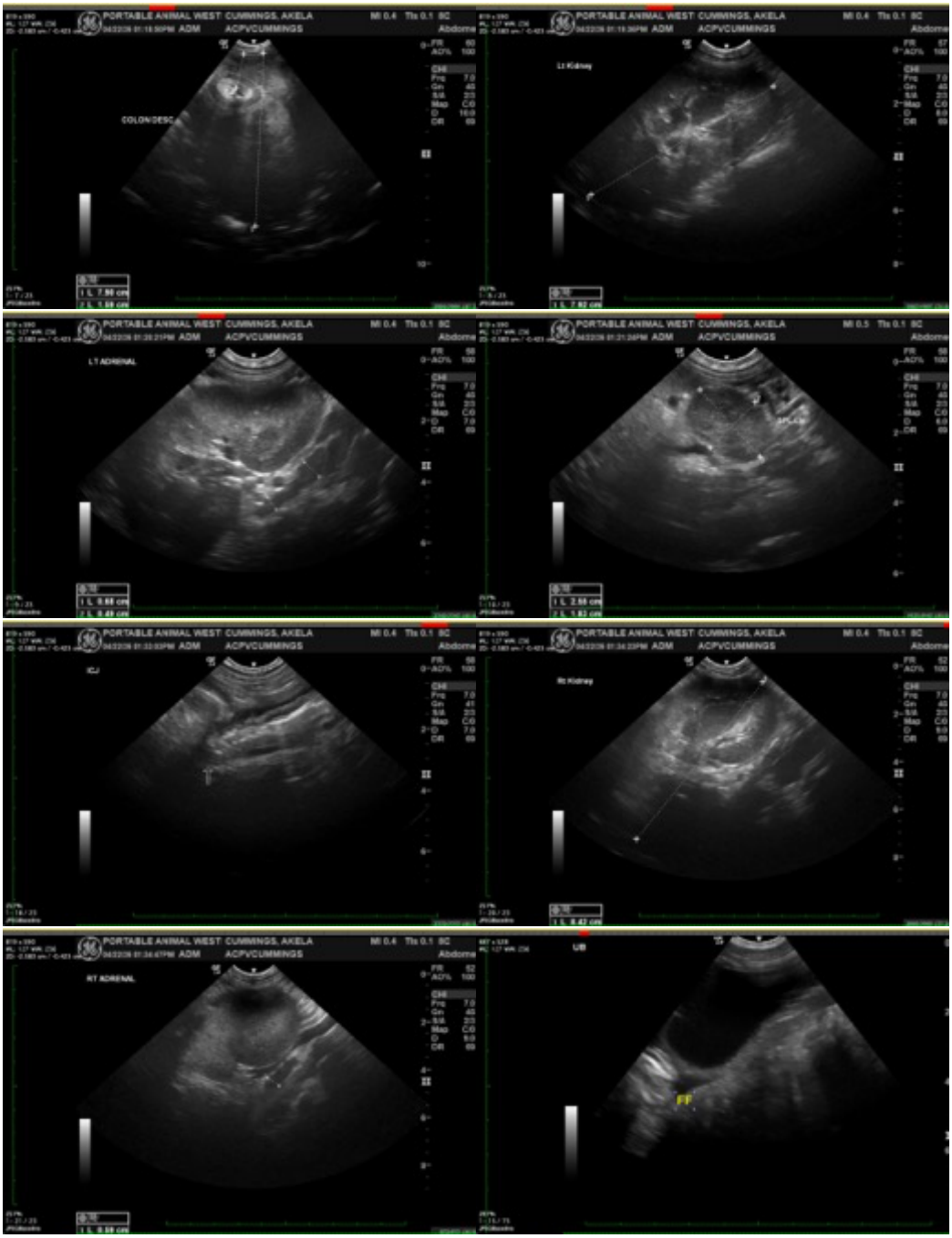
Dr. Nancy Reese

INVOICE

11775

DATE

4/22/2026



PATIENT

Akela Cummings

SPECIES

Canine

BREED

Great Pyrenees

SEX

Intact Male

AGE

2 years

WEIGHT

35 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Animal Clinic of Penn Valley

REFERRING VET

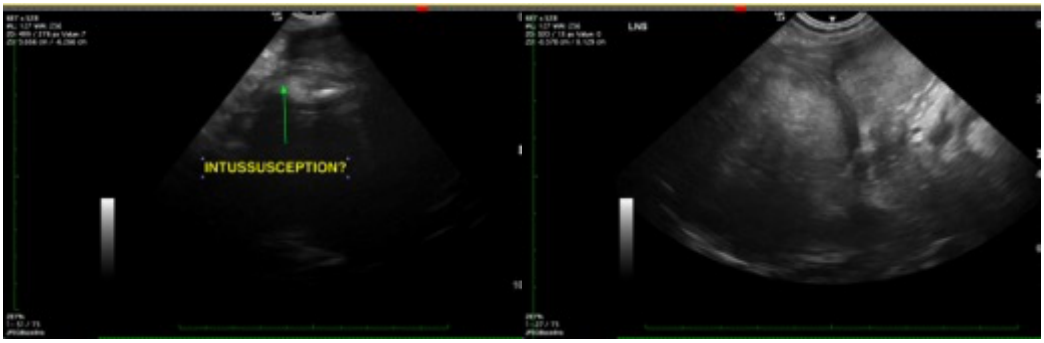
Dr. Nancy Reese

INVOICE

11775

DATE

4/22/2026



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