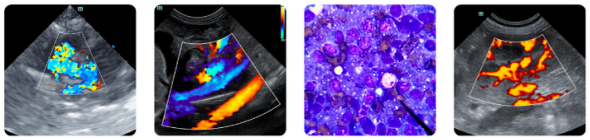

PATIENT

Twyla Bo Budz

SPECIES

Canine

BREED

Yorkie

SEX

MN

AGE

5.5 years

WEIGHT

4.0 kg

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Carlie Koltek, RVT

HOSPITAL NAME

Tuxedo Animal Hospital

REFERRING VET

Dr. Pat Dorval

INVOICE

12101

DATE

6/5/2026

PRESENTING CLINICAL SIGNS

Bo has a history of pancreatitis. He is clinically well but his lipase and CPLi remain significantly elevated. AUS from 2024 attached.

Current meds: prednisone 0.30mg SID.

Abnormal PE/Chem/CBC/UA Results: CBC WNL CHEM: UREA 13.5mmol/L (2.5-9.6) LIPA 4392 U/L (200-1800) Quant PLI 613 U/L (0-200) prev 566 April 2026, 310 Feb 2026.

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 3.5 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 3.6 cm in length.

Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 3.2 mm and the caudal pole measures 4.1 mm.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 3.2 mm and the caudal pole measures 4.3 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 is normal in thickness and layering.

The visible small intestine demonstrates areas of moderate to severely thick muscularis layer relative to mucosa (disruption of the normal 1:3 muscularis:mucosa ratio). Small intestinal submucosa is slightly irregular, thick and hyperechoic, without evident loss of layering appreciated. The lumen of the small intestine is empty with no evidence of obstruction or foreign material.

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Colon contains normal contents with normal wall thickness.

Pancreas

The observed pancreas appears appropriately isoechoic to surrounding omental fat. The capsule is mildly irregular in shape. Parenchyma is mildly heterogenous and coarse. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There are several prominent mesenteric lymph nodes present with a representative node measuring 4.5 mm in width.

No free abdominal fluid is seen.

ULTRASONOGRAPHIC FINDINGS

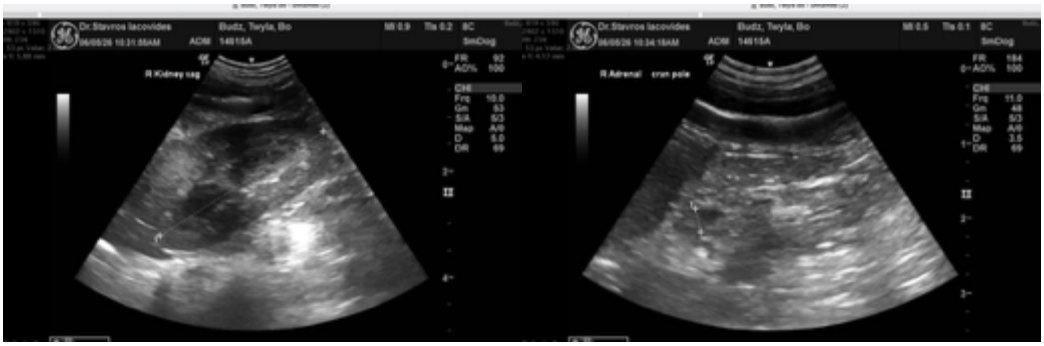
- Moderate inflammatory bowel disease (IBD) pattern – Thick muscularis has been reported with infiltrative bowel disease including both benign inflammatory disease as well as infiltrative neoplasia such as lymphoma. No loss of layering or distinct characteristics of malignancy are present. Therefore, differentials cannot be further ranked without tissue sampling.
- Pancreatic age-related remodeling/Chronic pancreatitis – Mild irregularities are consistent with benign age-related change. Low-grade smoldering chronic pancreatitis cannot be ruled out and should be suspected in the face of appropriate clinical signs.
- Mesenteric lymphadenopathy. Appear reactive due to patient's underlying GI and pancreatic disease and less likely to be neoplastic.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Findings are similar to that seen on previous ultrasound. Patient still has evidence of chronic GI disease and is most likely the underlying cause or contributing to the patient's recurrent pancreatitis. At this time, this patient does not appear to have active pancreatitis.

If not already performed, a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

Recommend GI Biopsies, either surgically or endoscopically, to obtain GI samples for histopathology to determine the underlying cause of patient's GI disease and to formulate a focused treatment plan. Expect pancreatic inflammation will improve/resolve with treatment for patient's GI disease.



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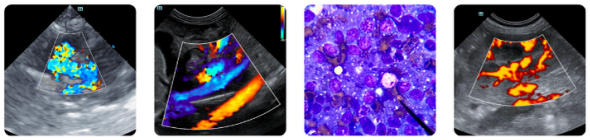

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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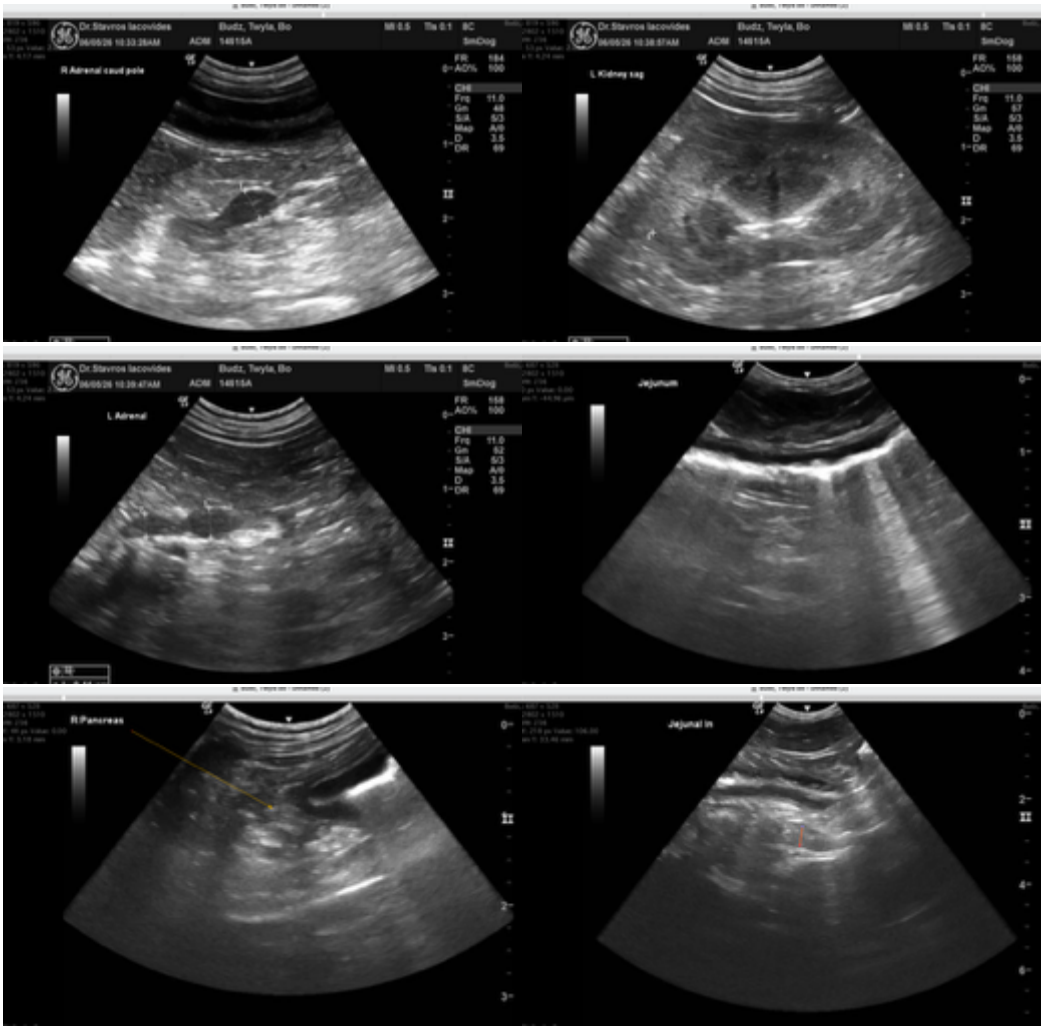

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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