



PATIENT

Thor Fox

SPECIES

Canine

BREED

German Shepherd

SEX

Neutered Male

AGE

11 Years

WEIGHT

43.7 kg

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Cassie Jackson

HOSPITAL NAME

Huntsville Animal
Hospital

REFERRING VET

Dr. Hannah Davies
Smith

INVOICE

16449

DATE

06/08/26

PRESENTING CLINICAL SIGNS

Pancreatitis ongoing for several months. Originally presented with vomiting and diarrhea. Eating well, vomiting and diarrhea resolved now but patient remains highly anxious and tense on abdominal palpation. Seems more uncomfortable at night, pacing and restless. Mild weight loss as well.

CBC NSF Chemistry - Amylase >2500, Lipase 5334, cPL 1589 (0-200) - has been elevated since March, trending up. CRP normal.

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. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted. The left kidney measured 8.4 cm in length.

The right kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. The right kidney measured 8.5 cm in length.

Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 6.6 mm and the caudal pole measures 7.7 mm.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 7.3 mm and the caudal pole measures 7.1 mm.

Spleen

The spleen is diffusely enlarged in appearance which is most likely a normal breed variation. In the head of the spleen, there is an ill-defined isoechoic lesion that does not appear to be displacing. The capsule measures 1.0 cm in diameter. This is most likely a benign lesion, most likely extramedullary hematopoiesis, less likely either infiltrative neoplasia such as lymphoma or mast cell, unlikely this lesion is hemangiosarcoma.

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 visible gallbladder wall is diffusely hyperechoic and mildly thickened at 3.2 mm width. The appearance of the gallbladder wall may be suggestive of cholangitis, specifically bacterial cholangitis.

Gastrointestinal

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



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The visible stomach wall is normal in thickness and layering. The stomach is moderately distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. If patient was appropriately fasted, delayed gastric emptying could be considered. Non-shadowing foreign material is considered less likely but cannot be definitively ruled out. If clinical signs are consistent (vomiting, etc.), recommendations include supportive medical care, 24 hours fasting and re-image.

Pancreas

The visible left and right pancreas is normal in size with normal echogenic parenchyma and surrounded by normal peri-pancreatic mesentery.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

- Left renal mineralizations.
- Full stomach.
- Mildly thickened gallbladder wall.
- Splenic lesion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend ultrasound guided fine needle aspirate of the gallbladder to obtain bile samples and submit for aerobic/anaerobic bacterial culture and cytology. If owners elect not to pursue this procedure, consider starting an antibiotic such as amoxicillin for 30 days and rechecking patient's cPLI liver values and the appearance of the gallbladder via ultrasound.

Recommend fine needle aspirate of the splenic lesion to rule out neoplasia. If cytology is indeterminate as to the cause of the lesion, recommend rechecking every two to three months via ultrasound to verify that this is a stable lesion. If this lesion does appear to be growing in size or number, recommend splenectomy for histopathology.



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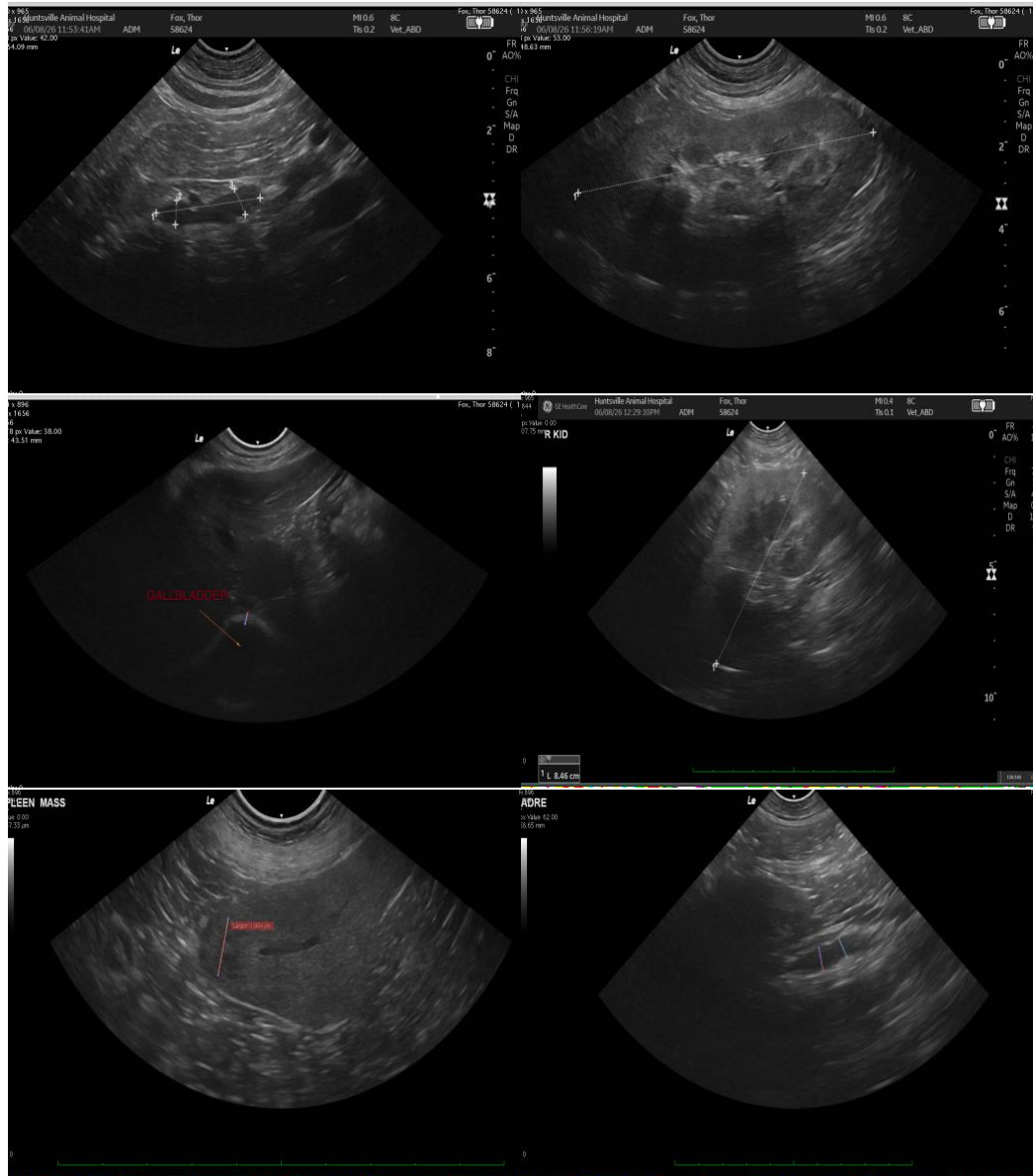
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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