



PATIENT

Jojo Putnam

SPECIES

Canine

BREED

German Shepherd Mix

SEX

Neutered Male

AGE

10 Years

WEIGHT

50.2 pounds

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Reyes

HOSPITAL NAME

Graceful Paws Pet
Clinic

REFERRING VET

Dr. Reyes

INVOICE

14124

DATE

03/06/26

PRESENTING CLINICAL SIGNS

- Pet went to the ER recently for increased respiratory rate. During radiographs and fast scan ultrasound, mass effect was found on mid abdomen.
- Owner reports history of occasional soft stools with mucus and blood
- No vomiting and occasional decreased appetite

Abnormal PE/Chem/CBC/UA Results: Neut: 60.5% H Mono: 9.3% H Eos: 13.1 H Chem: nsf

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. Ureteral papilla was not seen.

The left kidney presents small in size with normal shape and architecture. Moderate to marked loss of corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured 3.9 cm in length.

The right kidney presents normal size with normal shape and architecture. Moderate loss of corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The right kidney measured 5.6 cm in length.

Adrenal Glands

The adrenal glands were not clearly seen on this exam.

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

Stomach wall appears diffusely normal in thickness. Stomach contains a moderate to marked amount of recently eaten food. The intestines have normal wall layering and thickness. Colon contains normal contents with normal wall thickness.

Pancreas

Cranial aspect of the left limb of the pancreas is mildly hypoechoic with very mild surrounding hypoechoic fat. In the distal aspect of the left limb of the pancreas, there's a mixed echoic mass lesion



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within the pancreas that measures 2.1 cm by 1.9 cm in size. There appears to be a second hypoechoic irregularly shaped mass lesion immediately caudal to the mass lesion seen within the pancreas. This lesion measures 3.4 by 3.2 cm. This second mass lesion may be a continuation of the first that is located in the left limb of the pancreas. The right limb of the pancreas is not clearly identified on the scan.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

- Bilateral loss of corticomedullary distinction with small left kidney size- these findings are consistent with chronic kidney disease.
- Mass lesion in what appears to be within the caudal aspect of the left limb of the pancreas- suspected to be pancreatic neoplasia such as pancreatic carcinoma, less likely a pancreatic abscess.

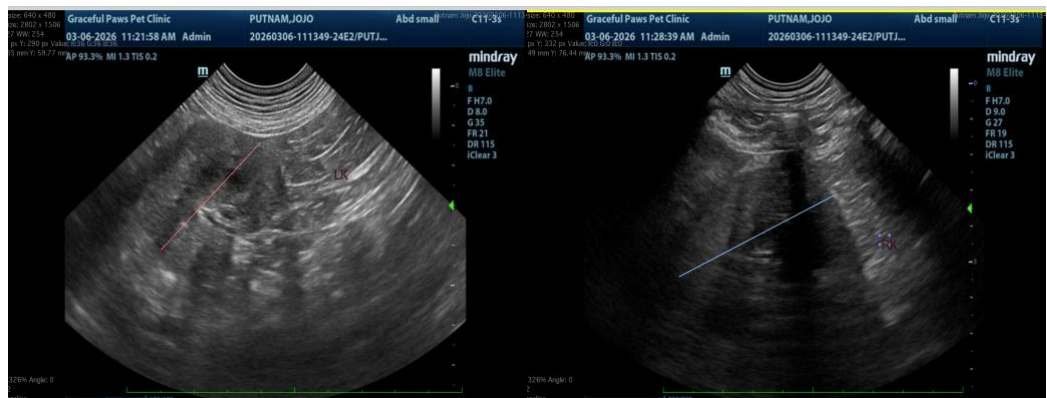
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend full staging, monitoring and managing the patient per IRIS guidelines.

Fine needle aspirates of both pancreatic masses are recommended. It's a mission for cytology to determine etiology of mass lesions. If abscess is suspected, which seems unlikely, but if an abscess is suspected based off cytology, recommend aerobic and anaerobic bacterial culture of masses.

Based on the appearance of these lesions, pancreatic hyperplasia is not suspected. If cytology suggests mass lesions may be surgical, recommend CT scan prior to surgery to determine feasibility of resection of these masses.

At this time, prognosis is guarded, pending result of mass cytology.





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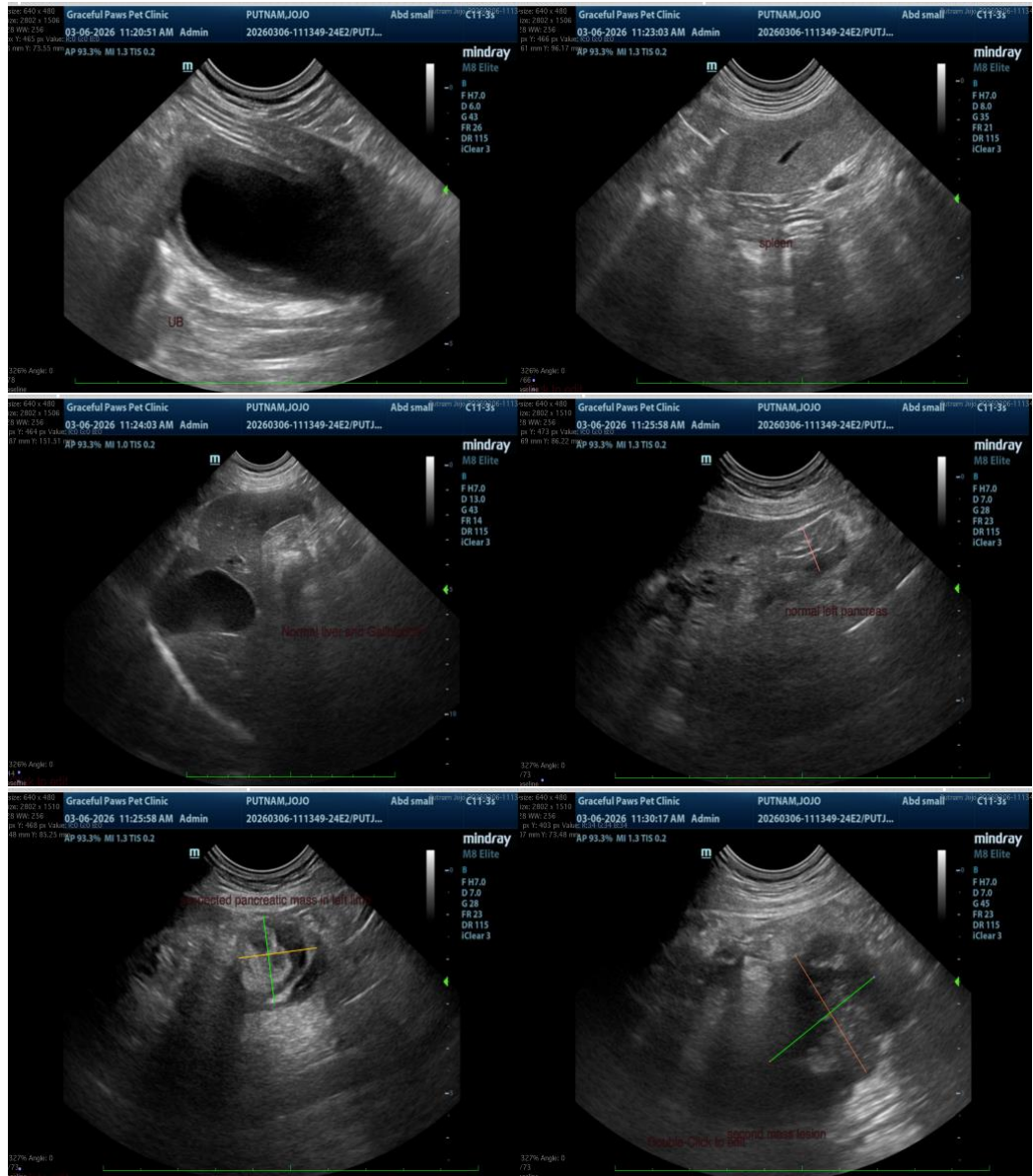
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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