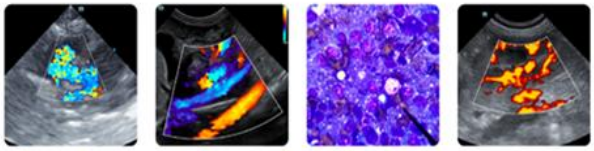


PATIENT

Ford Mueller

SPECIES

Canine

BREED

Rottweiler

SEX

MN

AGE

8

WEIGHT

94

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Rebecca Barnard

HOSPITAL NAME

Southkent Veterinary Hospital

REFERRING VET

Rebecca Kursch

INVOICE

24998

DATE

06/02/2026

PRESENTING CLINICAL SIGNS

Soft mushy stools started yesterday, good appetite, no vomiting, no changes in diet or stressors. Chronic pancreatitis patient.

Palpable abdominal mass caudal abdomen

Abnormal PE/Chem/CBC/UA Results: MCV, 58.5fL. Hematocrit, 35.9% Rest of labs WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The prostate is not visible in these images.

The urinary bladder is not visible in these images.

The right kidney appears present in the area of the right kidney but is unable to be well visualized for full evaluation.

Left kidney is normal in size (5.58 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 adrenal glands are unable to be fully visualized/ isolated for measurement in these images.

Spleen

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

Liver is subjectively enlarged (swollen contour) with a diffusely mildly coarse architecture and subtly increased portal markings. Mildly mixed echogenic changes are noted diffusely. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

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

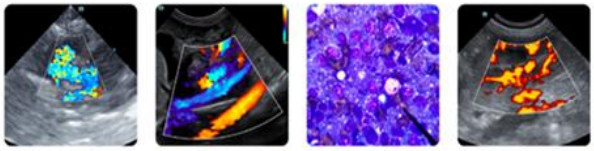
The visible stomach wall is normal in thickness and layering. The stomach is moderately distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. However, given the reported history of fasting, delayed gastric emptying could be considered. Soft (cloth) fluid absorbing 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.

In the cranial to mid abdomen is in at least a 6+ cm long loop of bowel that demonstrates a markedly thick wall measuring 2 cm thick with loss of layering / bowel mass. The lumen is empty and the remaining visible bowel in these images appears normal in thickness and layering. The exact location of the suspected bowel mass is unable to be determined in these images

.

Pancreas

Pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.



PATIENT

Ford Mueller

SPECIES

Canine

BREED

Rottweiler

SEX

MN

AGE

8

WEIGHT

94

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
Rebecca Barnard

HOSPITAL NAME

Southkent Veterinary Hospital

REFERRING VET

Rebecca Kursch

INVOICE

24998

DATE

06/02/2026

Free Abdomen
There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

- Bowel mass that could represent small bowel, ileocecocolic junction, or large bowel as the exact location is unable to be determined by these images is concerning for infiltrative neoplasia such as lymphoma vs other. Having said that a benign inflammatory process cannot be ruled out without tissue sampling.
- An obvious cause for the subtle liver changes is not identified in these images. Microscopic disease such as Leptospirosis, bacterial cholangiohepatitis, chronic active hepatitis, copper-associated hepatotoxicity, other hepatotoxicity, other reactive hepatopathy, infiltrative neoplasia (considered unlikely), etc. cannot be definitively ruled out.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. 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.
2. FNA of the bowel mass +/- liver are recommended if patient's coagulation status is appropriate. In the meantime, additionally a routine fecal /giardia exam is recommended as is a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory 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.
3. While continuing workup, 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

Ford Mueller

SPECIES

Canine

BREED

Rottweiler

SEX

MN

AGE

8

WEIGHT

94

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Rebecca Barnard

HOSPITAL NAME

Southkent Veterinary Hospital

REFERRING VET

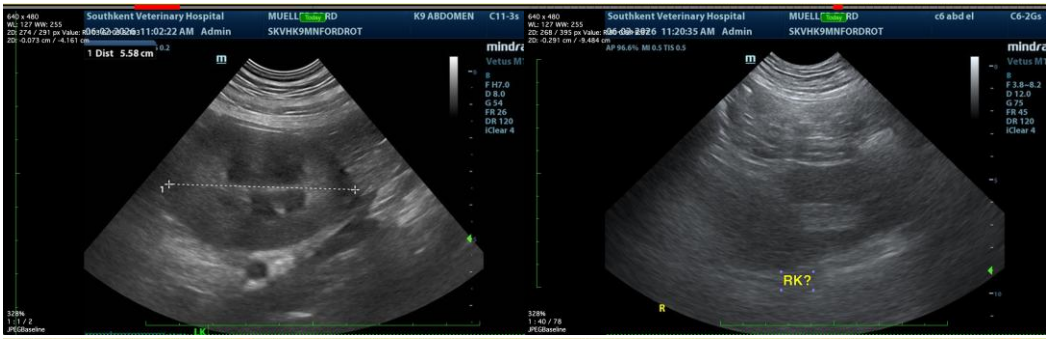
Rebecca Kursch

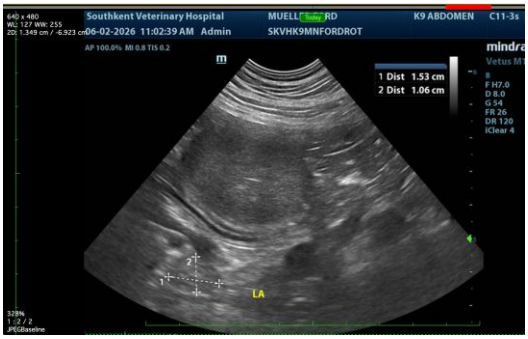
INVOICE

24998

DATE

06/02/2026





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