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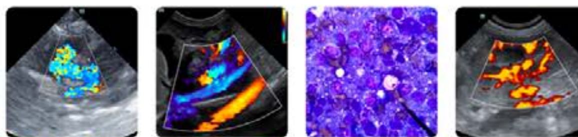


Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Mackenzie Skowron

SPECIES

Canine

BREED

Labradoodle

SEX

Spayed Female

AGE

11

WEIGHT

47

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Susan Lincoski

HOSPITAL NAME

University Drive Veterinary Hospital

REFERRING VET

Dr. Susan Lincoski

INVOICE

73253

DATE

2/25/26

PRESENTING CLINICAL SIGNS

History of seizures started last spring, no apparent cause and bloodwork normal at that time-done out-of state, owner moved from Oregon. Planning to start Keppra. Bilious vomit, painful abdomen past week. Responsive to Cerenia and fluids but recurrent. Started patient on Famotidine and gabapentin. Moderate ALT elevation, Bile acids normal.

Abnormal PE/Chem/CBC/UA Results: Thin, otherwise unremarkable ALT=215 (was normal in April, 76, when worked up for seizure)

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. Urethral papillae are seen and appear normal.

The right kidney presents normal size (5.5 cm) with normal shape and architecture. There is mild loss of corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney is normal in size but mildly irregular in shape, measuring 4.8 cm. There is mild loss of 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 caudal pole measures 7.7 mm. The caudal pole is not seen.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 5.2 mm and the caudal pole measures 5.1 mm.

Spleen

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

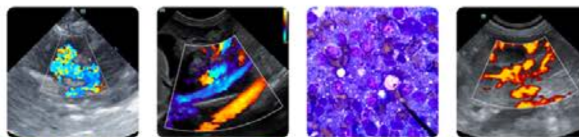
Liver

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 a moderate amount of gravity dependent echogenic debris present. Normal gallbladder wall. The visible common bile duct is normal in diameter. No free fluid or hyperechoic fat surrounding the gallbladder.

Gastrointestinal

The stomach contains a moderate amount of gas. The stomach wall appears to have normal thickness, measuring 3.0 mm in width. Diffusely the stomach wall has normal layering. The 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

- Bilateral mildly decreased corticomedullary distinction in the kidneys, consistent with early chronic kidney disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

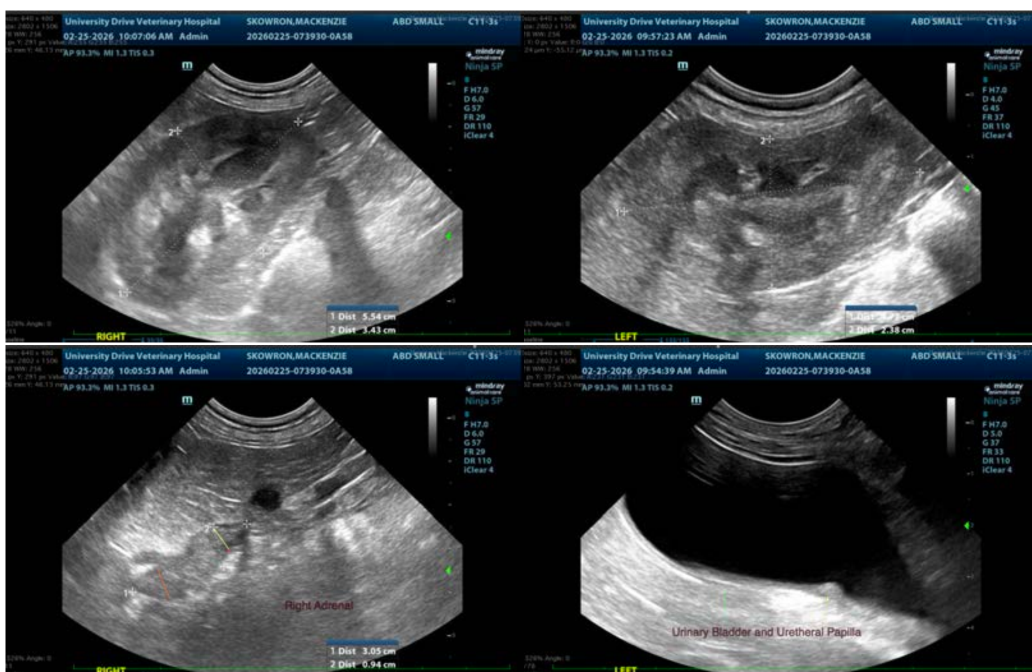
Recommend full staging, monitoring and managing of the patient per International Renal Interest Society Guidelines.

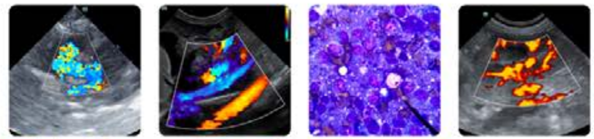
No cause for the patient’s elevated ALT seen on this exam. The liver appears normal. Recommend fine needle aspirate of the liver for cytologic review. If cytologic review is inconclusive as to the cause of the elevated ALT, and ALT is persistently elevated, then consider liver biopsy.

No cause for the patient’s acute recurrent vomiting is seen on this exam. Recommend treating supportively. If the patient fails supportive care, recommend further GI workup including full fecal pathogen PCR testing, resting cortisol testing to rule out Addison’s disease, and Texas A&M GI panel.

If no cause for the patient’s vomiting is found on these diagnostics, then at that time GI biopsies would be recommended.

Starting Keppra for the patient’s seizures would be appropriate at this time.





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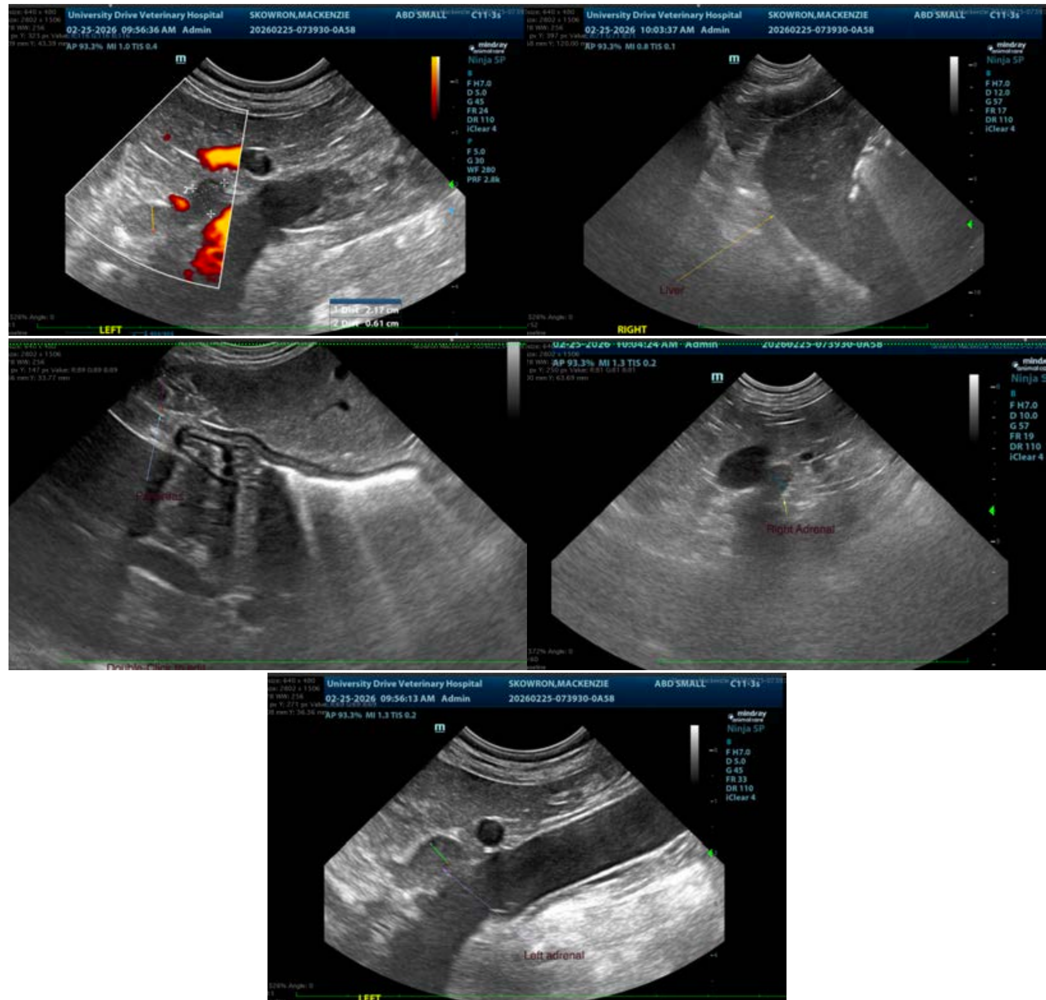

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com