



## PATIENT

Dayla Itil-Leland

## SPECIES

Canine

## BREED

Shepherd

## SEX

SF

## AGE

14 years

## WEIGHT

93 lbs

## INTERPRETED BY

Greg Kuhlman, DVM,  
DACVIM (SAIM)

## IMAGING PERFORMED BY

Dr. Anthony Smatt

## HOSPITAL NAME

The Pets I Love

## REFERRING VET

Dr. Debra Szpicek

## INVOICE

11421

## DATE

3/5/2026

## PRESENTING CLINICAL SIGNS

- Patient has hy of hind leg paralysis.
- Urine incontinence.
- Weight loss.
- Coming in today for a diagnostic ultrasound to rule out any abnormalities.

Abnormal PE/Chem/CBC/UA Results: CBC- wnl CHem - wnl urine - +1 Wbcs normal otherwise.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The bladder is moderately distended with anechoic urine that contains a mild amount of suspended echogenic debris. No uroliths are seen. The bladder wall is normal in appearance and thickness. No masses are seen.

The left kidney presents normal size, but with a mildly irregular shape. Mild decrease in corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured 5.6 cm in length.

The right kidney presents normal size with normal shape and architecture. Mild decreased in corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The right kidney measured 7.2 cm in length.

### Adrenal Glands

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 7.0 mm.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The caudal pole measures 7.2 mm (cranial pole is not clearly visualized).

### Spleen

The spleen is normal in size and echogenicity with a diffusely, mildly mottled echotexture. Several variably sized, hyperechoic lesions are visualized throughout the spleen. This is suspected to be benign myelolipomas.

### 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 contains a moderate amount of suspended echogenic debris. Normal gallbladder wall. No evidence of bile duct distention or obstruction. Gallbladder mucocele is not suspected.

### Gastrointestinal

The stomach is mildly gas and fluid distended. Diffusely normal wall layering and thickness, measuring 4.2 mm in width. No pyloric outflow tract obstruction is visualized. The small intestines appear to have decreased motility diffusely, and there are segments with a moderate amount of retained fluid. Overall,



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the small bowel layering and thickness appears normal. It appears this patient may have functional enteritis. No mechanical obstruction is visualized within the GI tract.

### **Pancreas**

The pancreas is not clearly visualized.

### **Free Abdomen**

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

## **ULTRASONOGRAPHIC FINDINGS**

- Mild echogenic debris in the urinary bladder.
- Mildly fluid filled stomach, and segments of fluid filled small intestines with decreased progressive motility- Appears to be functional gastroenteritis.
- Diffusely, mildly mottled spleen echotexture several variably sized hyperechoic lesions visualized throughout - Most consistent with benign myelolipomas.
- Moderate amount of suspended echogenic debris in the gallbladder - Gallbladder mucocele is not suspected.
- Bilateral decrease of corticomedullary distinction in the kidneys.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Recommend urine culture to rule out occult urinary tract infection.

Recommend ruling out bacterial cholangitis, VIA ultrasound guided FNA of the bile, and submission of the bile for aerobic/anaerobic bacteria culture, and cytology.

At this time, recommend treating the functional enteritis supportively with prokinetic medications such as erythromycin or metoclopramide.

No obvious causes for the gastroenteritis is visualized. Rule out parasitism via Fecal PCR, and submission of GI Panel to Texas A&M to screen further for possible chronic GI disease.

Recommend ultrasound guided FNA of the spleen, and submission of cytology to rule out round cell neoplasia such as lymphoma, or mast cell disease. If round cell neoplasia is ruled out, then the appearance of the spleen is most likely a normal patient variation.

Recommend full staging, monitoring, and managing of the patient per IRIS guidelines.



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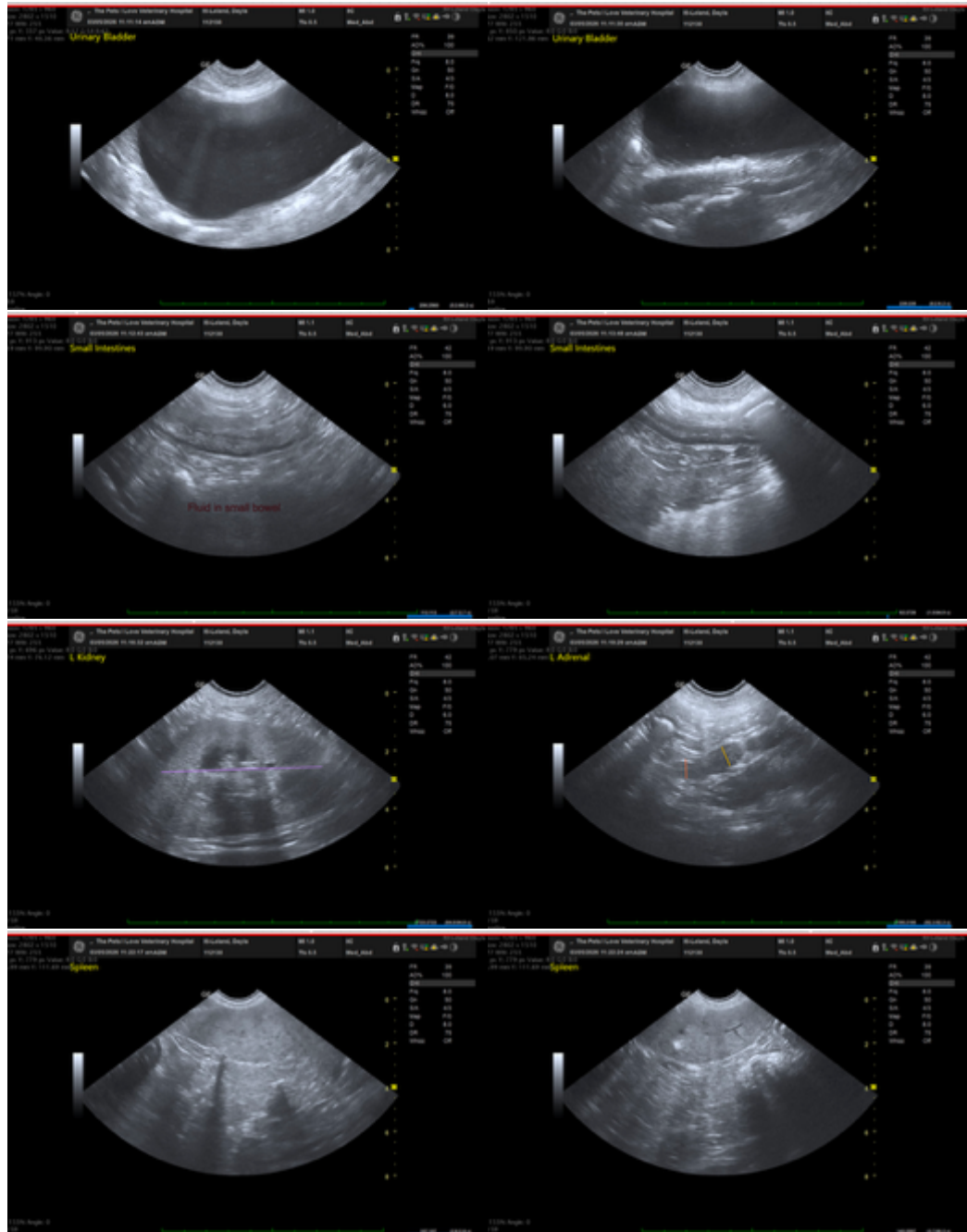
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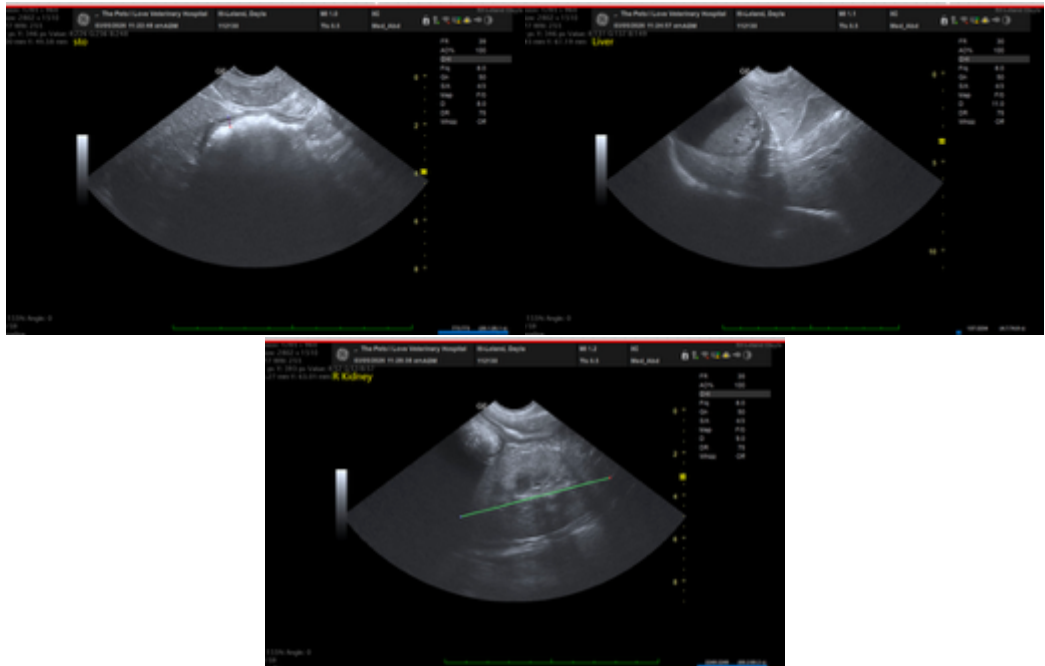
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
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