



PATIENT

Oliver Ball

SPECIES

Canine

BREED

Labrador Retriever

SEX

Neutered Male

AGE

6 Years 6 Months

WEIGHT

59 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Megan Cassels-
Conway, DVM

HOSPITAL NAME

Central Broward
Animal Hospital

REFERRING VET

Janeen Lezcano, DVM

INVOICE

73805

DATE

3/19/26

PRESENTING CLINICAL SIGNS

P has chronic hx of vomiting and diarrhea. Was greatly improved once diet changed to RC HP. P also has had chronic hx of hematemesis for several years. Recently p has weight loss, marked malodorous flatulence (very frequent), intermittent hyporexia w marked borborygmus. P is still on RC HP and Adv Multi. P also has marked anxiety during vet visits.

Abnormal PE/Chem/CBC/UA Results: Most recent blood work: CBC: eos: 1365H, Hct: 46, Chem: alb: 2.5L, creat: 1.0, T4: 2.0, UA: SG: 1.046, 1+ prot, quiet sediment; fecal PCR: NEG Maldigestion profile: pending Chest rads/consult: mild bronchial pattern r/o age related vs less likely lower airway dz resting cortisol performed in 2019: 2.7

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 presents normal size (6.9 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (6.4 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 cranial pole measures 6.2 mm and the caudal pole measures 4.8 mm.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 3.9 mm and the caudal pole measures 5.3 mm.

Spleen

Overall, the spleen appears normal. The tail is folded upon itself.

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 anechoic contents. Normal gallbladder wall. No evidence of bile duct distention or obstruction.

Gastrointestinal

The stomach has normal wall layering and thickness and is moderately gas-filled. The duodenum wall is diffusely thickened due to thickened muscularis layer, measuring 7.1 mm in width. The jejunum wall is diffusely mildly thickened at 6.0 mm in width due to thickened muscularis layer. 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

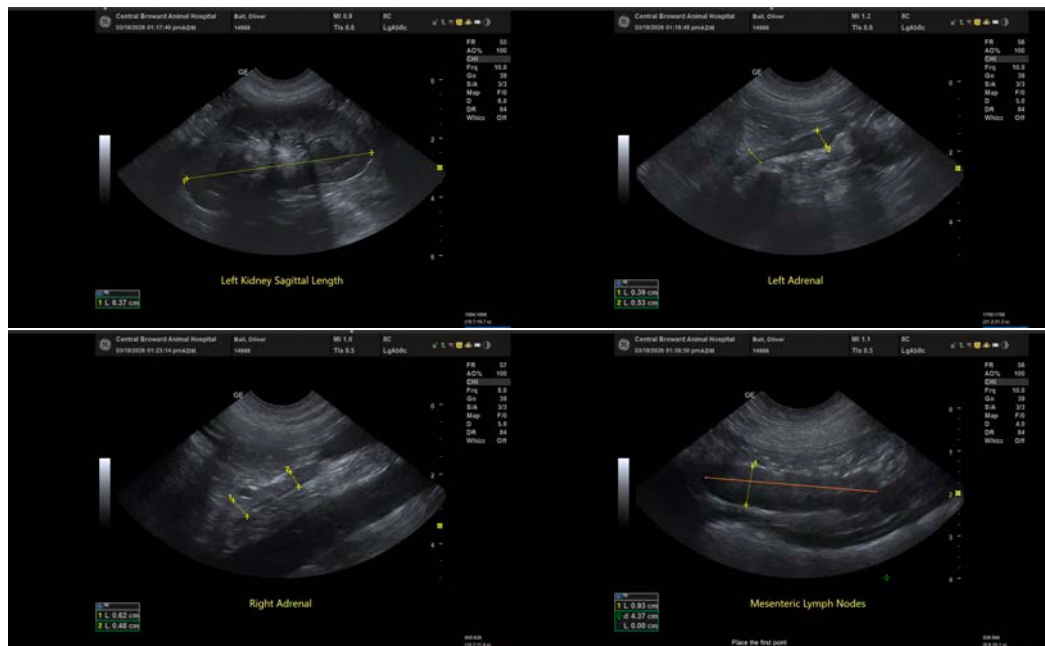
Moderate to marked diffuse mesenteric lymphadenopathy is noted. A representative node measures 0.93 cm x 4.0 cm. The nodes are hypoechoic. No free abdominal fluid is seen.

ULTRASONOGRAPHIC FINDINGS

- Thickened duodenum and jejunum – Consistent with possible inflammatory disease.
- Mesenteric lymphadenopathy – Mist likely reactive. However, a neoplastic cause cannot be ruled out.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The referring veterinarian has done an excellent workup. If the pending maldigestion profile is suggestive of a chronic enteropathy, recommend considering GI biopsies (either surgically or endoscopically). Prior to performing GI biopsies, a recent resting cortisol to rule out hypoadrenocorticism is recommended.





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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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