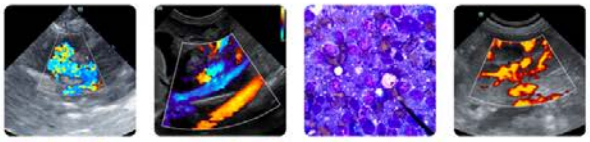


PATIENT

Zeus Moens

SPECIES

Canine

BREED

Staffordshire Terrier x

SEX

Intact Male

AGE

6 Years

WEIGHT

23.2 kg

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Gira

HOSPITAL NAME

Creekside Veterinary Hospital

REFERRING VET

Dr. Singh

INVOICE

73152

DATE

2/20/26

PRESENTING CLINICAL SIGNS

Ongoing v/d, anorexia, dog had been on raw food until he was switched to gastro canned diet . Diagnosed with pancreatitis (Sept 2025) in the past but is continuing to display symptoms with normal pancreatic levels. Weight loss in the past 1 month (6 lbs)

Abnormal PE/Chem/CBC/UA Results: Attached

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 prostate is normal in appearance for an intact male dog. It measures 4.26 cm x 2.52 cm and has a uniform echogenicity. It appears symmetrical.

The right kidney presents normal size (5.2 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size with normal shape and architecture. There is mild loss of corticomedullary distinction. There are multifocal punctate hyperechoic foci present in the renal pelvis, consistent with benign nephrocalcinosis. No pyelectasia or ureteral dilation.

Adrenal Glands

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 4.7 mm and the caudal pole measures 5.9 mm.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 4.9 mm and the caudal pole measures 4.9 mm.

Spleen

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

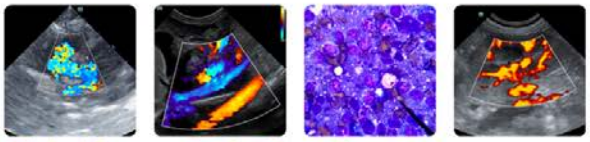
Liver

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 contains a moderate to marked amount of gas, most likely due to recent aerophagia. There is also a mild amount of fluid present within the stomach. Diffusely, the stomach wall appears normal in thickness, measuring 3.1 mm in width. The stomach wall does appear to have normal layering. No specific gastric wall lesions are seen on this ultrasound.



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Diffusely, the duodenum appeared mildly thickened, measuring 5.5 mm in width. Diffusely, the jejunum is normal in thickness, with segments measuring up to 4.7 mm in width. The jejunum has normal layering. It does appear that the muscularis layer is subjectively mildly thickened. The ileum appears to have normal layering. The muscularis layer is subjectively mildly thickened. Overall, the ileum measures 4.5 mm in width, which is mildly thickened.

The colon appears to contain soft stool. The colon wall is normal in thickness, measuring 1.8 mm in width.

Pancreas

The right limb of the pancreas is mildly hypoechoic without significant surrounding hyperechoic fat. The pancreas has a diffusely mottled echotexture. The right limb of the pancreas measures 1.3 cm in width. The left limb is very mildly hypoechoic and has a nodular echotexture. A representative pancreatic nodule in the left limb measured 4.0 mm in width. The left limb of the pancreas measures 1.2 cm in width. There is no significant surrounding hyperechoic fat around the left limb of the pancreas.

Free Abdomen

There is mild sublumbar lymphadenopathy noted, measuring 6.5 mm x 4.0 mm. These nodes appear reactive are less likely enlarged due to a neoplastic process.

Mild mesenteric lymphadenopathy noted with a representative node measuring 3.0 cm x 0.59 cm. These lymph nodes also appear reactive and are much less likely to be enlarged due to a neoplastic cause.

There are several scant pockets of free fluid present in the abdomen. These appear to be too small to obtain an aspirate.

ULTRASONOGRAPHIC FINDINGS

- Mild loss of corticomedullary distinction of the left kidney – Differentials include possible early chronic kidney disease.
- Scant pockets of free fluid – I suspect this fluid is present due to an inflammatory process most likely occurring from the patient's gastrointestinal tract and possibly the pancreas. An infectious or neoplastic causa to these fluid pockets does not seem likely.
- Diffuse mild abdominal lymphadenopathy – These lymph nodes appear to be reactive and much less likely to be enlarged due to a neoplastic cause.
- Mild pancreatic inflammation.
- Diffuse enteropathy seen with thickened ileum, duodenum and thickening of the muscularis layer.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend full staging, monitoring and managing per the International Renal Interest Society guidelines.

If possible, consider fine needle aspirate of one of the enlarged lymph nodes for cytology to rule out neoplasia.

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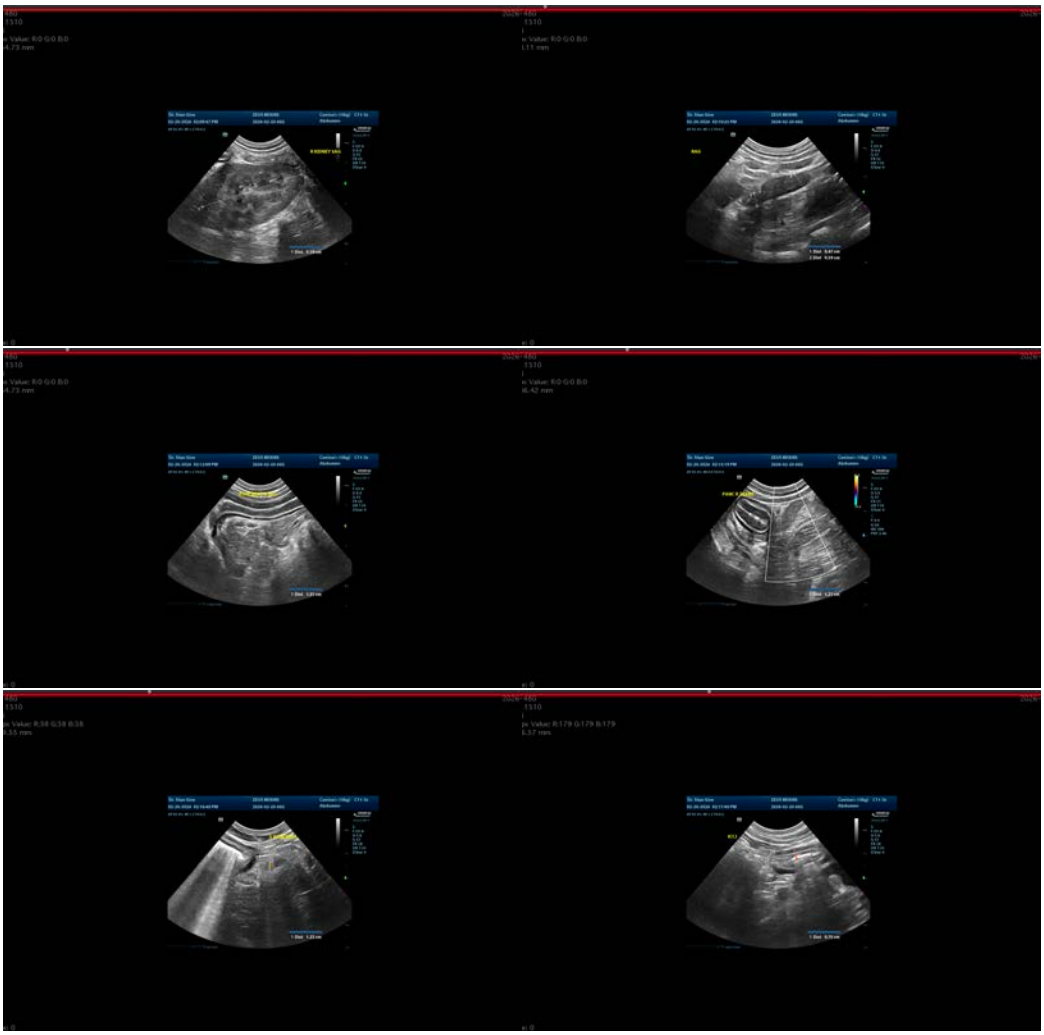
At this time, it does not appear that the patient has significant pancreatitis, but since an extended GI panel has been performed, a cPLI will help to determine the degree of pancreatitis present and whether it is clinically significant. It will also help direct future therapies if patient is diagnosed with significant pancreatitis that may be causing the clinical signs, in which case we would recommend switching the patient to an ultra low-fat diet such as Royal Canin GI low fat or Hills ID low fat or Purine EN low fat.

It appears the patient has primary GI disease. If this is confirmed by the extended GI panel that is pending, the differentials would include possible food hypersensitivity versus inflammatory bowel disease versus an infectious cause such as parasitism. I would recommend submitting a comprehensive fecal pathogen PCR to screen the patient for any pathogenic parasites, protozoa, or microbes. If infectious causes are ruled out for the patient's GI disease, consider a food trial with a hydrolyzed food for 2-4 weeks. I would recommend choosing an ultra low-fat version of a hydrolyzed diet. If the patient fails a diet trial and continues showing clinical signs of primary GI disease, then recommend gastrointestinal biopsies either surgically or endoscopically. However, the patient's clinical signs are most likely attributed to primary gastrointestinal disease.



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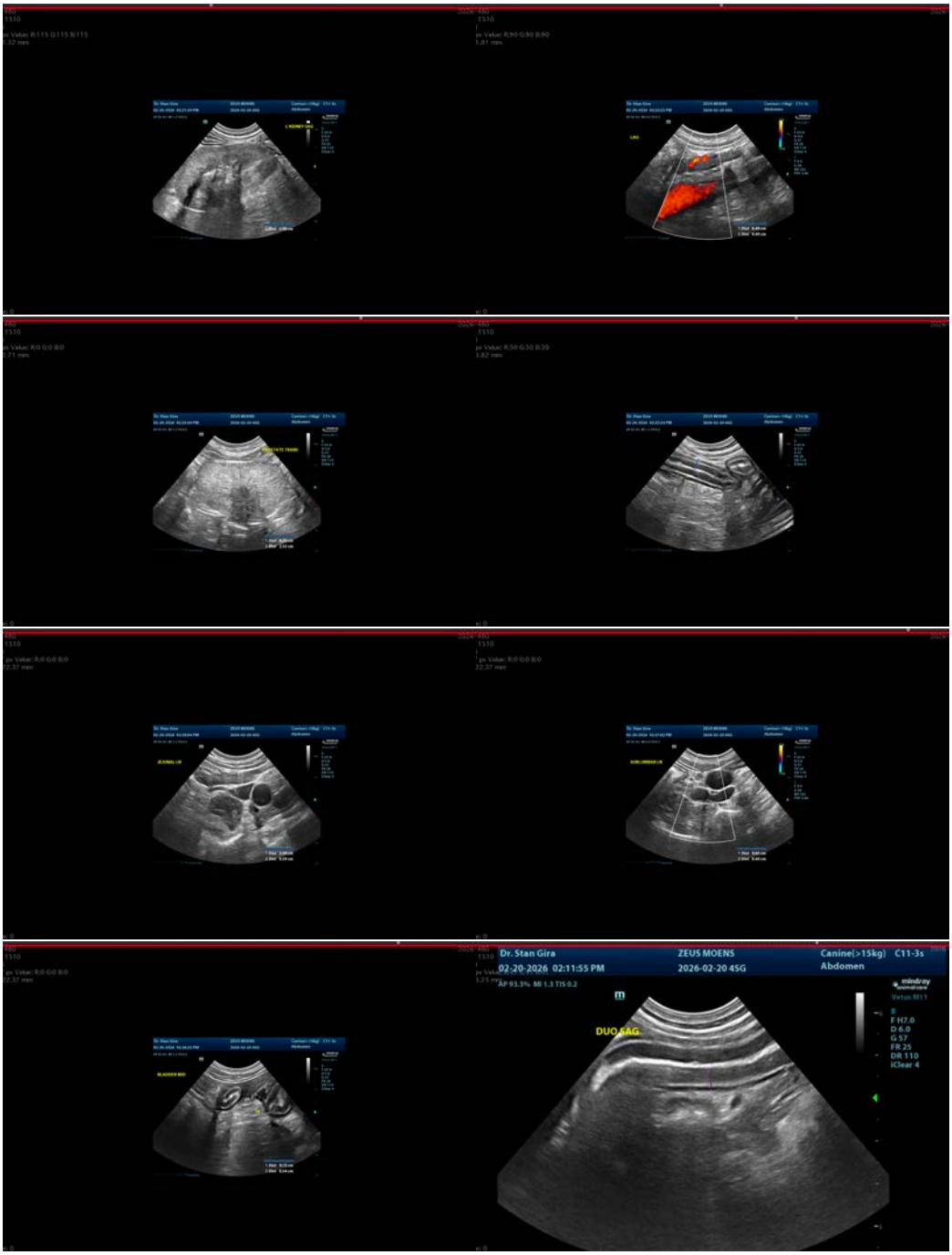

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

Veterinary Internal Medicine Specialist
info@SonoPath.com