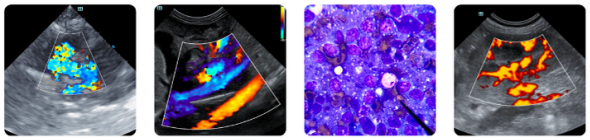


PATIENT

Leo Murphy

SPECIES

Canine

BREED

Maltese

SEX

MN

AGE

8 years

WEIGHT

8 lbs

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Julia Bakker

HOSPITAL NAME

Orange Blossom Veterinary Imaging

REFERRING VET

Dr. Melisa Cardenas

INVOICE

12121

DATE

6/8/2026

PRESENTING CLINICAL SIGNS

Patient presented end of March for skin infection and was sent home with cefpodoxime at a higher dose, then presented in May for vomiting, inappetence and lethargy. Antibiotic was discontinued and he was hospitalized for a couple of days on IV fluids and treated as a pancreatitis case. BW did show mild elevation of cPL and WBC and neutrophils with suspected bands. He was improving and eating well until Saturday night had a few accidents in the house with loose stool which he never does and just doesn't want to eat. On exam today, temp was at high end of normal, slightly tacky mm. History of calcium oxalate stones as well, and a cystotomy to remove them, he is only on c/d food. FNA of mass effect/abscess/vs other near mesentery taken today, cytology pending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

In the ventral cranial aspect of the urinary bladder there is a 4.5 mm x 5.2 mm hyperechoic urolith adhered to the urinary bladder. Appears the patient previously reported urolithiasis has reoccurred. There are multiple other uroliths present in the dorsal caudal aspect of the bladder. A group of stones measure approximately 8.7 mm x 3.5 mm.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed.

Left kidney presents with very mild renal pelvic dilation present measuring less than 1.0 mm in width.

Right kidney measures 3.7 cm in length.

Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 4.4 mm and the caudal pole measures 5.8 mm.

The right adrenal gland is not clearly visualized.

Spleen

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

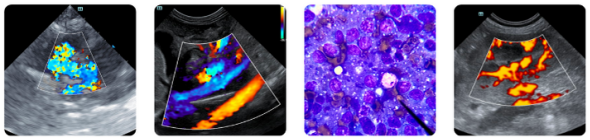
Liver

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 visible stomach wall is normal in thickness and layering. The lumen is mildly distended with primarily fluid as well as some echogenic non-shadowing luminal contents and gas consistent with



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normal chyme. There is no evidence of obstruction, foreign material, or infiltrative disease. Pyloric outflow tract appears patent. *See Free Abdomen*

Small intestines have normal wall layering and thickness. Colon contains normal contents with normal wall thickness.

Pancreas

The visible pancreas is normal in size with normal echogenic parenchyma and surrounded by normal peri-pancreatic mesentery. *See Free Abdomen*

Free Abdomen

There are no enlarged abdominal lymph nodes seen on this exam.

No free abdominal fluid is seen.

In the right aspect of the abdomen, in the area where the right limb of the pancreas would reside, there is a hypoechoic, irregularly shaped mass lesion present with marked surrounding hyperechoic fat. This appears to be a pancreatic mass and less likely but possibly a pancreatic abscess.

ULTRASONOGRAPHIC FINDINGS

- Multiple uroliths in the urinary bladder.
- Mild age-related kidney changes with left sided renal pelvic dilation.
- Mass lesion present in the right aspect of the abdomen. Appears to be a pancreatic mass and less likely, but possible, a pancreatic abscess. Consider pancreatic carcinoma as a top differential. Aspirate of this lesion has already been taken.
- Moderate gallbladder debris - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.
- Suspect gastric ileus – most likely due to suspected gastric mass causing regional inflammation leading to gastric ileus.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If clinically warranted, consider a cystotomy and sending the stones to University of Minnesota Urolith lab for a definitive diagnosis.

If not already performed, recommend urine culture and antibiotic sensitivity to rule out pyelonephritis. Given the appearance of both kidneys recommend full staging, monitoring, and managing per International Renal Interest Society (IRIS) guidelines.

Aspirate of the abdominal mass lesion has reportedly already been taken, recommend submission for cytology. If the mass being pancreatic in origin is ruled out based on cytology, and the cytology is inconclusive as to what the tissue of origin is for this mass, consider a CT scan to further characterize this mass. If cytology is suggestive of pancreatic abscess, recommend starting appropriate antibiotic therapy. However, given the appearance of the mass, it is unlikely that medical management would

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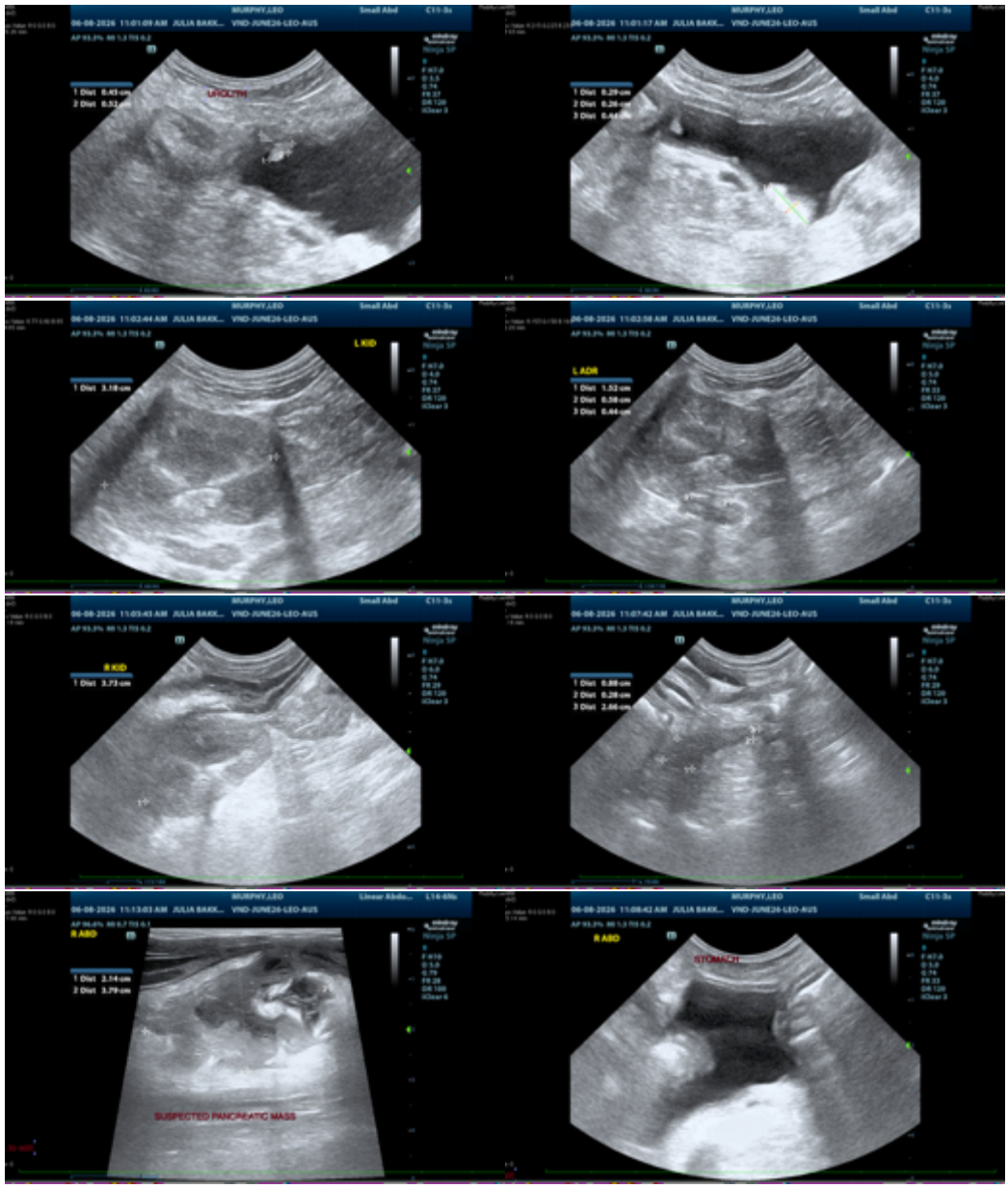
resolve this problem. If an abscess is confirmed, recommend immediate referral to a Veterinary Surgeon to discuss surgical debridement of suspected pancreatic mass. Prognosis at this time appears grave.



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.

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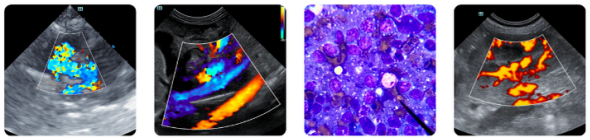

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