



PATIENT PRESENTING CLINICAL SIGNS

Lucy Saavedra

Patient has episodes of vomiting and soft stool/diarrhea. Patient has been consistently losing weight despite a high caloric daily intake. Patient has lost 7kg between April 2025 - March 2026. BCS 3.75/9. BAR, 90 HR, 24 RR, heart/lungs normal, pink/moist mm, CRT < 2sec, normal hydration. Abdominal palpation, no obvious pain/ mass, liver may be enlarged. Normal Eyes/EarsN/oral cavity, normal LN/coat/gait

SPECIES

Canine

BREED

Mastiff x

Current Medications: Omeprazole & Provable

SEX

Spayed Female

Abnormal PE/Chem/CBC/UA Results: CBC: MPV 13.3 (8.7-13.2) Chemistry: WNL Fecal Test: Still awaiting results Radiographic Findings Radiographs: stomach is empty. Small amount of gas in intestine. Stool in colon. No obvious FB or obstructive pattern noticed Rads attached

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

AGE

4 Years

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.

WEIGHT

33.3 kg

The right kidney presents normal size (6.2 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

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

INTERPRETED BY

Greg Kuhlman, DVM,
 DACVIM (SAIM)

Adrenal Glands

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 13.0 mm and the caudal pole measures 5.1 mm.

IMAGING PERFORMED BY

Kelly Reschny

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 4.6 mm and the caudal pole measures 4.6 mm.

HOSPITAL NAME

Governors Road
 Animal Hospital

Spleen

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

REFERRING VET

Dr. Khalid

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.

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The gallbladder presents normal size with anechoic contents. Normal gallbladder wall. No evidence of bile duct distention or obstruction.

DATE

3/19/26

Gastrointestinal

The stomach and intestines have normal wall layering and thickness. Colon contains normal contents with normal wall thickness. No mechanical obstruction or abnormalities are seen within the GI tract.



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Pancreas

The left limb of the pancreas is normal in size. The caudal aspect of the left limb of the pancreas is mildly diffusely hypoechoic. No surrounding hyperechoic fat. The right limb is not clearly seen.

Free Abdomen

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

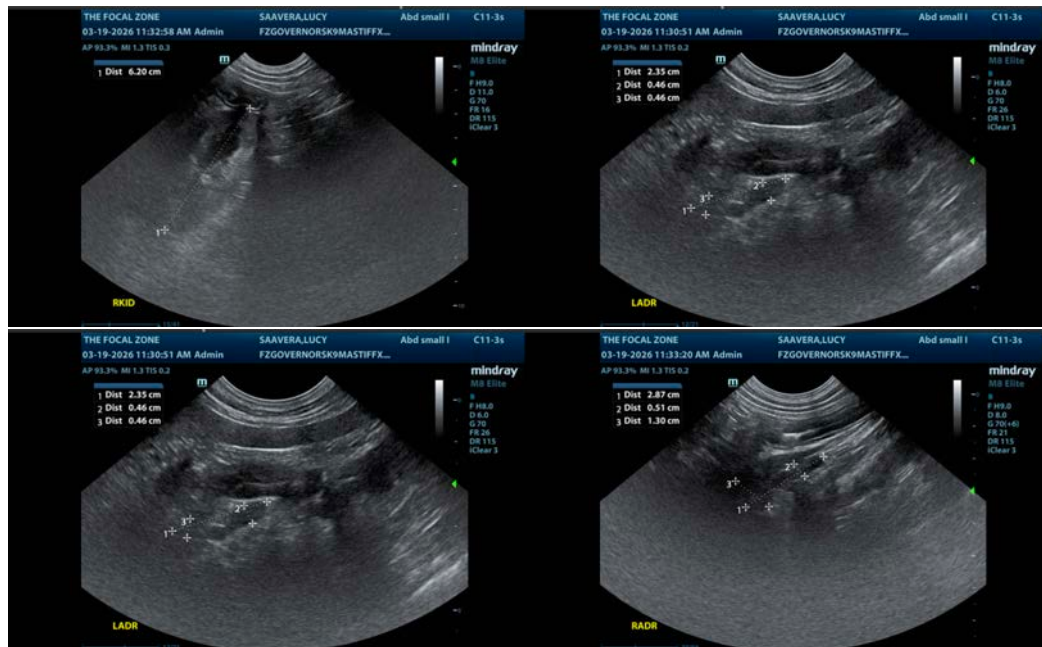
ULTRASONOGRAPHIC FINDINGS

- Hypoechoic caudal aspect of the left limb of the pancreas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

It is reported that the patient has a GI parasite test pending. If this test is negative, recommend Texas A&M GI panel+ be submitted, which includes a resting cortisol, to rule out exocrine pancreatic insufficiency, possible chronic enteropathy, or atypical Addison's as a cause of the patient's chronic GI signs.

If all of the testing is returned negative or normal, the next diagnostic step would be GI biopsies, either surgically or endoscopically (endoscopically preferred as it is less invasive). One trial that could be attempted before performing GI biopsies a strict diet trial with a hydrolyzed trial for 2-4 weeks to determine if any improvement can be seen. If the patient fails the diet trial, then performed GI biopsies at that time.





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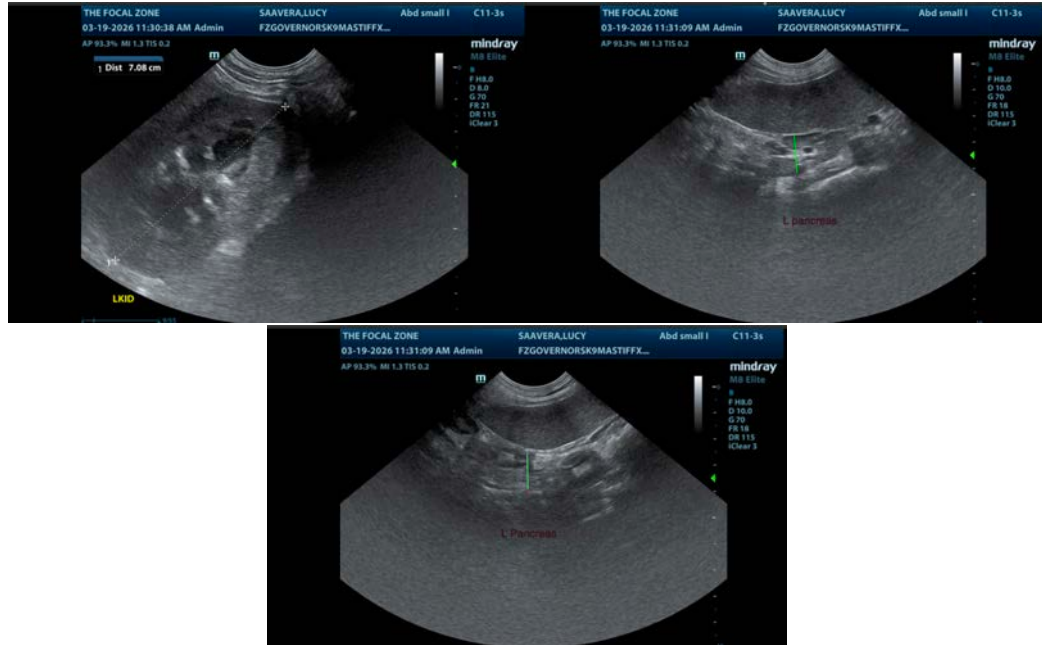
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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