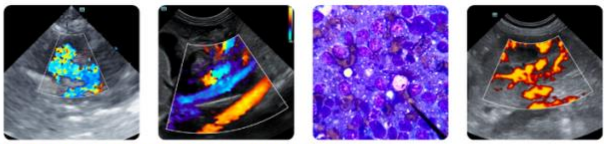

PATIENT

Pickle Tallent

SPECIES

Canine

BREED

DSH

SEX

Spayed Female

AGE

5 Years

WEIGHT

12 pounds

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Scotts Creek Animal Hospital

REFERRING VET

Dr. Rendazzo

INVOICE

14128

DATE

03/06/26

PRESENTING CLINICAL SIGNS

- P presented 2/24 for vomiting 8-10 times and has been hiding, Bloodwork increased eos and ALT 188. Treated supportively
- P returned today for US to evaluate mass effect in craniodorsal abdomen

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 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 3.6 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 3.8 cm in length.

Adrenal Glands

The left adrenal gland presents at the upper limits of normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal gland measured 4.7 mm in width.

The right adrenal gland presents at the upper limits of normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The right adrenal gland measured 5.3 mm in width.

Spleen

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

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 diffusely normal wall layering and thickness. Colon contains formed stool with diffusely normal wall thickness. The stomach wall measured 2.0 mm in width.

Pancreas

The visible pancreas is normal in size with normal echogenic parenchyma and surrounded by normal peri-pancreatic mesentery. The pancreas measured 6.0 mm in width.

Free Abdomen

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There is a 3.5 cm x 1.6 cm isoechoic mass lesion in the abdomen that is suspected to be an intr-abdominal lipoma.

ULTRASONOGRAPHIC FINDINGS

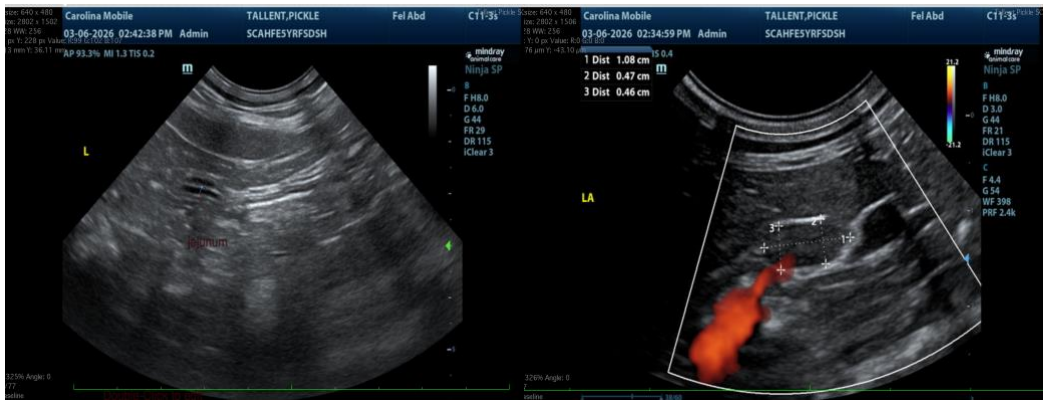
- Both adrenal glands are at the upper end of normal size. This is most likely due to mild adrenal hypertrophy or possible chronic stress. Less likely, the adrenals are at the upper end of normal due to a medical condition such as hyperaldosteronism.
- Possible lipoma- It appears to be in the left aspect of the cranial abdomen. It does not appear to be associated with any organs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If the patient's potassium is found to be low consistently and the patient is found to be hypertensive, recommend screening aldosterone level to determine if it is elevated.

Consider ultrasound-guided fine needle aspirate of abdominal lesion to confirm suspicion of lipoma. This lesion does not appear to be displacing any organs and is not likely to be the cause of the patient's vomiting. No cause for the patient's vomiting is clearly identified on this exam. Recommend supportive care with anti-emetics such as Cerenia, appetite stimulants such as or similar prokinetics.

If clinically warranted, consider erythromycin at a prokinetic dose or metoclopramide. If patient ultimately fails supportive care for their vomiting, then consider submitting Texas A&M GI panel to determine if chronic gastroenteritis or possibly occult pancreatitis is present. If either of these are diagnosed, consider GI biopsies either surgically or endoscopically to rule out parasites if not already done. Recommend fecal pathogen PCR over fecal float as this is a more sensitive test.



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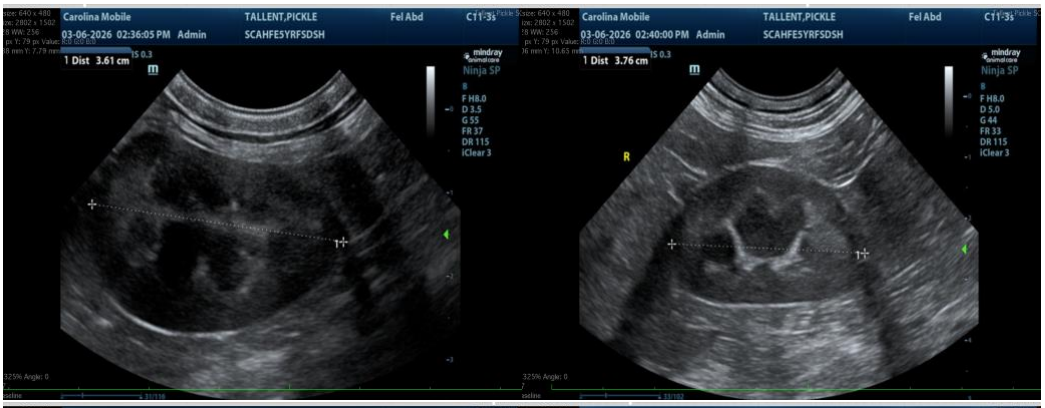

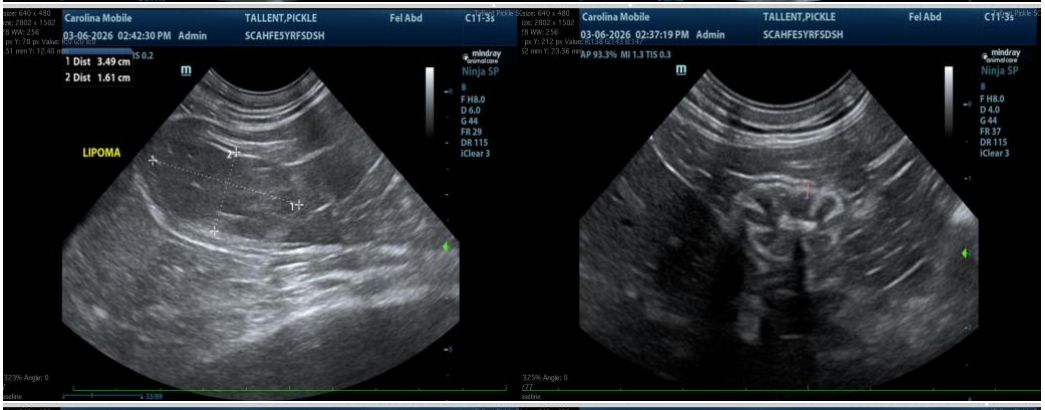

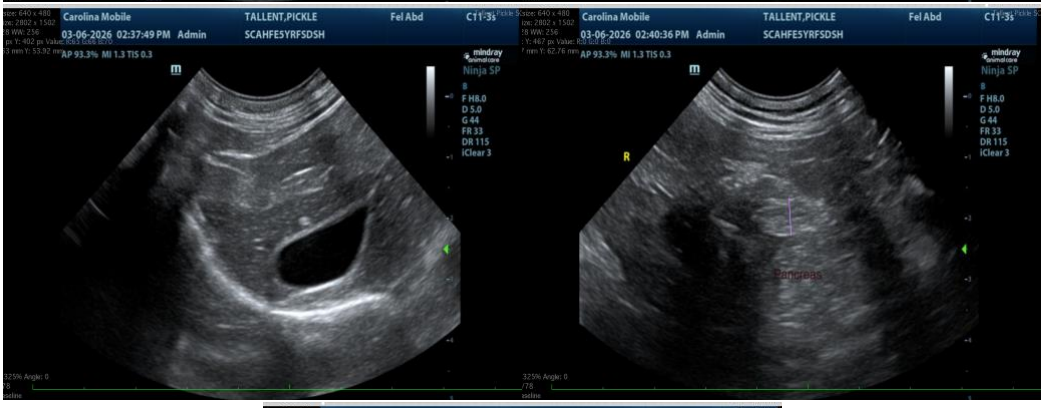

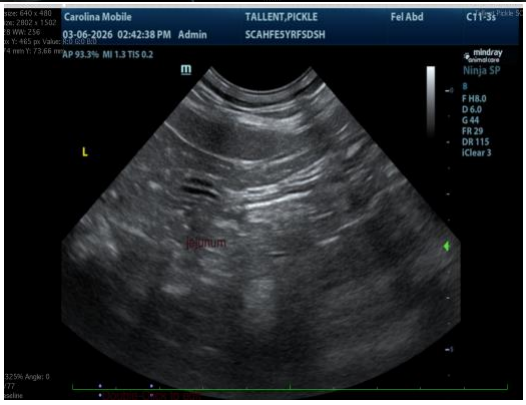

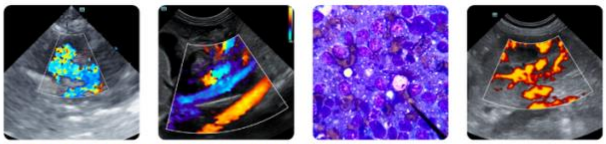

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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