



PATIENT

Osito Smith

SPECIES

Canine

BREED

Terrier Mix

SEX

MN

AGE

7 years

WEIGHT

22 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

**IMAGING
PERFORMED BY**

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

MountainView Animal
Hospital

REFERRING VET

Dr. Razia Sultana

INVOICE

12039

DATE

5/28/2026

PRESENTING CLINICAL SIGNS

Chief Concern / Reason for Ultrasound: Pancreatic cyst /abscess in prev scan= recheck.

Relevant Medical History and Physical Exam Findings: Improving from the last time/ was vomiting, ADR. Recent Diagnostics: Relevant Laboratory Results / Abnormalities: CBC coming bac to normal, mild elevation of neutrophils noted, cpl: wnl (previously abnormal). Current medications (include full name, dosage, and frequency): none.

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.

Prostate is normal in size (8.7 mm in width) echotexture, and echogenicity for a neutered male.

The left kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia or ureteral dilation. A mild, non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted. The left kidney measured 4.6 cm in length.

The right kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. A mild, non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted. No pyelectasia, ureteral dilation or nephrolithiasis. The right kidney measured 4.9 cm in length.

Adrenal Glands

The left 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 7.6 mm.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The right adrenal measures 5.1 mm in width.

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.

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

Gastrointestinal

The stomach has normal wall layering and thickness. The duodenum appears normal in thickness and layering measuring 2.9 mm in width. The colon contains normal contents with normal wall thickness.

Pancreas



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The pancreas is diffusely mildly hypoechoic with no surrounding hyperechoic fat. There is no evidence of a pancreatic cyst or abscess is observed.

Free Abdomen

Mild left iliac lymphadenopathy noted measuring 5.5 mm in width. Right iliac lymph node is also present measuring 4.2 mm in width. Mildly enlarged gastric lymph node measuring 4.3 mm in width. Mild mesenteric lymphadenopathy is present with a representative node measuring 4.9 cm in width.

No free abdominal fluid is seen.

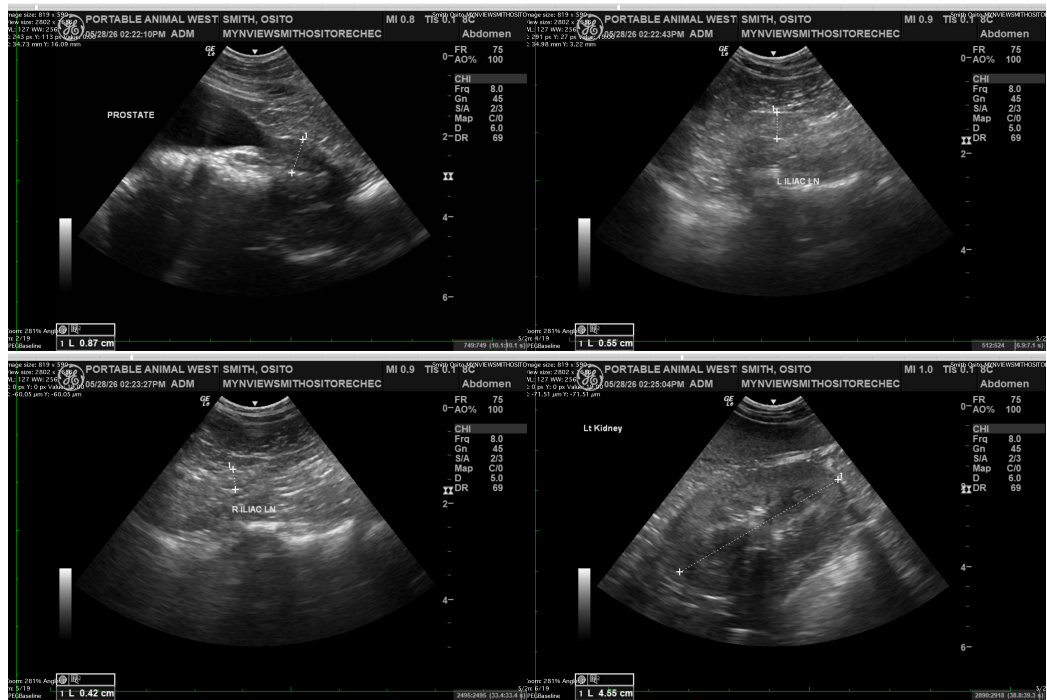
ULTRASONOGRAPHIC FINDINGS

- Mild iliac, gastric and mesenteric lymphadenopathy. This is most likely reactive and less likely neoplastic.
- Mild, non-obstructive dystrophic mineralization present within both kidneys.
- Mild gallbladder debris – Appears clinically incidental.
- Mildly hypoechoic pancreas. There is no evidence of a pancreatic cyst or abscess observed. Patient does not appear to currently have clinically significant pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given that the patient appears to have improved clinically, I recommend period monitoring of the pancreas via ultrasound and/or cPLI. Otherwise, at this time, the pancreas appears to be healing.

There is no evidence of a pancreatic cyst or abscess is observed.



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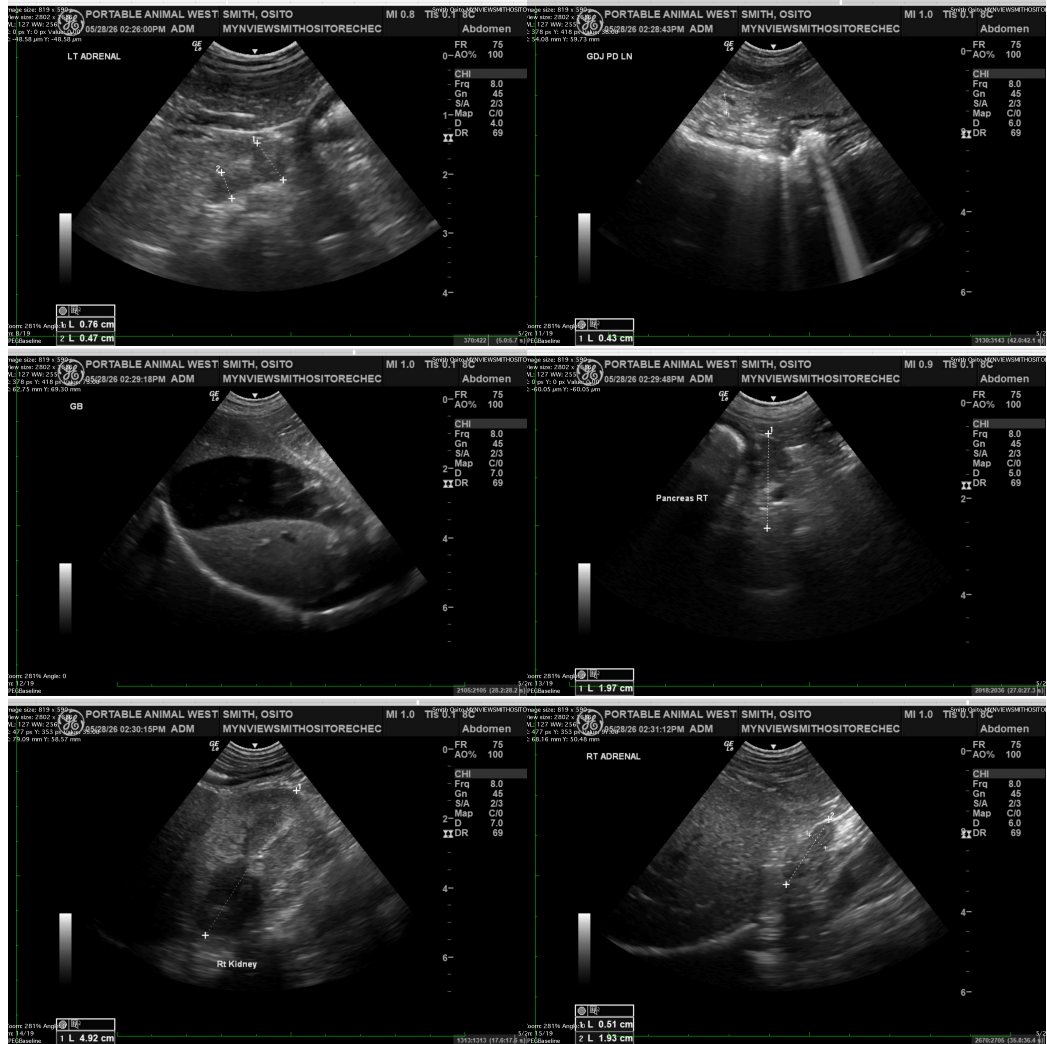
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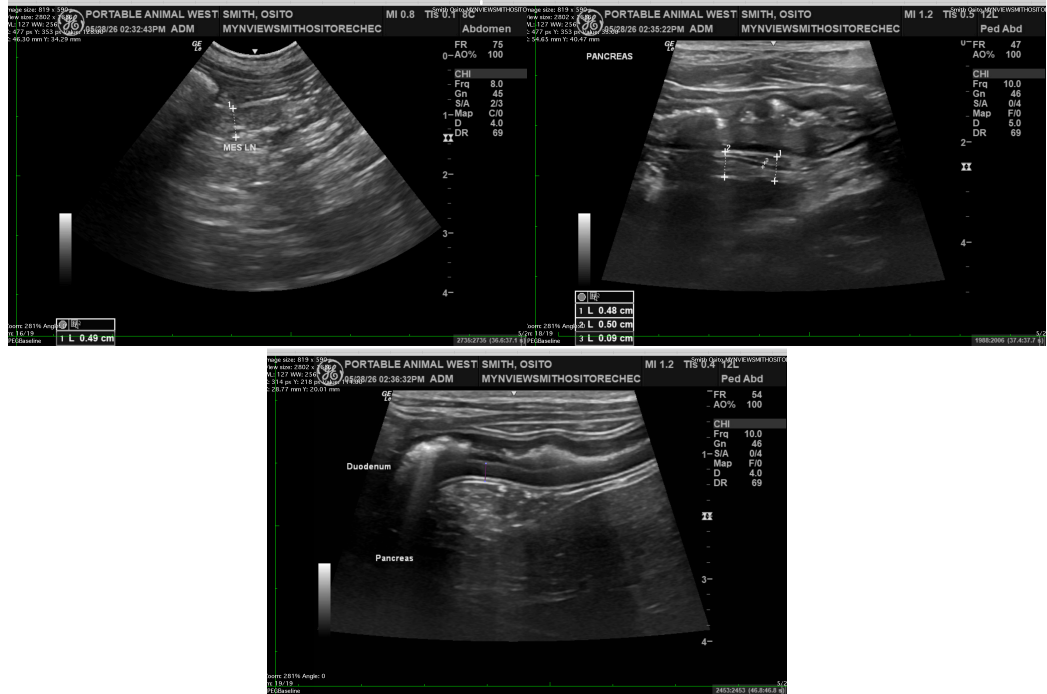
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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