



PATIENT

Jamie Gelardi

SPECIES

Canine

BREED

Goldendoodle

SEX

Spayed Female

AGE

11 Years

WEIGHT

36 pounds

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Julia Bakker DVM

HOSPITAL NAME

Orange Blossom
Veterinary Imaging

REFERRING VET

Dr. Eric Steinberg
DVM

INVOICE

14002

DATE

03/02/26

PRESENTING CLINICAL SIGNS

- History of diabetes and pancreatitis. Recent difficult to control diabetes with hyperglycemia in the 400s
- Labwork attached shows ALT, ALP, Glucose, cholesterol, and lipase elevations

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder has diffusely normal wall thickness. Luminal margin of the urinary bladder wall is mildly irregular in shape. No bladder stones or bladder masses seen. Urethral papilla was not seen.

The left kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured 5.9 cm in length.

The right kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The right kidney measured 7.04 cm in length.

Adrenal Glands

The left adrenal gland presents diffusely enlarged. The phrenic vasculature is unremarkable. The cranial pole measures 1.11 cm and the caudal pole measures 1.21 cm.

The right adrenal gland presents enlarged. The phrenic vasculature is unremarkable. The cranial pole measures 0.53 cm and the caudal pole measures 0.8 cm.

Spleen

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

Liver

Liver is diffusely enlarged and hypoechoic. Hepatic vasculature appears normal. No liver lesions or masses are seen.

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

Gastrointestinal

The stomach and intestines have normal wall layering and thickness. 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



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

ULTRASONOGRAPHIC FINDINGS

- Enlarged bilateral adrenal glands- consistent with pituitary dependent hypoadrenocorticism.
- Irregular texture to the luminal margin of the urinary bladder potentially consistent with chronic urinary tract infection.
- Enlarged hyperechoic liver- findings for the liver are most consistent with the patient's historical diagnosis of diabetes mellitus. The appearance of the patient's liver on this exam is consistent with a vacuolar hepatopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

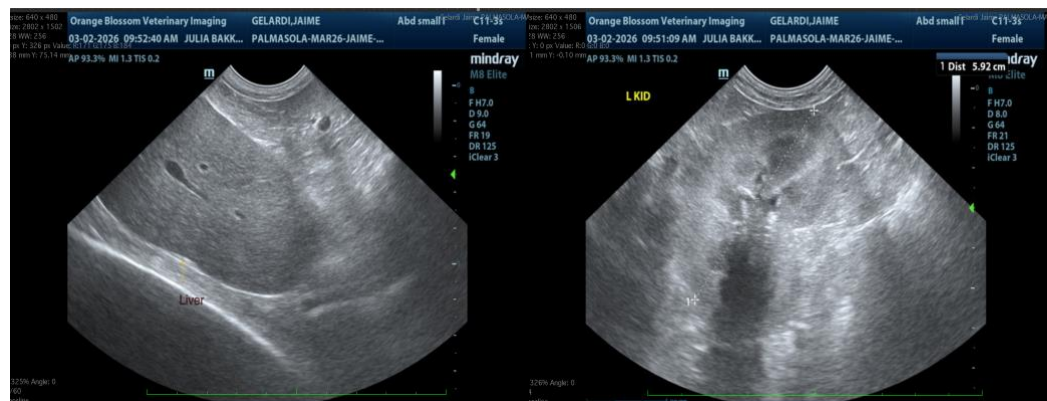
Recommend performing low-dose dexamethasone suppression tests to confirm hyperadrenocorticism. Hyperadrenocorticism would explain the patient's poorly regulated diabetes.

If urine culture is not then performed, recommend urine culture.

The patient's pancreas appears normal at this time. If the concern for pancreatitis remains, recommend submitting Texas A&M GI panel to screen patient for their for pancreatitis via a cPLI.

Hyperadrenocorticism may also be a cause for the appearance of the patient's liver. The liver enzyme elevations would be consistent with either poorly regulated diabetes mellitus and/or hyperadrenocorticism. If the patient is diagnosed with hyperadrenocorticism, it is important to note that treatment with Trilostane should be used at approximately 1.0 mg/kg given by mouth twice a day.

It is important to utilize Trilostane in diabetic patients on a twice a day dosing schedule. At this time, no significant abnormalities seen on this exam. Patient's prognosis appears fair to good at this time.





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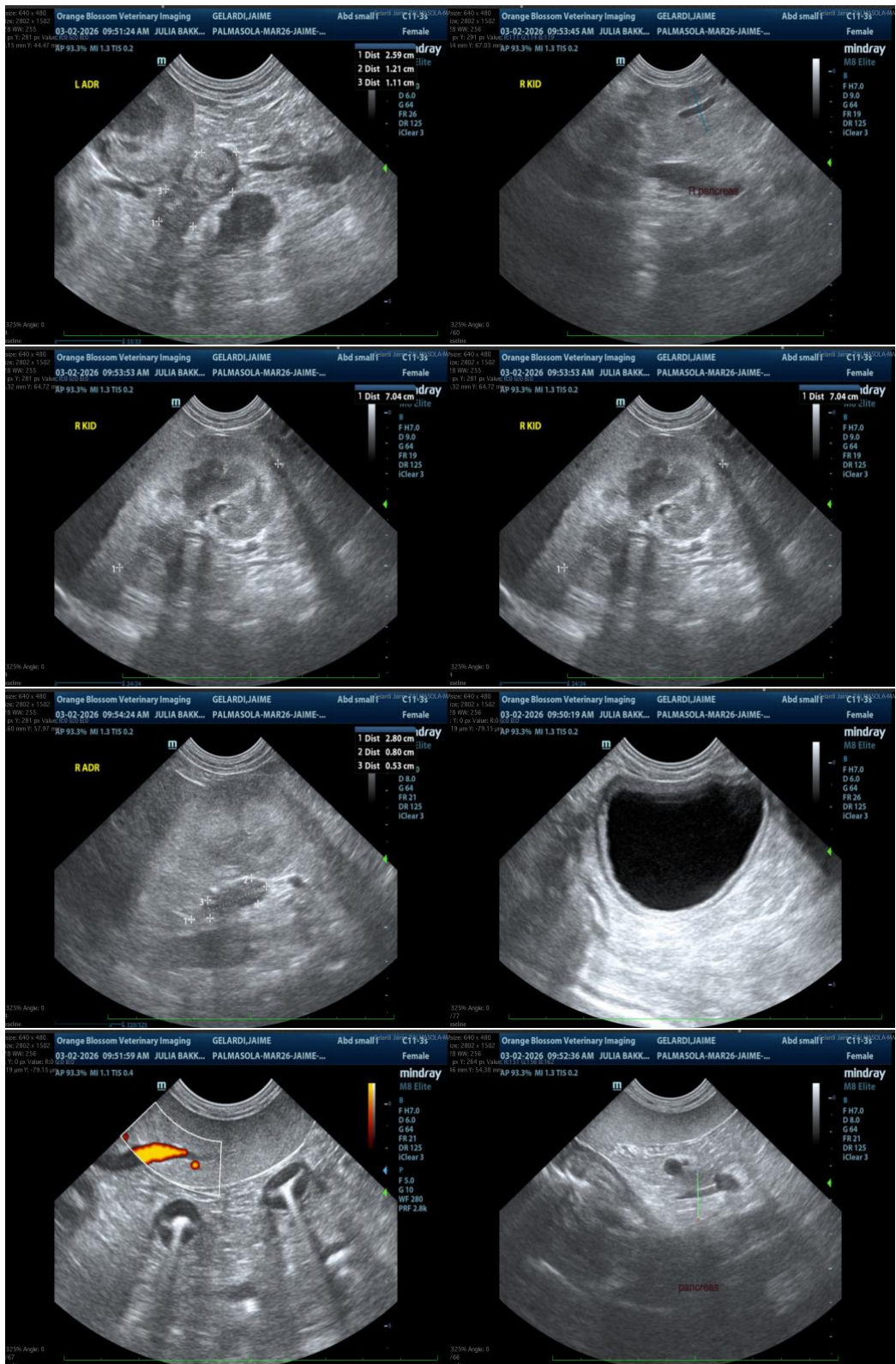
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
Veterinary Internal Medicine Specialist
info@SonoPath.com