



PATIENT

Lucky Stump

SPECIES

Canine

BREED

Pitbull Mix

SEX

Spayed Female

AGE

12 Years

WEIGHT

32 kg

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Dallas Reynolds, LVT

HOSPITAL NAME

Lone Mountain AH

REFERRING VET

Dr. Emilie Dours

INVOICE

36031

DATE

2/28/26

PRESENTING CLINICAL SIGNS

- P originally presented 1/15/26 for suspect UTI. BW sent out at that time. UTI confirmed and treated w/ antibiotics.
- BW showed liver elevations: AST 136, ALT 1046, ALP 601, TBILI 0.5
- BW also showed decreased albumin at 2.6
- P has been vomiting daily for two weeks, however, has not vomited the past two days.
- P has intermittent hyporexia
- Abnormal PE/Chem/CBC/UA Results: AST 136 ALT 1046 ALP 601 TBILI 0.5 ALB 2.6

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder is moderately distended. The urine contains a mild amount of suspended echogenic debris. The bladder wall is normal in appearance and thickness. No masses are seen.

The right kidney presents normal size (7.1 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (7.3 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 caudal pole measures 4.9 mm and the cranial pole measures 6.0 mm in width.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The caudal pole measures 6.7 mm.

Spleen

The spleen is normal in size, shape, margination and echogenicity. No masses are seen. A scant pocket of free fluid was noted in the area of the spleen.

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.

No free fluid is noted surrounding gallbladder. Diffusely, the gallbladder wall appears normal in thickness. The gallbladder does contain a moderate amount of both suspended and gravity dependent echogenic debris. Some of this debris has hyperechoic foci within it. The appearance of the gallbladder is consistent with possible bacterial cholangitis.

Gastrointestinal



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The stomach wall diffusely has normal layering and thickness. The stomach has a small amount of retained ingesta. No outflow tract obstruction is seen. It appears that patient is either not fully fasted for exam or has mild functional gastritis. The duodenum diffusely has normal layering and thickness. There are segments of jejunum that are thickened (up to 5.7 mm in width) due to the thickened muscularis layer. The remainder of the jejunal layering appears normal. Colon contains normal contents with normal wall thickness.

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. There is a Scant pocket of free fluid in the area of the spleen.

ULTRASONOGRAPHIC FINDINGS

- Urinary bladder debris
- Scant pocket of free fluid in the area of the spleen
- Moderate gallbladder debris with some hyperechoic foci within it- appearance consistent with possible bacterial cholangitis.
- Retained stomach ingesta- patient appears not fully fasted for exam or has mild functional gastritis.
- Thickened jejunum- differentials for the jejunal changes could be infectious disease, such as parasitism.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient previously was reported to have urinary tract infection that was previously treated. Recommend submitting urine culture if not already performed, to verify resolution of previous urinary tract infection after treatment.

If possible, recommend ultrasound guided aspirate of the fluid in the area of the spleen and submission of fluid for fluid analysis and cytology to help determine etiology of free abdominal fluid.

Recommend ultrasound guided aspirate of gallbladder bile for aerobic and anaerobic culture and for cytology.

Recommend submitting fecal pathogen PCR versus inflammatory bowel disease. Recommend Texas A&M GI panel to screen for occult gastrointestinal disease, evaluating for low cobalamin and/or low folate. This would confirm primary gastrointestinal disease versus less likely infiltrative neoplasia, such as lymphoma. Suspect patient has primary gastrointestinal disease.

No cause for the patient's moderately to markedly elevated liver values seen on this exam, as the liver appears normal on this exam. However, recommend fine needle aspirate of the liver to rule out possibility of occult infiltrative round cell neoplasia, such as lymphoma or mast cell disease. If these diseases are ruled out and liver enzyme elevations persist, then recommend liver biopsy.

Ultimately, if patient is diagnosed with primary gastrointestinal disease, that could explain the liver enzyme elevations due to translocation of bacteria across the intestinal wall layering, posing a bacterial



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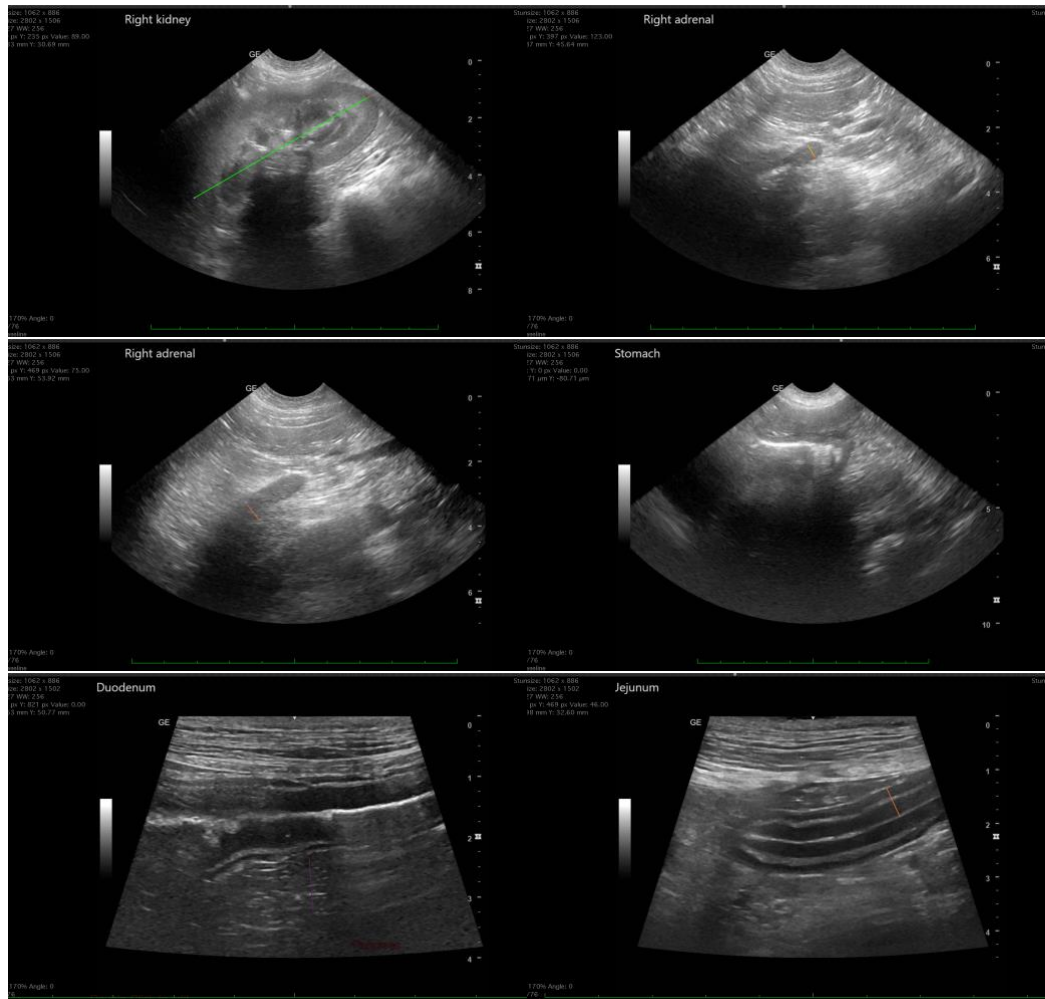
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hepatitis. Considering a course of antibiotics such as amoxicillin for 21 days and rechecking liver values would be a reasonable option as well. Ultimately, GI biopsies may be necessary to diagnose cause of GI disease. If GI biopsies are performed, it would be important to obtain liver biopsies during the same procedure or potentially vice versa. If liver biopsies are performed due to persistent liver enzyme elevations, then obtaining GI biopsies during the same procedure would be recommended as well.

Prognosis is open pending results of recommended diagnostics.



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



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