



PATIENT

Blue Taurinsky

SPECIES

Canine

BREED

Labrador Retriever x

SEX

Neutered Male

AGE

4 Years 5 Months

WEIGHT

65

INTERPRETED BY

Karen Ebersole, DVM,
DABVP (Canine and
Feline)

IMAGING PERFORMED BY

Dr. Cameron Johnson

HOSPITAL NAME

Craig Road Animal
Hospital

REFERRING VET

Dr. Cameron Johnson

INVOICE

72161

DATE

11/27/25

PRESENTING CLINICAL SIGNS

Blue is a 4 yr 5 mo old MN Lab Mix presenting for not eating, vomiting, and diarrhea. O notes that P has been not eating much for about a week and having vomiting/diarrhea for 2-3 weeks. P seems lethargic as well. P is doing the downward dog position often. O has been giving P steak and other fatty foods. P went to Ann Road AH recently who prescribed simplicef and famotidine.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder was normal in size and shape. The bladder wall was normal in thickness for the volume of urine present. The bladder contents were anechoic with echogenic sediment, without visible discrete urolith formation. There was no visible inflammation in the bladder or urethra.

The iliac trifurcation was normal in structure and volume. There was no visible lymphadenopathy.

Both kidneys were normal in size with a mildly irregular capsule contour. There was a moderate increase in cortical echogenicity. The corticomedullary junction was mildly indistinct. There were variably sized, non-obstructive medullary mineralization present without pelvic dilation. The left kidney measured 6.1 cm in length. The right kidney measured 5.9 cm in length.

Adrenal Glands

The left adrenal gland was imaged indistinctly but appeared overtly normal in size and shape.

The right adrenal gland was normal in size and shape, with a smooth capsule contour. The parenchyma displayed normal echogenicity. There was no evidence of capsular expansion or pericapsular inflammation. There were no nodules or masses visible. The right adrenal gland measured 0.36 cm at the caudal pole and 0.63 cm at the cranial pole.

Spleen

The spleen was normal in size and shape, with an overall smooth capsule contour. The parenchyma was mildly heterogenous, without overt nodules. The parenchymal changes likely represent benign changes such as extramedullary hematopoiesis or remodeling that can happen with age. The likelihood of inflammatory or neoplastic disease is considered low. The splenic vein was mildly tortuous.

Liver

The liver appeared subjectively normal in size and shape with an overall smooth capsule contour. The parenchyma was diffusely mildly heterogeneous with mildly increased portal markings.

The gallbladder was increased in size and moderately rounded with a moderate to large amount of echogenic sludge. The gallbladder wall may be thickened. The visible cystic and common bile duct appeared normal but were partly obscured by the adjacent pathology.

Gastrointestinal

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The gastric body wall measured 0.71 cm width. Mild gastric distension with primarily anechoic fluid was present. The pyloric outflow appeared thickened as well. The walls of the pylorus were hypoechoic with possible early loss of layering. Adjacent to the pyloric



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outflow there was an irregular, rounded, hypoechoic lesion with marked inflammation. This may represent a lymph node or pancreas. This structure measured approximately 2.6 cm x 1.5 cm.

The small intestine appeared normal in thickness and layering. The jejunal lymph node was normal in appearance and measured 3.7 cm x 0.60 cm. The colon wall appeared normal in thickness and layering.

Pancreas

The pancreas was heterogeneous in the region of the left pancreas. The right pancreas was hypoechoic. The right pancreas was not completely visualized due to adjacent inflammation.

Free Abdomen

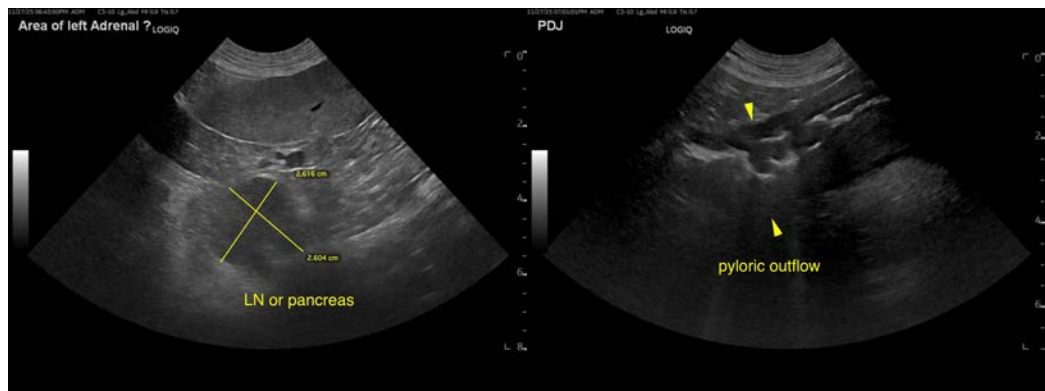
No visible free fluid within the abdomen.

ULTRASONOGRAPHIC FINDINGS

- Severe gastritis and pyloric inflammation.
- Irregular, hypoechoic density adjacent to the pyloric outflow – ddx severe lymphadenopathy versus potential pancreatitis or pancreatic lesion.
- Severe cranial abdominal mesenteric inflammation.
- Rounded gallbladder with moderate to marked echogenic sludge – no visible adjacent free fluid.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is severe cranial abdominal inflammation. Hospitalization with IV fluids, analgesia, and antiemetics are all indicated. FNA of the irregular lesion in the cranial abdomen could be considered with the patient under sedation. This clinical and sonographic presentation could represent emerging gastric lymphoma or severe pancreatitis and/or abscess that has been walled off. Further diagnostics will be needed to ascertain.





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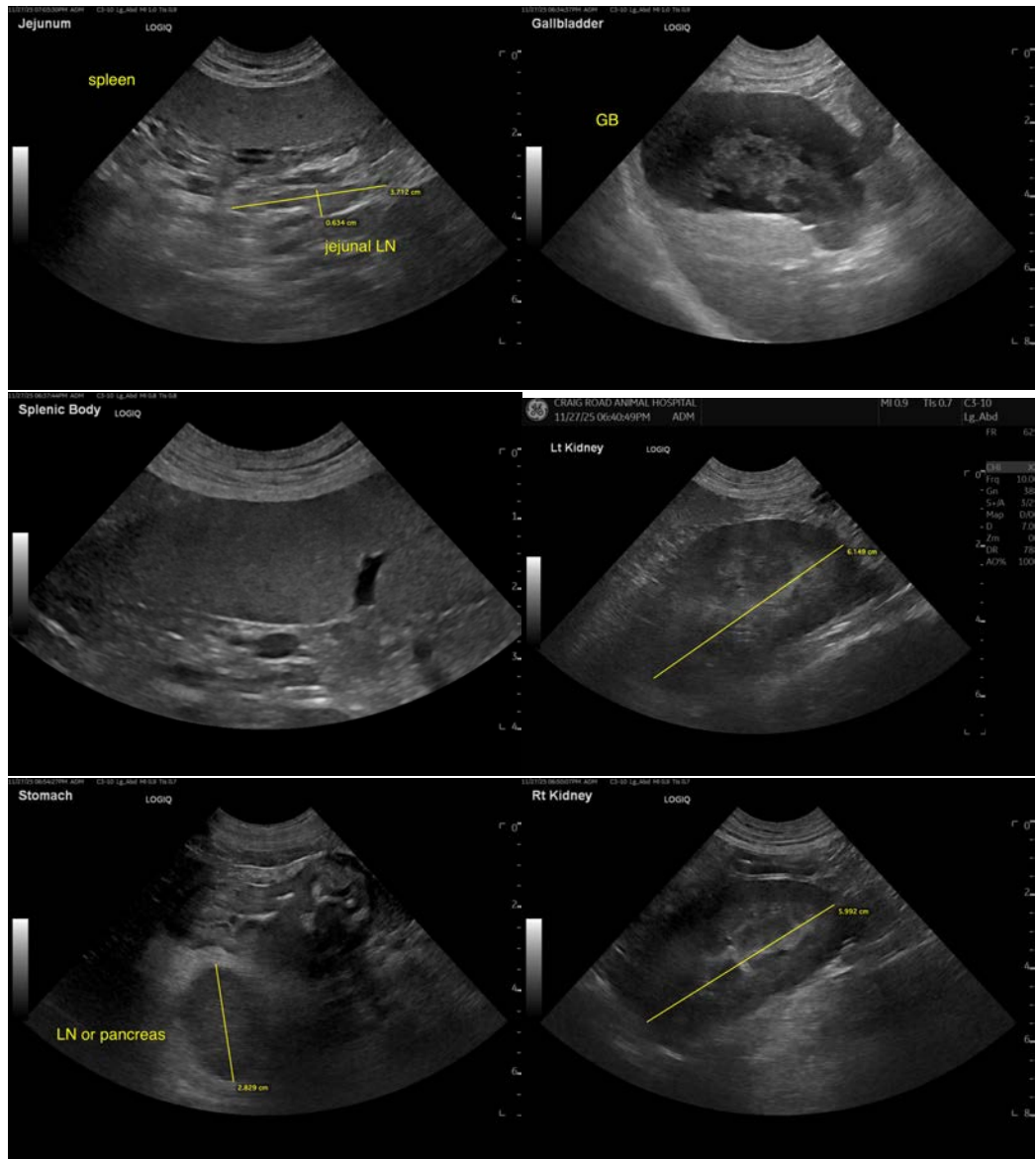
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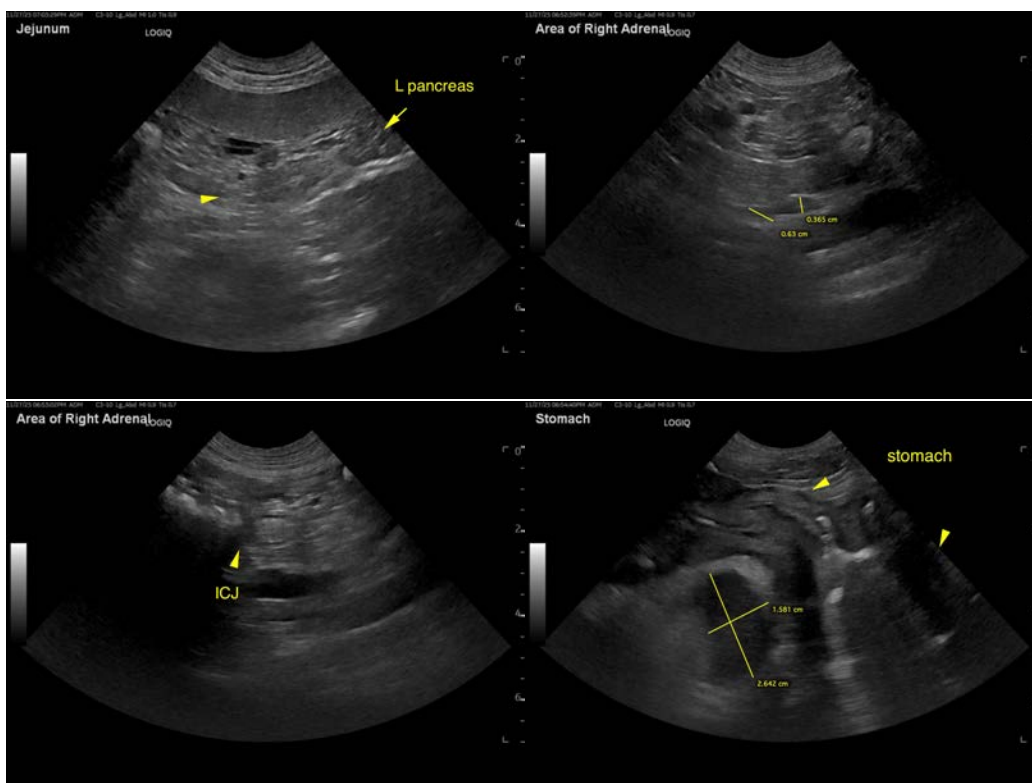
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Karen Ebersole, DVM, DABVP (Canine and Feline practice)
info@SonoPath.com