



PATIENT

Rocky

SPECIES

Canine

BREED

Maltese Mix

SEX

Neutered Male

AGE

14 Years

WEIGHT

12 Pounds

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Brandi Kurzowski

HOSPITAL NAME

Corfu VC

REFERRING VET

Dr. Kayla Greil

INVOICE

36068

DATE

3/3/26

PRESENTING CLINICAL SIGNS

P presented 2/20/26 for anorexia. P was found to have new onset diabetes mellitus and Azotemia - open - r/o CKD vs pyelonephritis vs other with increased kidney values. P was hospitalized on fluids and treated with cerenia, clavamox, and vetsulin until 2/23/26- discharged. Recheck exam 3/2/26 for repeat kidney values- still increased. O elects to pursue abdominal ultrasound to differentiate between pyelonephritis and CKD.

Abnormal PE/Chem/CBC/UA Results: 2/20/26 CBC: WBC 23.25 K/uL (5.05-16.76) H ; Neut 18.95 K/uL (2.95-11.64) H ; Mono 1.97 K/uL (0.16-1.12) H ; PLT 757 K/uL (148-484) H Chem 17: Glucose >686 mg/dL (70-143) H ; Creatinine 6.4 mg/dL (0.5-1.8) H ; BUN >130 mg/dL (7-27) H ; Phos 15.4 mg/dL (2.5-6.8) H ; ALP 473 U/L (23-212) H ; Lipase 2443 U/L (200-1800) H UA: USG 1.018, pH 5, trace protein, Glucose 1000 mg/dL, RBC >50/hpf, WBC 1/hpf, cocci present Lytes: Sodium 134 mmol/L (144-160) L ; Chloride 95 mmol/L (109-122) L 3/2/26 Renal Panel: Creatinine 3.9 mg/dL (0.5-1.8) H ; BUN >130 mg/dL (7-27) H ; Phos 12.1 mg/dL (2.5-6.8) H BG- (5.5 hours post insulin) 123 mg/dL

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. Ureteral papilla is not seen.

Prostate is normal in size, measures 9.5 mm in width. The prostate is symmetrical; it has uniform echotexture.

Right kidney presents normal size with moderate loss of corticomedullary distinction and also has numerous variable size 1.0 mm – 3.0 mm variably sized benign cortical cysts present. The right kidney measures 4.0 cm in length.

The left kidney presents normal size with moderate loss of corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measures 3.8 cm. There are multiple 1.0 mm – 2.0 mm hypoechoic cysts in the cortex of the left kidney, that are most likely benign cortical cysts.

Adrenal Glands

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The caudal pole measures 5.8 mm. The cranial pole is not seen.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 6.5 mm and the caudal pole measures 5.3 mm.

Spleen

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

Liver

Liver is diffusely enlarged and hyperechoic with rounded margins. No liver lesions are seen. Liver vasculature appears normal. The appearance of the liver is consistent with the patient's diagnosis of diabetes mellitus. Suspect appearance of patient's liver is due to benign vacuolar hepatopathy from



PATIENT

diabetes mellitus.

Rocky

The gallbladder appears normal. It contains a moderate amount of gravity dependent echogenic debris that appears insignificant at this time. No free fluid or hyperechoic fat surrounding the gallbladder. The visible common bile duct appears normal in thickness.

SPECIES

Canine

Gastrointestinal

BREED

Maltese Mix

The stomach and intestines have normal wall layering and thickness. Colon contains normal contents with normal wall thickness.

Pancreas

SEX

Neutered Male

The visible pancreas is normal in size with normal echogenic parenchyma and surrounded by normal peri-pancreatic mesentery.

Free Abdomen

AGE

14 Years

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

ULTRASONOGRAPHIC FINDINGS

WEIGHT

12 Pounds

- Bilaterally, the patient has decreased corticomedullary distinction and cortical cysts present. No renal pelvic dilation is seen with either kidney. Pyelonephritis is not strongly suspected. If there's clinical suspicion for pyelonephritis, recommend submitting urine culture, if not already performed. The patient appears to have bilateral chronic kidney disease.
- Enlarged hyperechoic liver - most likely consistent with patient's diagnosis of diabetes mellitus. It is unlikely that the appearance of the patient's liver is due to infiltrative neoplasia, such as lymphoma or mast cell disease.

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Brandi Kurzowski

HOSPITAL NAME

Corfu VC

REFERRING VET

Dr. Kayla Greil

INVOICE

36068

DATE

3/3/26

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend full renal staging, monitoring, and managing patient for International Renal Interest Society guidelines.

If clinical suspicion for liver disease is present, then consider fine needle aspirate of the liver, and submitting for cytology, to rule out round cell neoplasia.



PATIENT

Rocky

SPECIES

Canine

BREED

Maltese Mix

SEX

Neutered Male

AGE

14 Years

WEIGHT

12 Pounds

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Brandi Kurzowski

HOSPITAL NAME

Corfu VC

REFERRING VET

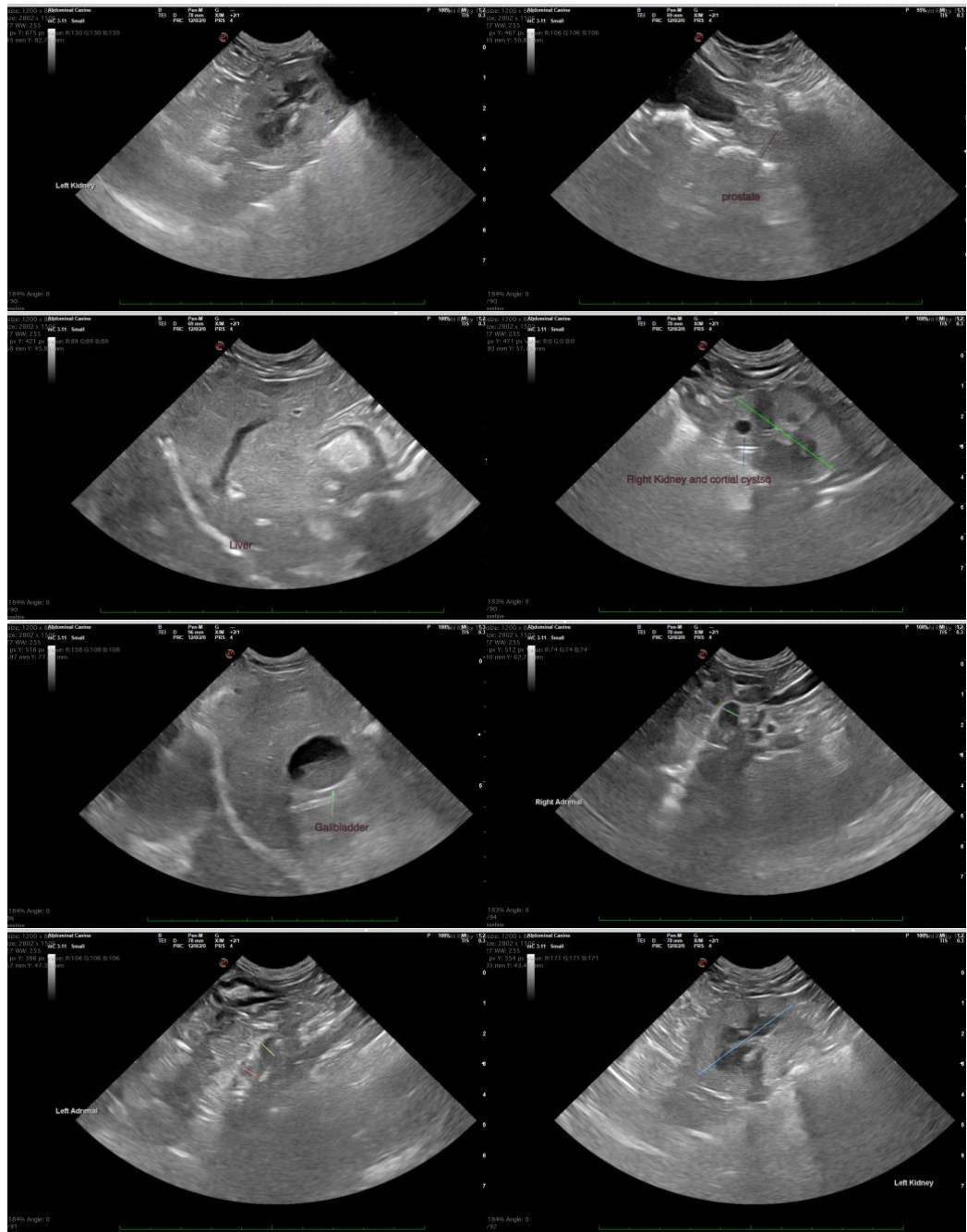
Dr. Kayla Greil

INVOICE

36068

DATE

3/3/26



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.



PATIENT

Rocky

SPECIES

Canine

BREED

Maltese Mix

SEX

Neutered Male

AGE

14 Years

WEIGHT

12 Pounds

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Brandi Kurzowski

HOSPITAL NAME

Corfu VC

REFERRING VET

Dr. Kayla Greil

INVOICE

36068

DATE

3/3/26

Greg Kuhlman, DVM, DACVIM (SAIM)

Veterinary Internal Medicine Specialist

info@SonoPath.com