



PATIENT PRESENTING CLINICAL SIGNS

- Klyde Rumpler
- 7 year old MN lab presented for acute onset vomiting, diarrhea, lethargy. Was recently at a camp bow wow.
 - Bloodwork showed an elevated white blood cell count characterized by a band neutrophilia (14.18 k/uL)
 - ultrasound showed concern for cystic structure on the pancreas
- SPECIES**
- Canine

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX & ABDOMEN

BREED

Lab

Plain and post contrast studies are available for review.

COMPUTED TOMOGRAPHIC FINDINGS

SEX THORAX

MN

The bony and surrounding soft tissue structures are within normal limits.

Mild sternal lymphadenomegaly is noted.

AGE

7yr

The cardiovascular structures including the pulmonary vasculature, are within normal limits.

INTERPRETED BY

Nele Eley (Ondreka),
DVM Dr. med. vet.,
DipECVDI

The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

The lung parenchyma presents the expected architecture and attenuation behavior.

Small incidental gas pockets are seen within the esophageal lumen, there is no evidence of abnormal dilation.

HOSPITAL NAME

Animal Clinic
Northview

ABDOMEN

A ~ 4 by 4 cm sized thick walled cavitory lesion is located caudal to the left pancreatic limb. The lesion demonstrates peripheral contrast enhancement with fluid attenuating central cavity. Extensive perilesional fat stranding and regional inflammatory changes are present, consistent with peritonitis.

REFERRING VET

Ariel Taylor

The pancreas is diffusely enlarged with surrounding fat stranding compatible with pancreatitis.

The ileocecal colic junction lies immediately caudal to the cavitory lesion without definite mural disruption or obstruction identified.

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Mild free peritoneal fluid is present.

Mild gallbladder wall enhancement, likely reactive is seen. No biliary obstruction or cholelithiasis is identified.

DATE

01/26/2026

Mild mesenteric lymphadenomegaly is noted.



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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Thick walled peripancreatic lesion with peripheral enhancement and surrounding peritonitis, most consistent with pancreatic abscess or infected pancreatic pseudocyst in association with acute pancreatitis.
- Mild free abdominal effusion, likely inflammatory.
- Mild reactive gallbladder wall enhancement.
- Mild reactive sternal lymphadenomegaly.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The imaging findings support acute pancreatitis complicated by focal cavitory lesion, most compatible with a pancreatic abscess or infected pseudocyst. Regional lymph node abscessation and other mesenteric abscess cannot be ruled out entirely as potential differential diagnosis but are considered less likely.

Note the presence of peritonitis. Definite bowel perforation is not seen.

Sternal lymphadenitis is secondary to the cranial abdominal pathology.

Prompt clinical management for complicated pancreatitis with abscess formation is recommended. Consider ultrasound guided FNA drainage of the cavitory lesion for cytology and culture. Surgical consultation may be indicated if the lesion fails to regress or clinical deterioration occurs. Serial abdominal ultrasound can be considered to monitor lesion size and response to therapy.



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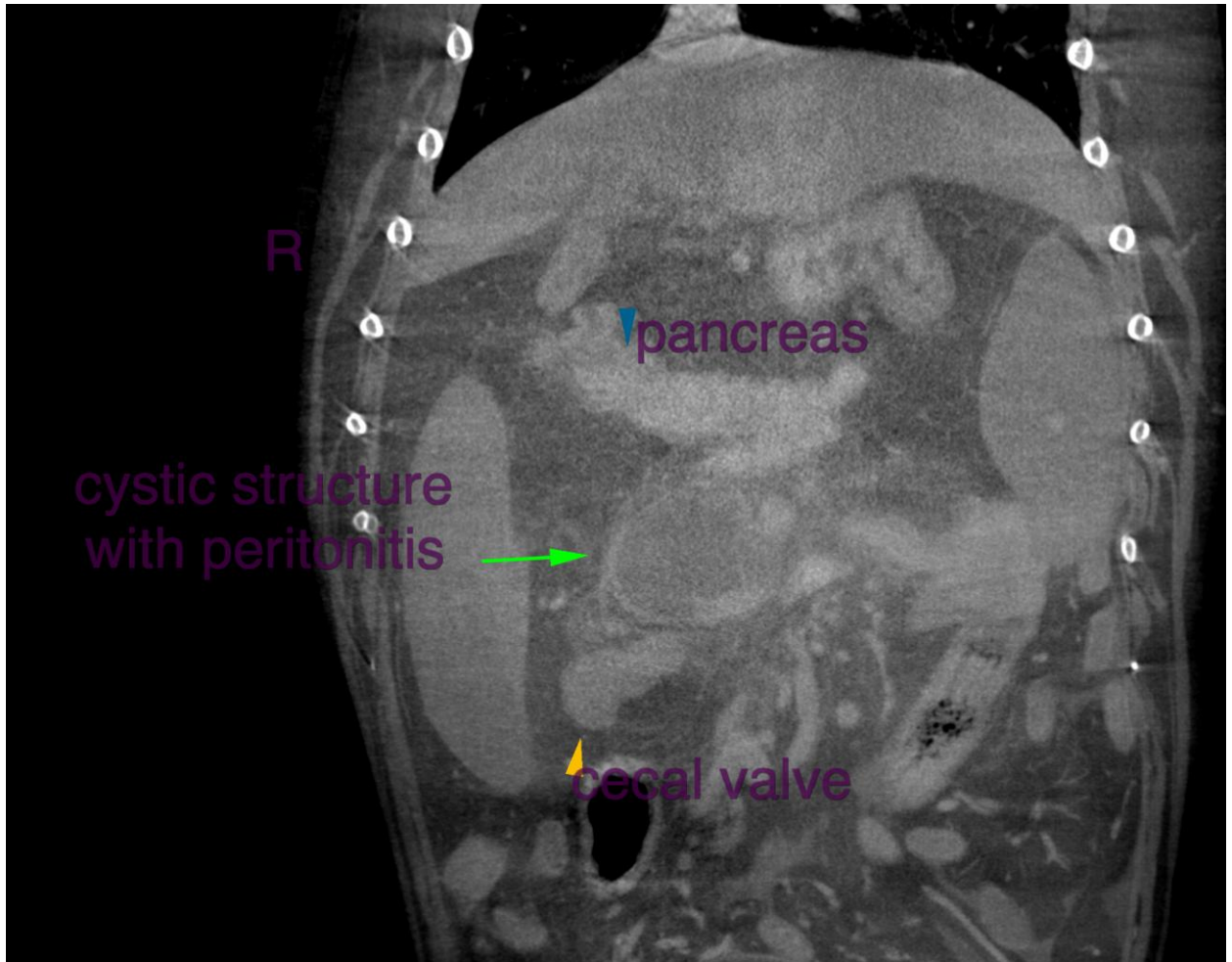
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Canine

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.

BREED

Lab

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