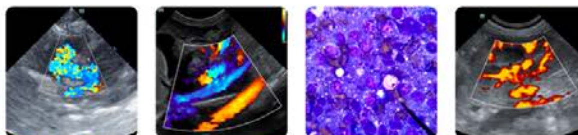


PATIENT

Dee Paul

SPECIES

Canine

BREED

Toy Poodle

SEX

Spayed Female

AGE

14 Years

WEIGHT

4 lbs

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Julia Bakker, DVM

HOSPITAL NAME

Orange Blossom Veterinary Imaging

REFERRING VET

Dr. Wiliams

INVOICE

73633

DATE

3/12/26

PRESENTING CLINICAL SIGNS

Chronic low RBC rule out gastrointestinal lesion/disease. Unable to visualize stomach and intestines on radiographs.

Abnormal PE/Chem/CBC/UA Results: WBC 19k HCT 23%

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. No papillae seen.

The right kidney measures at the low end of normal for size at 3.3 cm. There is mild loss of corticomedullary distinction. Mild pelvic dilation noted at 2.8 mm.

The left kidney is small in size at 2.7 cm. There is marked 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 cranial pole measures 5.0 mm and the caudal pole measures 5.2 mm.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 4.1 mm and the caudal pole measures 5.4 mm.

Spleen

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

Liver

The liver is diffusely enlarged with rounded margins and hyperechoic echogenicity. Normal echotexture.

The gallbladder presents normal size with mild to moderate suspended echogenic debris, which appears insignificant. Normal gallbladder wall. No evidence of bile duct distention or obstruction.

Gastrointestinal

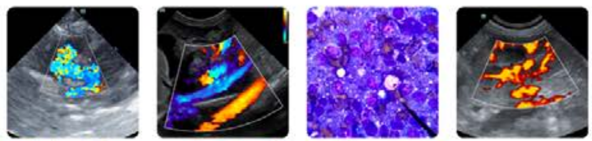
The stomach is empty. The stomach wall diffusely appears to have normal layering and thickness, measuring 4.0 mm in width. Diffusely the small intestines have normal wall layering and thickness. The colon contains a moderate amount of formed stool. Colon wall is normal in thickness.

Pancreas

The pancreas was not clearly seen on this exam.

Free Abdomen

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



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ULTRASONOGRAPHIC FINDINGS

- Bilateral renal changes including decreased corticomedullary distinction and mild renal pelvic dilation – These findings are consistent with chronic kidney disease.
- Enlarged, hyperechoic liver – consistent with benign vacuolar hepatopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend full staging, monitoring and managing of the patient per International Renal Interest Society guidelines. Patient's anemia may potentially be due to chronic kidney disease and decreased erythropoietin production.

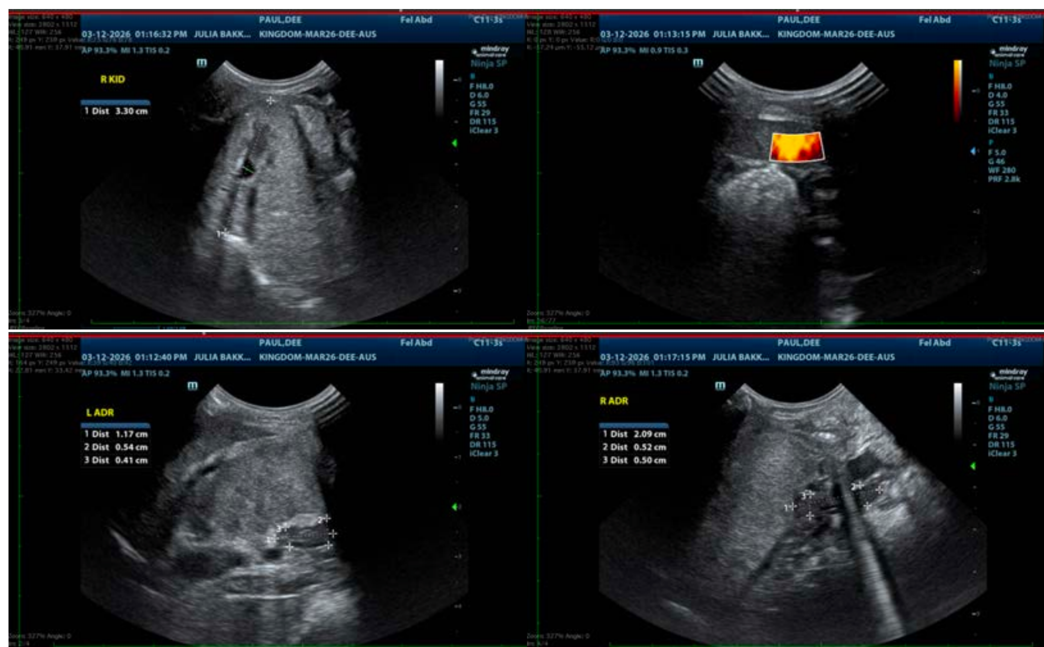
Recommend screening for secondary causes for the appearance of the liver.

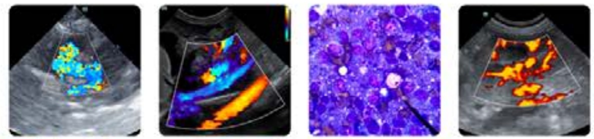
Consider screening for hyperadrenocorticism with urine cortisol to creatinine ratio. If elevated, recommend low-dose Dexamethasone suppression test.

Recommend Texas A&M GI panel to screen for occult gastrointestinal or pancreatic disease.

If testing is negative for GI, pancreatic, or hyperadrenocorticism, then consider submitting a fasted triglyceride to screen for hypertriglyceridemia and potentially submitting a thyroid panel to screen for hypothyroidism, which may cause a dyslipidemia resulting in a vacuolar hepatopathy.

Infiltrative neoplasia as a cause for the appearance of the liver is possible but unlikely. If all other testing is negative, consider fine needle aspirate of the liver and submitting for cytology to rule out round cell neoplasia. No obvious cause for the patient's anemia is seen on today's exam. Further workup will be necessary to determine the underlying cause of anemia. Ultimately, if no secondary cause for either blood loss or hemolytic anemia is seen, potentially a bone marrow biopsy and aspirate may be necessary.





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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