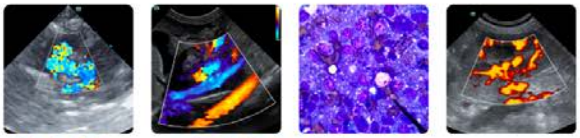


SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Teddy Verhagen

SPECIES

Canine

BREED

Yorkie x

SEX

Neutered Male

AGE

5 Years

WEIGHT

7.24 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Preston Animal Clinic

REFERRING VET

Dr. Coghlan

INVOICE

74978

DATE

5/6/26

PRESENTING CLINICAL SIGNS

Hx of painful episodes suspected to be chronic pancreatitis, elevated spec CPL on March 14/26, treatment started with low fat diet and pregabalin, had another "episode'" last week, spec CPL repeated - was even more elevated. Current Medications: Pregabalin 25mg TID

Abnormal PE/Chem/CBC/UA Results: See attached lab work rads taken of hips as orthopedic issue was also suspected - NAF Primary Question to Be Answered in This Exam what do the pancreas and gall bladder look like?

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 area of the prostate is examined without evident prostatic pathology.

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 4.4 cm. Right kidney measured 4.6 cm.

Adrenal Glands

The right adrenal gland is normal in size (0.77 cm at cranial pole and 0.59 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.36 cm at cranial pole and 0.50 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

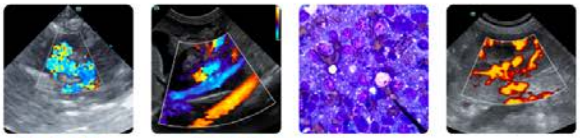
Spleen

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). In the mid spleen there is a 1.8 cm x 2.2 cm mixed, largely anechoic, non-capsule disrupting density/mass. Splenic vasculature appears normal.

Liver

Liver is subjectively enlarged with mildly irregular margins. Parenchyma is mildly heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. 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.



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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.

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 empty with 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

- Chronic low-grade smoldering pancreatitis can't be ruled out based on the appearance of the pancreas and should be suspected in the face of appropriate clinical signs.
- Hypo to anechoic splenic mass – 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.
- Mildly heterogenous liver – These changes are most consistent with benign processes such as nodular hyperplasia, steroid (vacuolar) hepatopathy, extramedullary hematopoiesis or possibly chronic inflammatory disease and less commonly infiltrative round cell or metastatic neoplasia.

SECONDARY FINDINGS

- Moderate age related kidney changes.

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.

While the appearance of the spleen trends largely toward benign, fine needle aspirates could be considered if patient's coagulation status is appropriate.

Alternatively, or if a cytologic diagnosis is unable to be obtained, given the risk for possible hemorrhage form a cavitated lesion, even a benign lesion, splenectomy could be considered.

Having said that, I'd be surprised if that finding is contributing to patient's reported "episodes". Further recommendations include recheck full general metabolic health screen including CBC/Chem, electrolytes, and urinalysis.

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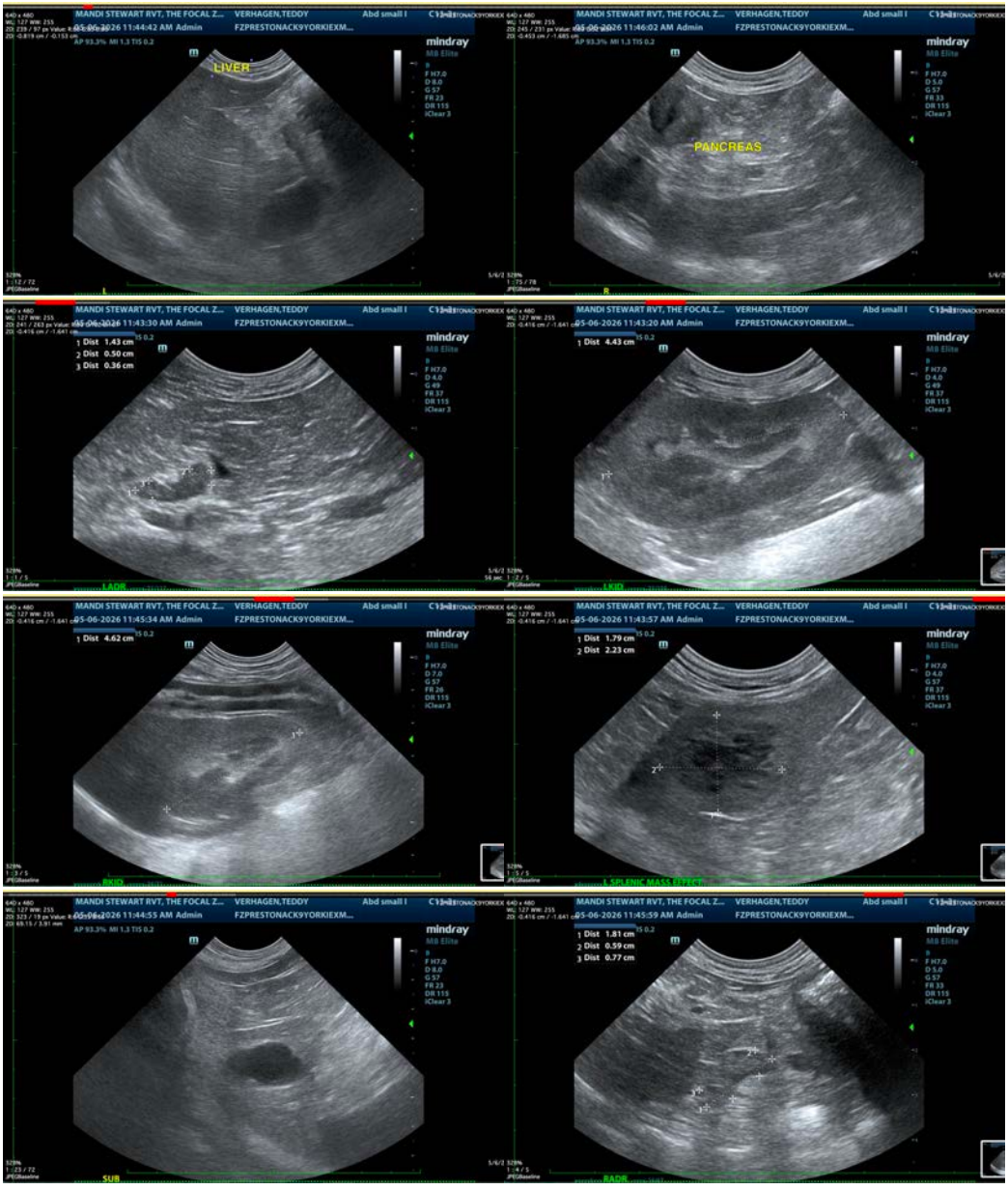
A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

Continued evaluation/treatment for any concurrent orthopedic, neurologic, and/or spinal pain is recommended.



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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
info@sonopath.com