



PATIENT

Annie Heaton

SPECIES

Canine

BREED

Min Schnauzer

SEX

Spayed Female

AGE

12 Years

WEIGHT

7.3 kg

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Michelle DeMelo, RVT

HOSPITAL NAME

Woodstock VH

REFERRING VET

Dr. Esther Duschinsky

INVOICE

35910

DATE

2/20/26

PRESENTING CLINICAL SIGNS

- Patient with a past history of multiple co-morbidities:
- Elevated ALP since 2019, it has been increasing steadily since then and is now over 2000
- LDDS in 2022 showed good suppression, not consistent with Cushing's
- Proteinuria with UPC up to 2.3 since 2021 - treated with Telmisartan 1.4 mg/kg long term
- Has had an episodes of pancreatitis in the past.
- Episodes of ear margin dermatosis
- Recent history: Starting January 19, 2026 - had an episode of significant pancreatitis with elevations in amylase, lipase, specCPL with cranial abd pain and organomegaly (liver) in cranial abd. This improved well with outpatient treatment, but returned to the clinic 2 weeks later with evidence of a UTI which was treated with enrofloxacin and metronidazole (also had diarrhea at that time). ALT has also been increasing. Biggest concern is ongoing organomegaly in cranial abd and some abdominal pain.
- Ddx at this time include: chronic pancreatitis, Cushing's, liver dz, neoplasia, other.
- Current medications: Telmisartan, pentoxifylline (for ear margin concerns), Thyro-tabs, diet is RC Gastrointestinal Low Fat.

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 has moderate loss of corticomedullary distinction. There are numerous hyperechoic shadowing nephroliths present in the renal pelvis. Renal pelvis does not appear to be dilated at this time. The right kidney measures 4.3 cm in length.

The left kidney is irregular in shape and has numerous hyperechoic shadowing nephroliths present in the renal pelvis. The renal pelvis does not appear to be dilated at this time. Length of the left kidney can't be accurately determined, as there are no views where it is fully on the screen. There is mild loss of corticomedullary distinction with the left kidney as well.

Adrenal Glands

The right adrenal gland appears normal, and it is normal in size (4.9 mm at the caudal pole and 5.9 mm at the cranial pole).

The left adrenal gland is diffusely enlarged (7.1 mm at the caudal pole and 8.2 mm at the cranial pole). The left adrenal gland appears hypertrophied.

Spleen



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The spleen appears to diffusely be normal in appearance. There are multifocal hyperechoic striations throughout the splenic parenchyma, that are most likely benign micromyelolipomas and are of no clinical significance.

Liver

The liver is diffusely enlarged and mildly hyperechoic. The gallbladder is moderately enlarged and contains a marked amount of aggregating echogenic debris. It appears the patient has an early immature gallbladder mucocele.

Gastrointestinal

The stomach is moderately distended with partially digested food. The stomach wall diffusely appears to have normal thickness and layering. The stomach wall measures 1.9 mm in width. The intestines have normal wall layering and thickness. Colon contains normal contents with normal wall thickness.

Pancreas

The pancreas is diffusely enlarged, measuring 1.8 cm in width, and it is mildly diffusely hypoechoic without any significant surrounding hyperechoic fat. Specifically, this was referring to the left limb of the pancreas.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

- Enlarged left adrenal gland
- Bilateral kidney changes, consistent with chronic kidney disease
- Enlarged hyperechoic liver
- Early immature gallbladder mucocele
- Evidence of mild pancreatic inflammation

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Suspect the patient's organomegaly felt on physical exam is most likely due to the enlarged liver. Suspect the enlarged liver may be due to hyperadrenocorticism, given that the left adrenal gland is moderately enlarged. Recommend repeating a low dose dexamethasone suppression test to confirm hyperadrenocorticism.

In regard to the gallbladder mucocele, recommend starting medical treatment. Recommend starting 30 days of amoxicillin at a dose of 20 mg/kg, given by mouth every 12 hours, or a similar antibiotic. Also recommend adding ursodiol at a dose of 15 mg/kg per day, split into two daily doses, and recheck gallbladder via ultrasound in 30 days to determine if improvement to its appearance has occurred.

It is suspected that if the patient does have hyperadrenocorticism, this is most likely the cause of the mild pancreatic inflammation. Patients with hyperadrenocorticism are known to generally have mild elevations in their CPLi and to have changes consistent with mild pancreatic inflammation seen within the pancreas on ultrasound.



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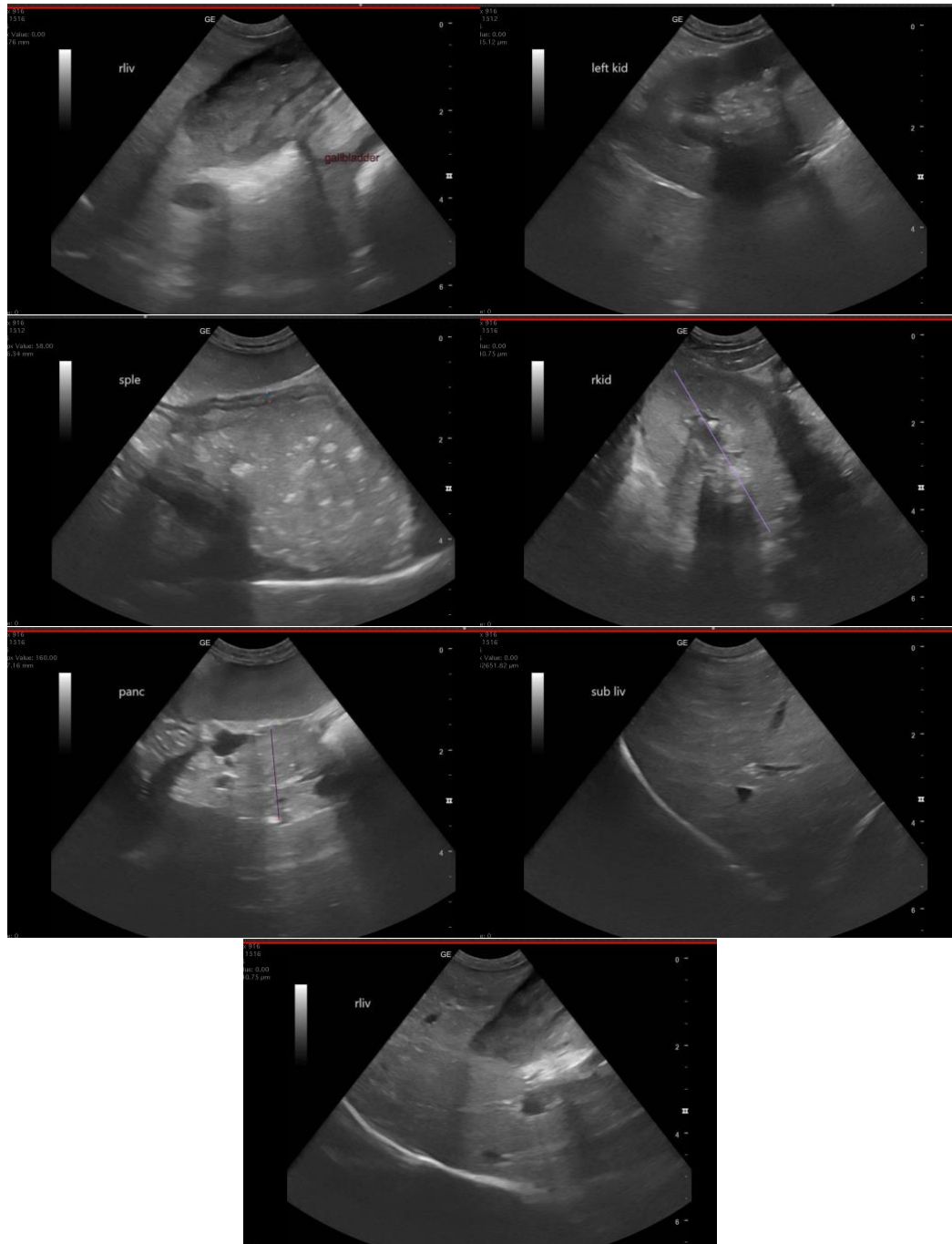
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



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