



PATIENT

Theodore Banyasz

SPECIES

Canine

BREED

Large Mixed Breed

SEX

Neutered Male

AGE

9

WEIGHT

74

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Melissa Pascucci

HOSPITAL NAME

American Animal
Hospital

REFERRING VET

Dr. Stockmal

INVOICE

13788

DATE

02/14/26

PRESENTING CLINICAL SIGNS

- markedly elevated lipase
- recheck from 8/1/25
- want to be sure no evidence of pancreatic neoplasia
- recheck liver architecture
- takes thyrotabs and Denamarin and ursodiol

Abnormal PE/Chem/CBC/UA Results: ALT 122 ALP 346 Amylase 2398

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder is moderately distended with anechoic urine. No uroliths are seen. The bladder wall is normal in appearance and thickness. No masses are seen.

The left kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured 6.8 cm in length.

The right kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The right kidney measured 6.2 cm in length.

Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The caudal pole measures 5.7 mm. The cranial pole was not clearly seen.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures XX and the caudal pole measures XX.

Spleen

The spleen is normal in size, shape, margination and echogenicity. No masses are seen. The spleen has normal blood flow.

Liver

The liver presents normal size and shape with smooth lobar margins. The parenchyma has normal echogenicity with normal echotexture. No focal lesions are seen. Intrahepatic bile ducts are normal. Normal vascular pattern.

The gallbladder presents normal size with anechoic contents. Normal gallbladder wall. No evidence of bile duct distention or obstruction.

Gastrointestinal

The stomach was moderately filled with gas, however, the stomach wall diffusely appears normal in thickness and layering.



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Pancreas

The pancreas appears diffusely mildly hypoechoic without surrounding hyperechoic fat.

Free Abdomen

There are no enlarged abdominal lymph nodes seen on this exam. No free abdominal fluid is seen.

ULTRASONOGRAPHIC FINDINGS

- Diffusely hypoechoic pancreas- potentially consistent with mild to moderate pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

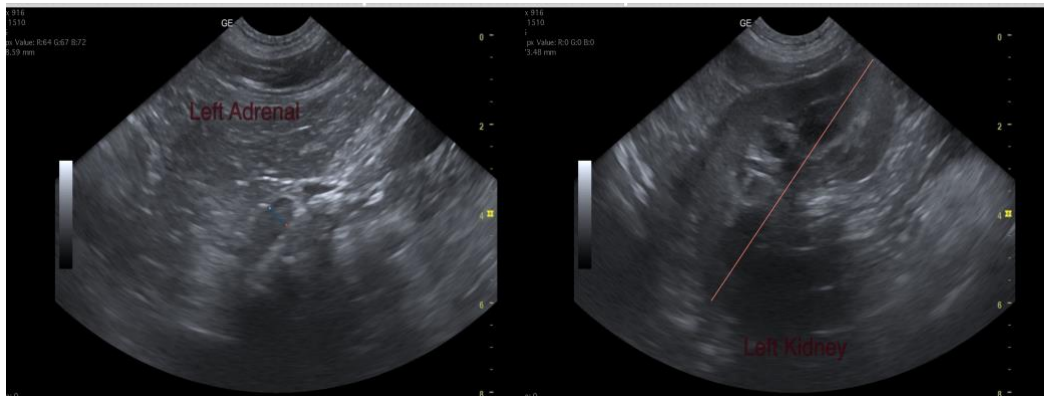
Recommend submitting Texas A&M GI panel to screen patient for occult gastrointestinal disease and cPLI to determine the degree of pancreatitis. I suspect the patient's lab work abnormalities may be due to chronic intermittent pancreatitis.

If pancreatitis is confirmed via a Texas A&M GI panel/cPLI, then recommend switching the patient to an ultra-low-fat diet such as Royal Canin GI low-fat or Hills ID low-fat.

At this time, the patient's liver appears normal. Recommend continuing liver supported medications as described in the ultrasound submission form.

Also recommend continuing the thyroid tabs. Recommend that the thyroid value be rechecked two to four hours after giving the pill in the morning and that the T4 value should aim to be in the upper end of the normal reference range. This may benefit liver values as well.

No evidence of pancreatic neoplasia is seen on this exam. Other diagnostics recommended is if a fasting triglycerides has not been submitted, recommend the fasting triglycerides, if patient is found to be hypotriglyceridemic, then this may explain the elevated liver values and also may explain the suspicion of chronic intermittent pancreatitis.





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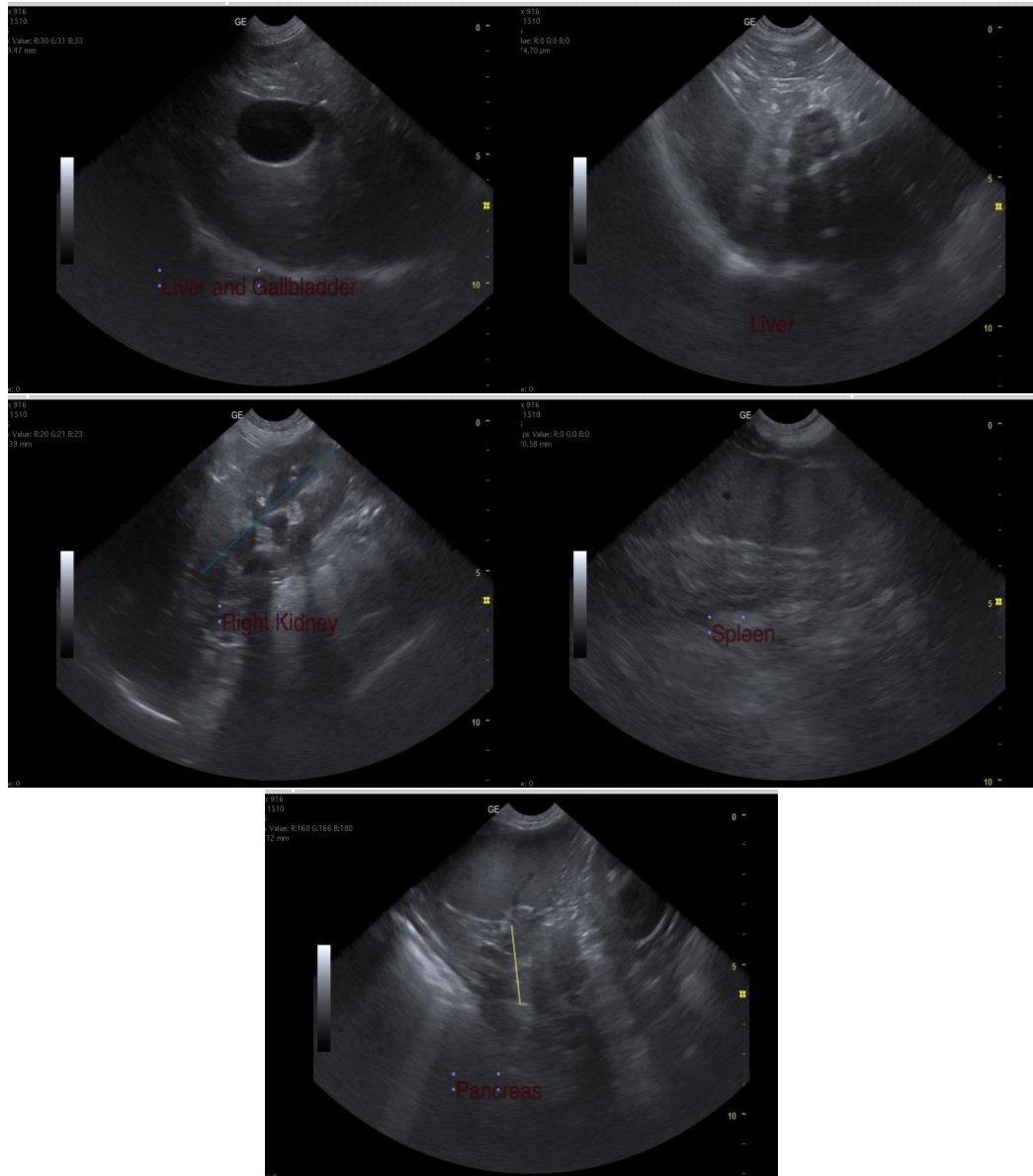
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Greg Kuhlman, DVM, DACVIM (SAIM)
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