



## PATIENT

Moose Wykosky

## SPECIES

Canine

## BREED

French Bulldog

## SEX

Neutered male

## AGE

9 years

## WEIGHT

25 lbs

## INTERPRETED BY

Karen Ebersole, DVM,  
DABVP (Canine and  
Feline)

## IMAGING PERFORMED BY

Kevin Moon, DVM

## HOSPITAL NAME

Shiloh VH

## REFERRING VET

Dr. Lisa Wade

## INVOICE

69158

## DATE

11/28/25

## PRESENTING CLINICAL SIGNS

History: Seen 11/17 for acute vomiting <24h, marked hyporexia 3-4 days (only eating if hand fed) Pancreatic lipase elevated on BW. No improvement seen on maropitant and sucralfate when p seen again on 11/26 Personal and family history of pancreatitis  
Abnormal PE/Chem/CBC/UA Results: Catalyst Pancreatic Lipase 350 U/L (<200) HCT 56%

## 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 pelvic urethra was visualized to a depth of 3.0 cm past the cystourethral junction.

The iliac trifurcation was normal in structure and volume. There was normal vascular perfusion with no evidence of thrombus formation on doppler exam. 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 4.3 cm. The right kidney measured 4.3 cm.

The residual prostate was normal in size, shape, and echogenicity.

### *Adrenal Glands*

The adrenal glands were not clearly visualized. The region of the adrenals appeared free of overt pathology.

### *Spleen*

The spleen was normal in size, shape, and position. There was an overall smooth capsule contour. There were multifocal, variably sized, hypoechoic parenchymal nodules. There was capsule expansion with the parenchymal nodules and the largest nodule measured 0.9 x 0.6 cm.

### *Liver/Gallbladder*

The liver was normal in size and shape, with a smooth capsule contour. The hepatic parenchyma displayed normal echotexture and portal markings. The hepatic vasculature was normal in volume and structure. The gall bladder was increased in size and rounded in shape. The gall bladder wall was normal in thickness and physical layering. There was a moderate amount of echogenic sludge. There was no overt evidence of obstruction in the cystic and common bile duct. However, there was significant regional inflammation associated with other pathology that obscured view of the common bile duct.



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## *Gastrointestinal*

There was regional, moderate to severe gastric wall thickening with a loss of normal layering. The thickened gastric wall was hypoechoic with an asymmetrical luminal surface. Mild retained anechoic fluid was present in the gastric lumen without evidence of foreign material. Gastric wall thickness measured 1.3 cm. The pyloric outflow appeared hypertrophied with redundant gastric folds. There was no visible overt obstruction to outflow present. There was diffuse, mesenteric inflammation adjacent to the stomach and the gastric lymph node was rounded and hypoechoic. The small intestine displayed normal curvilinear patterns throughout. Subjectively normal wall thickness and layering was maintained. The visible colon wall was normal in thickness and layering.

## *Pancreas*

The pancreas was enlarged in size with an irregular, ill-defined capsule contour. The pancreas was asymmetric with hypoechoic to heterogeneous parenchyma. The surrounding mesentery was strongly hyperechoic.

## *Free Abdomen*

There was markedly enlarged, hypoechoic lymph nodes at the mesenteric root. The lymph nodes were rounded, with a loss of normal length to width ratio. The surrounding mesentery was hyperechoic, likely representing inflammation. An example measured 2.4 cm in length and 1.0 cm in width.

## ULTRASONOGRAPHIC FINDINGS

- Irregular gastric wall thickening with early loss of layering with regional mesenteric inflammation and lymphadenopathy.
- Active pancreatitis, severe.
- Mesenteric lymphadenopathy, severe, DDX severe reactive versus potential for metastatic/infiltrative.
- Splenic nodules, hypoechoic, multi-focal.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is severe inflammation in the cranial abdomen including the stomach, pancreas and adjacent lymph nodes. This could represent emerging neoplasia such as lymphoma. Sampling will be necessary for further assessment. Endoscopy may be helpful for biopsies and/or ultrasound-guided FNA of the splenic nodules, pancreas and/or lymph nodes. Aggressive supportive care is indicated pending further diagnostics.



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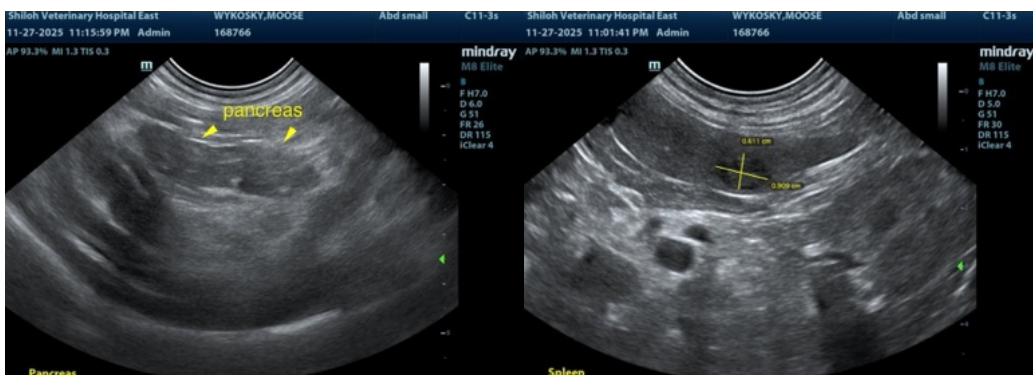
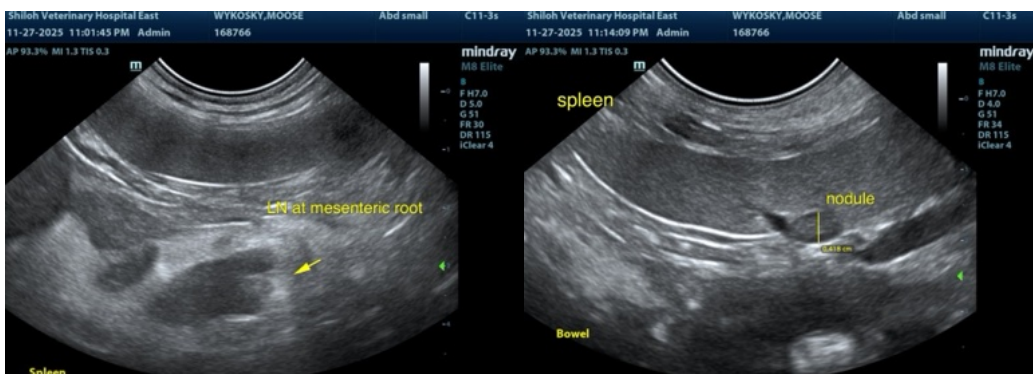
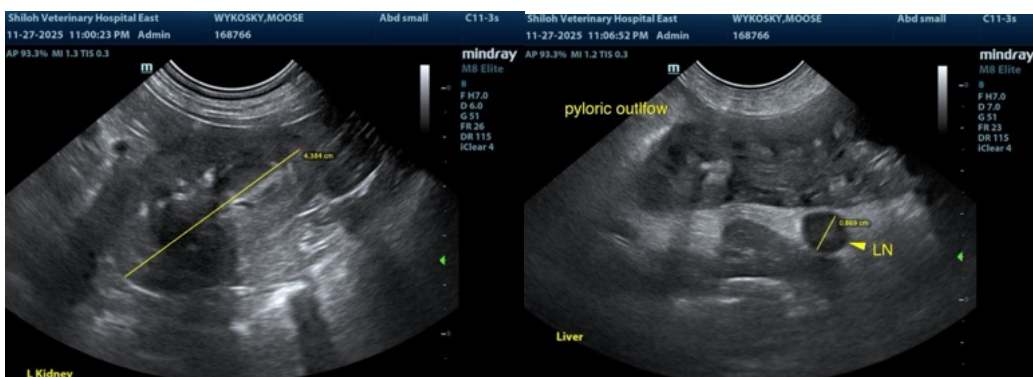
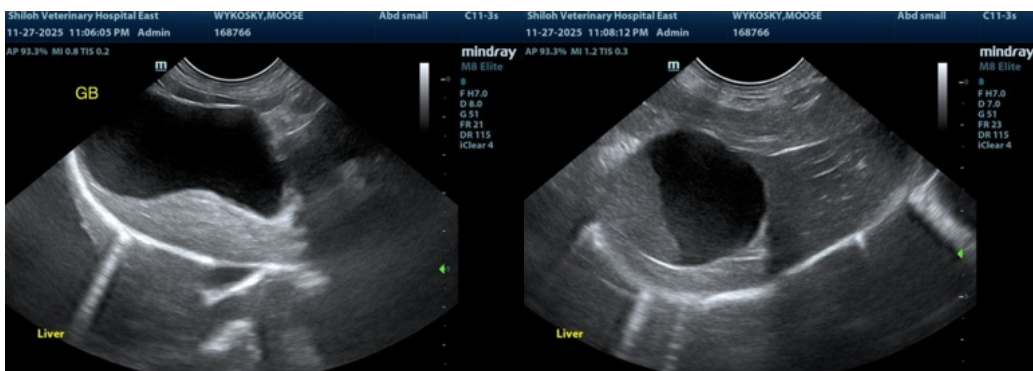
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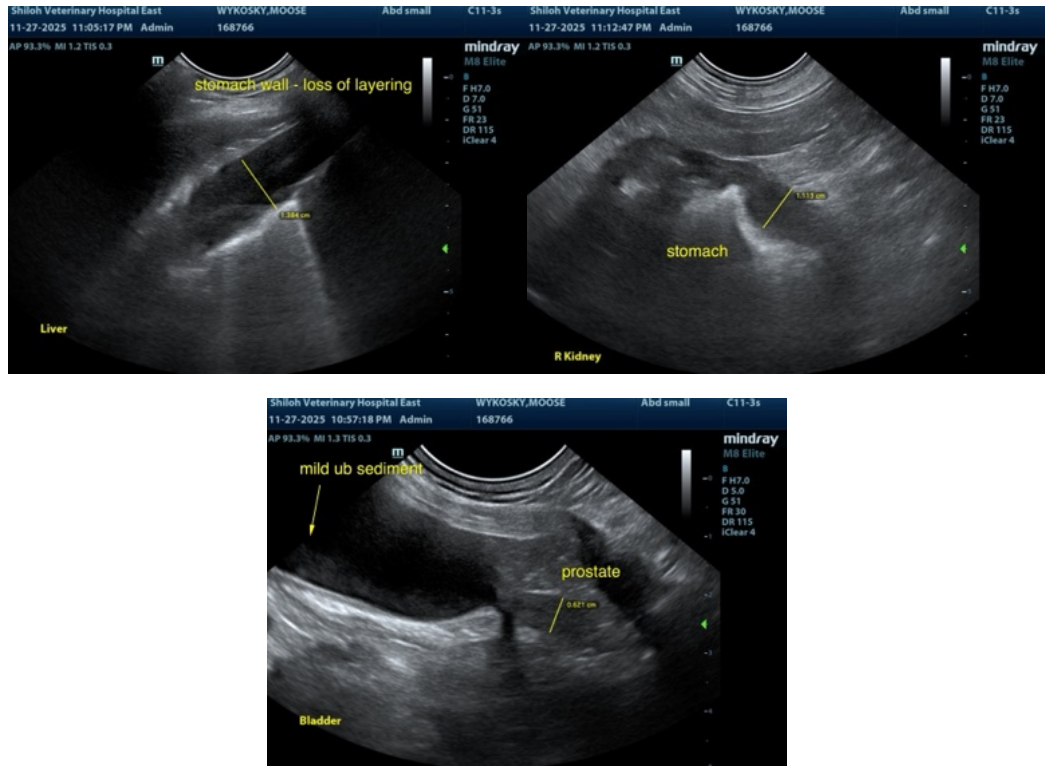
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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