



PATIENT

Kiba Duque

SPECIES

Canine

BREED

Shiba Inu

SEX

Male

AGE

4

WEIGHT

29

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal
Hospital

REFERRING VET

Dr. Salazar

INVOICE

73067

DATE

2/19/26

PRESENTING CLINICAL SIGNS

Vomiting last week , now has stopped , sibling vomiting as well decreased appetite

Abnormal PE/Chem/CBC/UA Results: CPL 700

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 right kidney presents normal size (5.04 cm) with normal shape and architecture. Normal corticomedullary distinction. There are several hyperechoic foci in the renal pelvis, consistent with mild nephrocalcinosis, clinically incidental at this time.

The left kidney presents normal size (4.6 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

Adrenal Glands

The caudal pole of the right adrenal gland is seen and measures 4.3 mm, which is normal. The cranial pole is not clearly visualized on this exam.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 5.5 mm and the caudal pole measures 6.3 mm.

Spleen

The spleen is normal in size, shape, margination and echogenicity. No masses are seen. Normal blood flow is seen.

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 appears normal, it does contain a small amount of ingesta, potentially consistent with the patient not being fully fasted for this exam or may be due to the patient's suspected mild pancreatitis causing gastric ileus. The intestines have normal wall layering and thickness. Colon contains normal contents with normal wall thickness.

Pancreas

The left limb of the pancreas is diffusely hypoechoic. It measures 1.2 cm in width. There is mild to moderate surrounding hyperechoic fat. There is hyperechoic speckling throughout the left limb. The right limb of the pancreas measures 9.1 mm in width. It is also diffusely mildly hypoechoic with



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hyperechoic striations throughout the parenchyma. With the right limb there is no significant surrounding hyperechoic fat.

Free Abdomen

There is mild mesenteric lymphadenopathy present in the cranial abdomen. A representative node measures 1.8 mm x 6.8 mm.

No free abdominal fluid is seen.

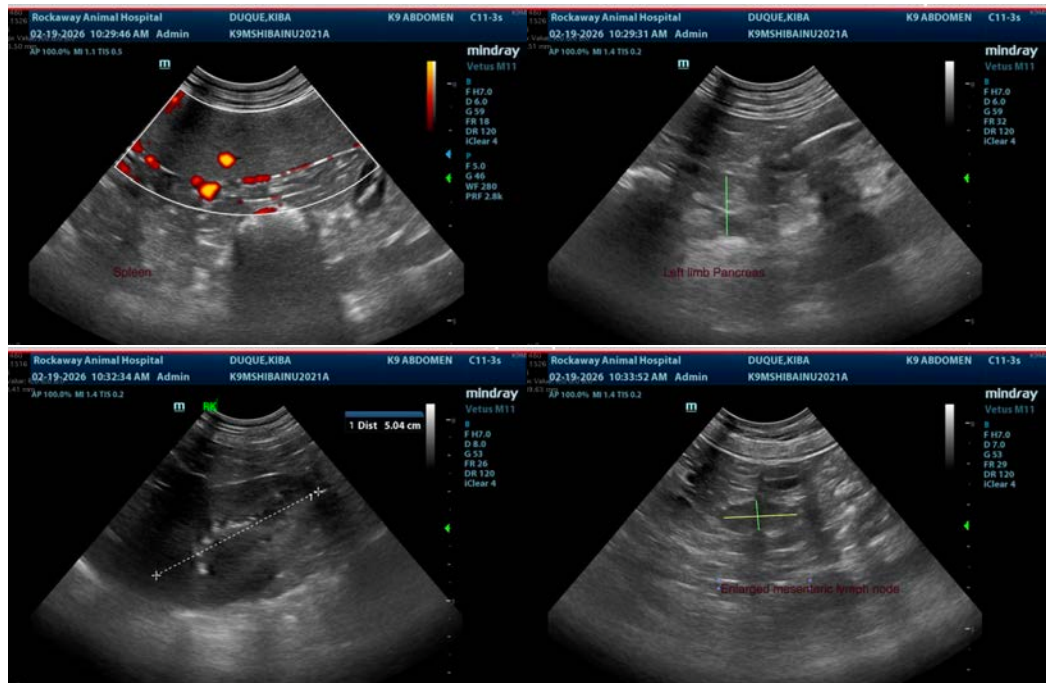
The prostate and testicles were not seen on this exam.

ULTRASONOGRAPHIC FINDINGS

- Diffusely hypoechoic pancreas with mildly enlarged left limb with surrounding hyperechoic fat – consistent with mild to moderate pancreatitis, which is confirmed by provided lab work.
- Mild cranial abdominal mesenteric lymphadenopathy – These mildly to moderately enlarged mesenteric lymph nodes appear reactive, most likely reacting to patient’s pancreatitis. Less likely these nodes are enlarged due to neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no definitive reason identified on this ultrasound as to the cause of the patient’s pancreatitis. Recommend transitioning the patient to an ultra low-fat diet such as Royal Canin GI low fat or Hills ID low fat, feeding this strictly, rechecking cPLI in 4-6 weeks to verify resolution of pancreatitis. Patient’s prognosis appears good to make a full recovery at this time. No other significant abnormalities are identified on this ultrasound.





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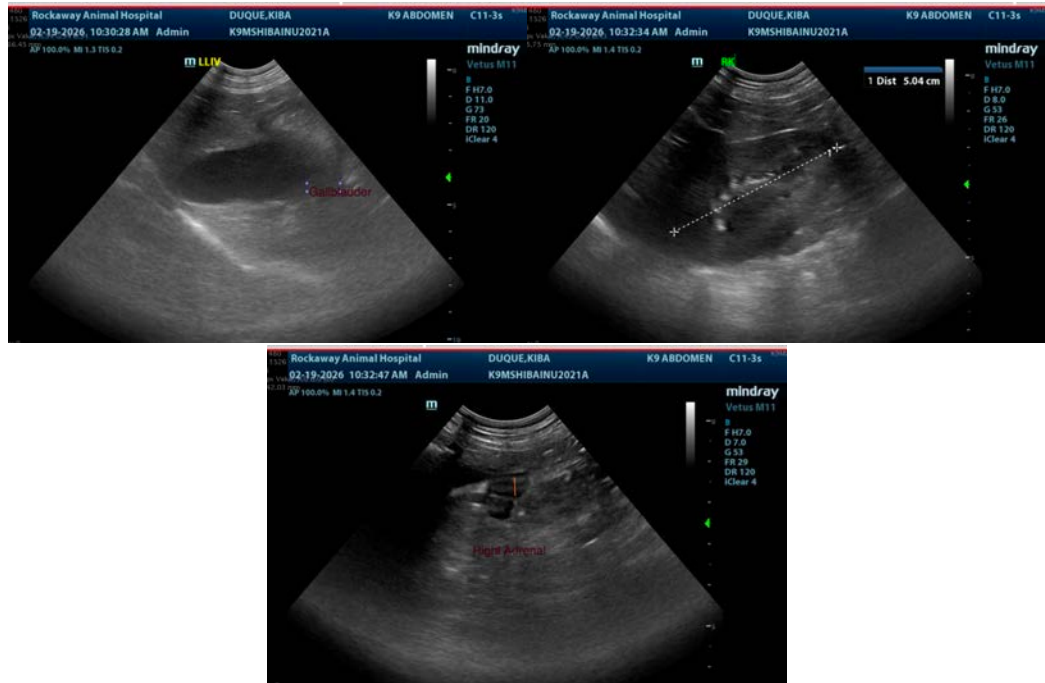
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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