



PATIENT

Kipper Thompson

SPECIES

Canine

BREED

Australian Shepherd

SEX

Neutered Male

AGE

11 Years

WEIGHT

65.4 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Megan Bray

HOSPITAL NAME

Taylorville Veterinary
Clinic

REFERRING VET

Dr. Megan Bray

INVOICE

72921

DATE

2/12/26

PRESENTING CLINICAL SIGNS

Presented on 2/11/26 with a worsening cough, Hyporexia and lethargy, Cardiac arrhythmia, Bilateral prescapular lymphadenopathy, abdominal pain, chronic lameness and arthritis. Been on doxycycline for 3 weeks.

Abnormal PE/Chem/CBC/UA Results: Hypoalbuminemia is worsening, and positive for Lyme and Anaplasma, PLN, mild decrease in sodium potassium ratio but not showing signs of Addison's, doppler blood pressure done - 104, 100, 100, 100 102, 98. See attached labs and chest rads.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder is moderately distended with anechoic urine. No uroliths are seen. The bladder wall is normal in appearance and thickness. No masses are seen.

The prostate is symmetrical and has uniform echogenicity, measuring 9.9 mm in width.

The right kidney presents normal size (6.7 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (6.9 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

Adrenal Glands

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The right adrenal gland measures 6.8 mm in width.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal gland measured 5.5 mm in width.

Spleen

The spleen is normal in size, shape, margination and echogenicity. In the head of the spleen there is a hyperechoic lesion measuring 5.0 mm in width, which is most likely a benign myelolipoma. There is a second hyperechoic in the head of the spleen measuring 5.1 mm in width and is also likely a benign myelolipoma. The spleen has normal blood flow.

Liver

The liver presents normal size and shape with smooth lobar margins. The parenchyma has normal echogenicity with normal echotexture. No focal lesions are seen. Intrahepatic bile ducts are normal. Normal vascular pattern.

The gallbladder presents normal size with anechoic contents. Normal gallbladder wall. No evidence of bile duct distention or obstruction.

Gastrointestinal

The stomach and intestines have normal wall layering and thickness. Colon contains normal contents with normal wall thickness.



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Pancreas

The visible pancreas is normal in size with normal echogenic parenchyma and surrounded by normal peri-pancreatic mesentery.

Free Abdomen

There are no enlarged abdominal lymph nodes seen on this exam. No free abdominal fluid is seen.

ULTRASONOGRAPHIC FINDINGS

- Benign splenic myelolipomas.

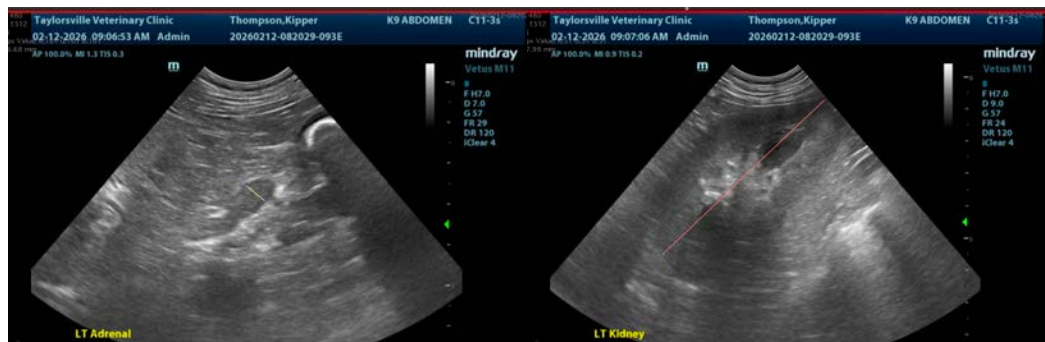
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the patient's clinical problems, UPC reported to be 16, and albumin level of 0.9 g/dl, which is markedly low, and the patient is reported to be Lyme+, it does appear that the patient most likely has Lyme glomerular nephropathy causing severe protein losing nephropathy. The patient has been reportedly Doxycycline. Currently there are two options:

- 1) Referral to discuss possible kidney biopsy to verify diagnosis of severe glomerular disease.
- 2) If owner's elect not to pursue referral and kidney biopsy at this time, recommend starting Mycophenolate at 10 mg/kg by mouth twice daily to hopefully help facilitate recovery of patient's glomerular function.

Also, if the patient is not currently on Clopidogrel, recommend starting the patient on 1-3 mg/kg once daily to help prevent thromboembolic disease due to the patient's severe protein losing nephropathy.

Currently, given that the patient is hypoalbuminemic, the prognosis is guarded to poor with regards to making a full recovery.





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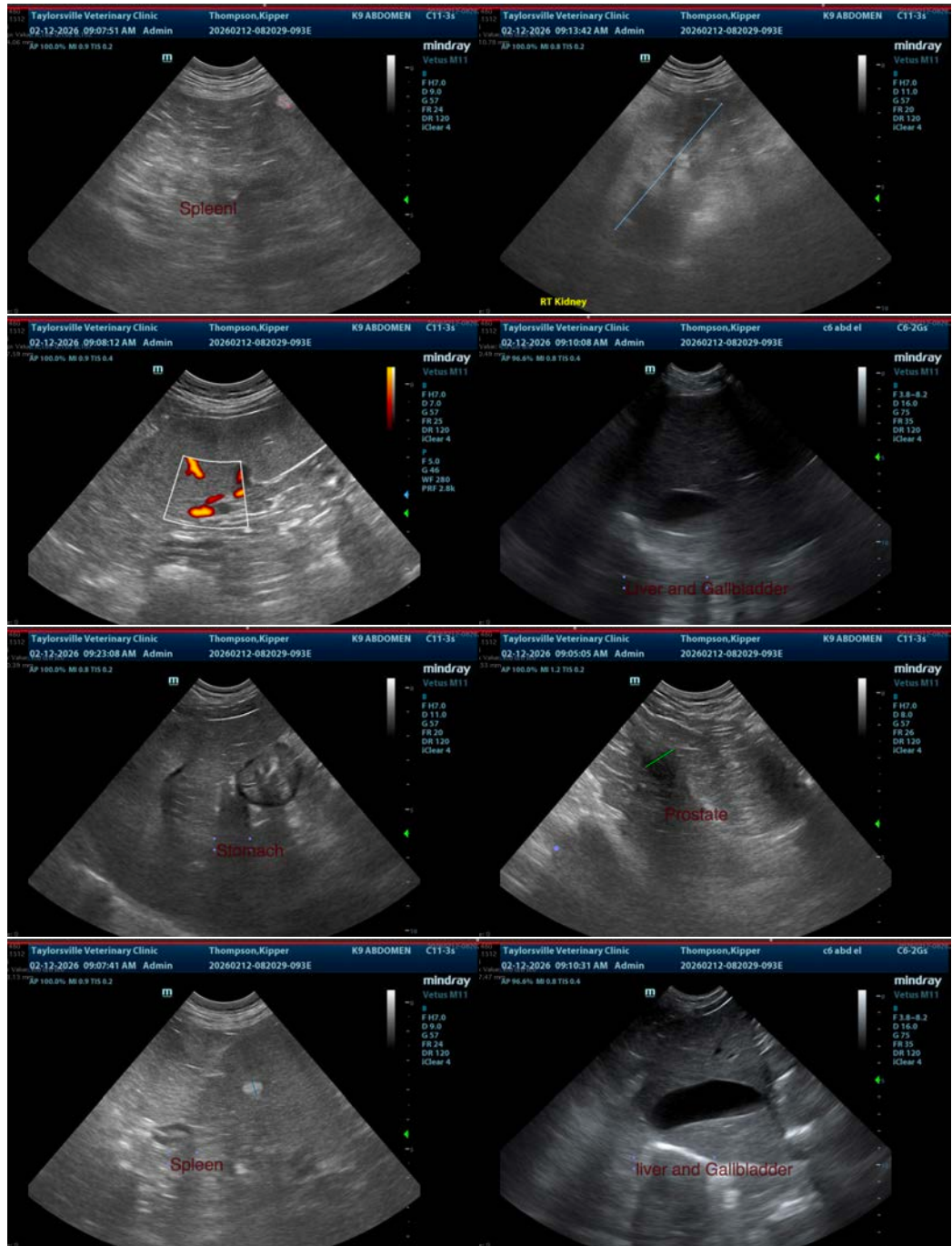
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Greg Kuhlman, DVM, DACVIM (SAIM)

Veterinary Internal Medicine Specialist
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