



## PATIENT

Jack Fangman

## SPECIES

Canine

## BREED

Munsterlander

## SEX

MN

## AGE

11Y, 7M

## WEIGHT

61

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Taren Denny LVT,  
Monica Hart

## HOSPITAL NAME

Gentle Doctor Animal  
Hospital

## REFERRING VET

Nicholas Hayes

## INVOICE

72891

## DATE

12-8-25

## PRESENTING CLINICAL SIGNS

Patient has had a decreased appetite and a couple episodes of vomiting over the last 7 days. Abnormal PE/Chem/CBC/UA Results: Abdominal palpation elicited moderate pain.

## RADIOGRAPHIC STUDY OF THE ABDOMEN

Right/left lateral and ventrodorsal views of the abdomen totaling 9 images available for review.

## RADIOGRAPHIC FINDINGS

The abdominal radiographs reveal a granulated soft tissue opacity region within the left cranial abdomen associated with loss of normal serosal detail. This region produces a significant mass effect displacing the stomach cranially and small intestine caudally and toward the right. The opacity is ill-defined with no discrete margins and the small and large intestine display gas accumulation without significant dilation as well as corrugation compatible with functional/reflective ileus. The splenic body and head are partially obscured in this region.

The retroperitoneal space including kidneys and lumbar musculature is unremarkable.

No free abdominal gas is identified.

## RADIOGRAPHIC DIAGNOSIS

- Left cranial abdominal mass effect with granulated loss of serosal detail.
- Reflective intestinal ileus.

## INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The radiographic study reveals a granulated soft tissue opacity with mass effect in the left cranial abdominal compartment. The findings are most consistent with pancreatic enlargement and peripancreatic inflammation. Differential diagnosis, however, also includes pathology in the splenic head or proximal splenic body, mesenteric lymphadenopathy, focal mesenteritis/peritonitis, or carcinomatosis with regional inflammation or fluid accumulation. Radiographic differentiation between pancreatic, splenic, mesenteric lymph node, and other pathology is limited, and abdominal ultrasound is strongly recommended for further evaluation of the radiographic changes.



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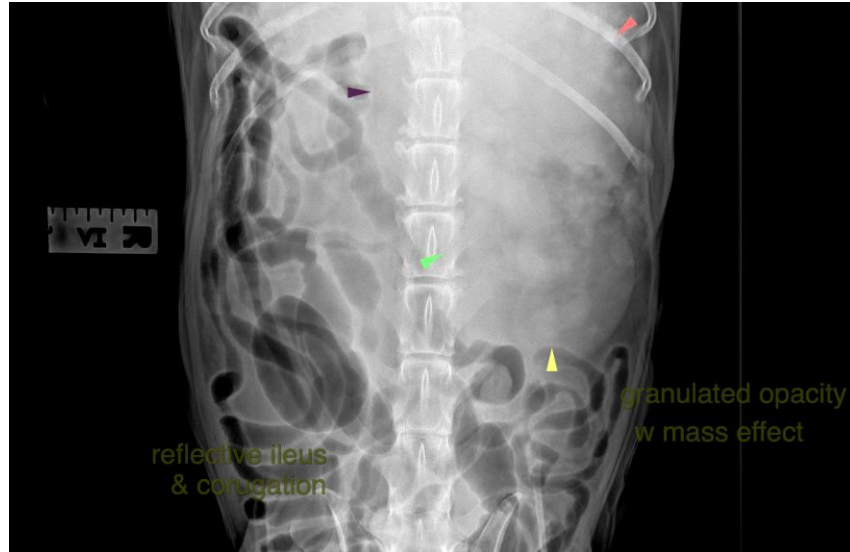
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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