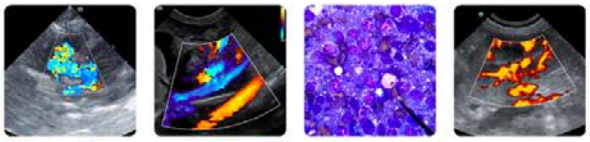




**PATIENT**

Shelby Lomanto

**SPECIES**

Canine

**BREED**

English Setter

**SEX**

Spayed Female

**AGE**

9 Years 11 Months

**WEIGHT**

58 lbs

**INTERPRETED BY**

Greg Kuhlman, DVM, DACVIM (SAIM)

**IMAGING PERFORMED BY**

Katy Borzillo

**HOSPITAL NAME**

Elizabeth Animal Hospital

**REFERRING VET**

Leon Anderson, DVM

**INVOICE**

73410

**DATE**

3/4/26

## PRESENTING CLINICAL SIGNS

Chronic proteinuria, on enalapril. Pre-anesthetic panel revealed elevated BUN, low Albumin, Elevated pancreatic enzymes

Abnormal PE/Chem/CBC/UA Results: Ex: No major abnormalities Due for dental treatment. Labs: BUN 33 mg/dL, Na 155 mmol/L, Chlor 122 mmol/L Total Protein 5 g/dL, Albumin 2.6 g/dL Amylase 1634 U/L, Lipase 402 U/L, Spec cPL 548 ug/L UA: usg 1.022, pH 6.5, 500 mg/dL, RBC >50 /HPF

## 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 are seen.

The right kidney presents normal size (6.3 cm) with normal shape and architecture. Mild pinpoint hyperechoic foci are present in the renal pelvis, consistent with benign nephrocalcinosis.

The left kidney presents normal size (5.6 cm) with normal shape and architecture. Mild pinpoint hyperechoic foci are noted within the renal pelvis, consistent with benign nephrocalcinosis.

### *Adrenal Glands*

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 7.2 mm and the caudal pole measures 6.5 mm.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 7.8 mm and the caudal pole measures 6.2 mm.

### *Spleen*

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

### *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 and intestines have normal wall layering and thickness. Colon contains normal contents with normal wall thickness.

### *Pancreas*

The left limb of the pancreas was mildly hypoechoic with uniform echotexture. No surrounding hyperechoic fat.

**PATIENT**

Shelby Lomanto

**SPECIES**

Canine

**BREED**

English Setter

**SEX**

Spayed Female

**AGE**

9 Years 11 Months

**WEIGHT**

58 lbs

**INTERPRETED BY**

Greg Kuhlman, DVM, DACVIM (SAIM)

**IMAGING PERFORMED BY**

Katy Borzillo

**HOSPITAL NAME**

Elizabeth Animal Hospital

**REFERRING VET**

Leon Anderson, DVM

**INVOICE**

73410

**DATE**

3/4/26

### *Free Abdomen*

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

### *Other*

A cardiac image is provided. No pericardial effusion seen.

## ULTRASONOGRAPHIC FINDINGS

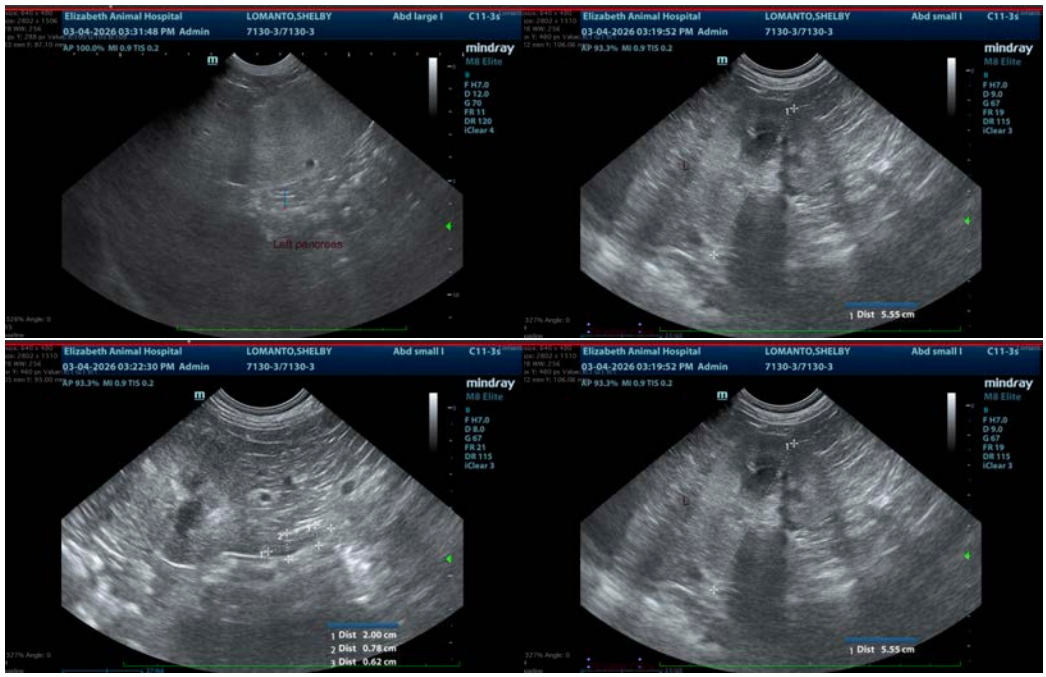
- Minor pancreatic inflammation (supported by spec cPLI).
- Unremarkable abdomen otherwise.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No cause for patient's proteinuria seen on this exam. Recommend urinalysis. If active urine sediment, urine culture indicated. If urine sediment is quiet, then recommend UPC to determine if low albumin may possibly be due to progressive proteinuria. If proteinuria is identified as the cause of the low albumin, consider switching from Enalapril to Telmisartan. If proteinuria is ruled out as cause of mildly low albumin, then recommend performing bile acids to screen for possible hepatic dysfunction as cause of low albumin. If bile acids are normal, then most likely the patient has a mild protein losing enteropathy, which would require further workup at that time.

Consider switching the patient to an ultras low-fat diet. Screening patient for hypertriglyceridemia with a fasted triglyceride would be warranted to determine if this is a possible cause for the pancreatic inflammation.

No cause for the elevated BUN is seen on this exam. This is unlikely to be significant at this time. Given that the patient's sodium was reported to be mildly elevated, the elevated BUN could potentially be due to the patient being mildly dehydrated at the time bloodwork was performed. The mildly elevated sodium would suggest possible free water loss.



**PATIENT**

Shelby Lomanto

**SPECIES**

Canine

**BREED**

English Setter

**SEX**

Spayed Female

**AGE**

9 Years 11 Months

**WEIGHT**

58 lbs

**INTERPRETED BY**

Greg Kuhlman, DVM, DACVIM (SAIM)

**IMAGING PERFORMED BY**

Katy Borzillo

**HOSPITAL NAME**

Elizabeth Animal Hospital

**REFERRING VET**

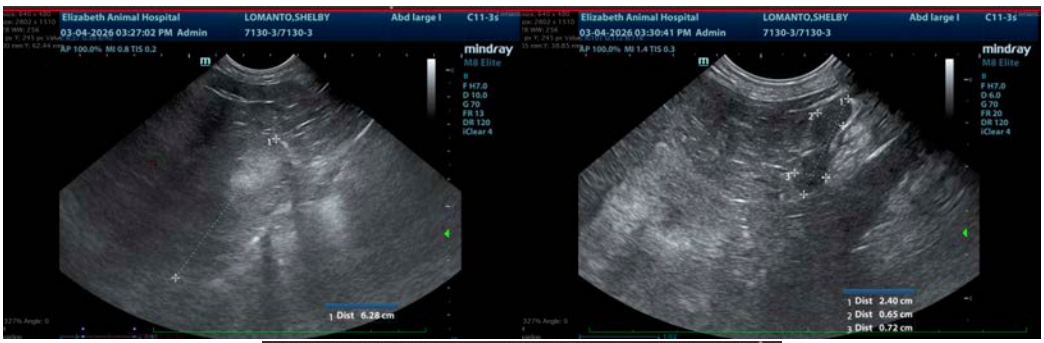
Leon Anderson, DVM

**INVOICE**

73410

**DATE**

3/4/26





**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.

**Greg Kuhlman**, DVM, DACVIM (SAIM)

Veterinary Internal Medicine Specialist
info@SonoPath.com