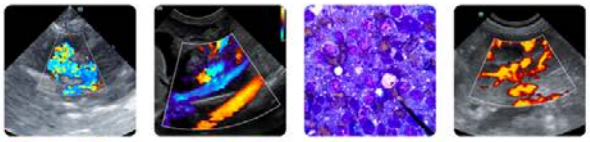


PATIENT

Panzer Sheppard

SPECIES

Canine

BREED

GSD

SEX

Neutered Male

AGE

13 Years

WEIGHT

60 lbs

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Nikki Kollman, RVT

HOSPITAL NAME

Airpark Animal Hospital

REFERRING VET

Dr. Brooke Ridinger

INVOICE

75289

DATE

5/20/25

PRESENTING CLINICAL SIGNS

Presenting for intermittent inappetence, weight loss, increased salivation, and increased water consumption. Patient is described as licking excessively (self, floor, bed, wall, legs), and is restless at night, frequently getting up for water. Owner reports soft stool with one episode of mild diarrhea earlier in the week. No vomiting or coughing. progressive weight loss: down from 90 lbs previously to 60 lbs currently, with 9 lbs lost since December and 20 lbs since March 2025. Weakness and stumbling in hind limbs, with occasional collapse and need for assistance to rise. Current medications: carprofen twice daily, gabapentin once daily (twice daily causes lethargy), amantadine 1.5 tablets once daily, and eye drops. Previous bloodwork in December showed mild elevation in lipase (300).

Abnormal PE/Chem/CBC/UA Results: Rule out pancreatic mass/neoplasia Abnormal PE/Chem/CBC/UA Results: mild lymphopenia, monocytosis creat 2.5, lipase 1967, pancreatic lipase 593

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The visualized areas of prostate and surrounding tissue appear normal. Unfortunately, the prostate is not fully visualized likely due to its intrapelvic location. Correlate with rectal exam findings.

The left kidney has a normal shape and size (6.73 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (7.52 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

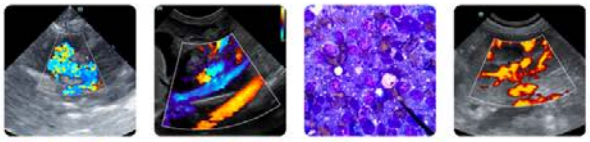
Adrenal Glands

The left adrenal gland is “plump” measuring 0.89 cm at the cranial pole and 0.94 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect is visualized.

Spleen

The spleen is subjectively normal in size (1.62 cm). The spleen echotexture is mildly mottled, the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.



PATIENT

Panzer Sheppard

SPECIES

Canine

BREED

GSD

SEX

Neutered Male

AGE

13 Years

WEIGHT

60 lbs

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Nikki Kollman, RVT

HOSPITAL NAME

Airpark Animal Hospital

REFERRING VET

Dr. Brooke Ridinger

INVOICE

75289

DATE

5/20/25

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gall bladder lumen is significantly distended. Some areas of the wall appear mildly thickened with adherent debris. There is a large amount of primarily non-organized echogenic debris. Some of the debris appears adhered to the gallbladder wall, which is hyperechoic and prominent with some mild regional inflammation. There is no evidence of bile duct dilation.

Gastrointestinal

The stomach contains moderate fluid. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Duodenum wall measures 0.38 cm. Jejunum wall measures 0.33 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Mildly mottled spleen – The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.

- Large gallbladder debris with debris adhered to the gallbladder wall and a mildly thickened wall with mild surrounding inflammation – Findings could be consistent with cholecystitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gallbladder is prominent with a large amount of debris, some of which is adhered to the gallbladder wall. The gallbladder wall appears mildly thickened with questionable surrounding inflammation. This could be consistent with mild cholecystitis, although no liver enzyme elevations are reported. If this is thought likely, consider treatment with Ursodiol and a course of antibiotic with continued monitoring.

PATIENT

Panzer Sheppard

SPECIES

Canine

BREED

GSD

SEX

Neutered Male

AGE

13 Years

WEIGHT

60 lbs

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Nikki Kollman, RVT

HOSPITAL NAME

Airpark Animal Hospital

REFERRING VET

Dr. Brooke Ridinger

INVOICE

75289

DATE

5/20/25

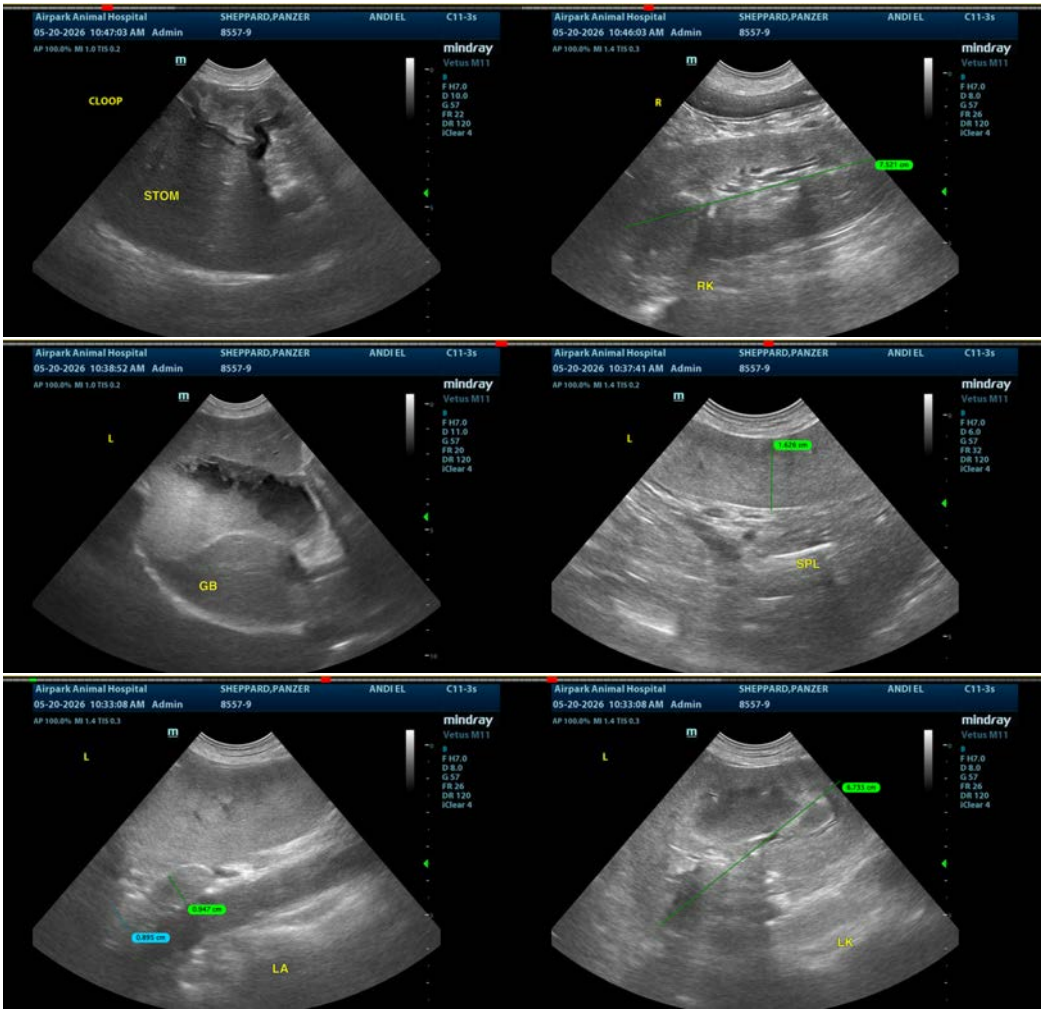
No significant pancreatic inflammation is noted, although a small focal area of unseen pancreatic inflammation cannot be definitively ruled out. Consider empirical therapy for pancreatitis, particularly if a quantitative PLI is elevated.

Recommend 3-view thoracic radiographs to look for pulmonary disease but to also evaluate for any evidence of esophageal disease.

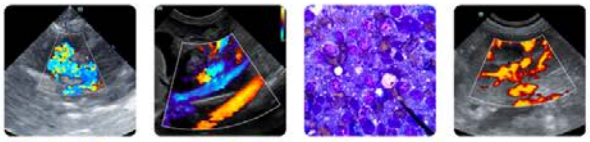
The spleen is very mildly mottled. The significance of this is uncertain. Options would include continued monitoring or a fine needle aspirate.

Consider cardiac evaluation if there is any clinical suspicion.

If symptoms are persistent without an explanation, consider repeat imaging in the future, looking for the development of new lesions or the progression of today's lesions.



SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Panzer Sheppard

SPECIES

Canine

BREED

GSD

SEX

Neutered Male

AGE

13 Years

WEIGHT

60 lbs

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Nikki Kollman, RVT

HOSPITAL NAME

Airpark Animal Hospital

REFERRING VET

Dr. Brooke Ridinger

INVOICE

75289

DATE

5/20/25

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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)

info@sonopath.com