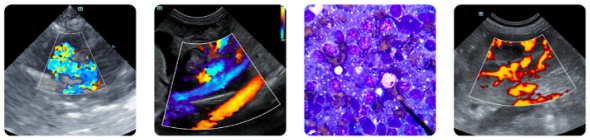

PATIENT

Jagger Hartmann

SPECIES

Canine

BREED

Springer Spaniel

SEX

MN

AGE

11 years

WEIGHT

22 kg

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Iacovides

HOSPITAL NAME

Oakbank Animal Hospital

REFERRING VET

Dr. Mayo

INVOICE

11430

DATE

3/9/2026

PRESENTING CLINICAL SIGNS

- Reduced appetite and occ vomiting has a history of pyleonephritits
- eating lots of snow.
- After exam sent home with Simplicef, cerenia, and aventi kidney while await u/s.
- Owner reports hyporexia persists. No more vomiting.

Abnormal PE/Chem/CBC/UA Results: PE wnl CBC wnl CHEM: SDMA 30 ug/dl (0-14) Crea 157 umol/l (44-159) Urea 20mmol/l (2.5-9.6) Ca 3.97 mmol/l (1.98-3.0) ALT 170 u/l (10-12).

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. The ureteral papillae is not visualized.

The prostate is normal, measuring 9.5 mm in width. It is symmetrical with uniform echogenicity.

The left kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured 6.14 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 5.8 cm in length.

Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 5.3 mm and the caudal pole measures 6.8 mm.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 8.8 mm and the caudal pole measures 6.8 mm.

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 contains a moderate amount of gravity dependent echogenic debris. Some of this debris is aggregating. It appears the patient may have an early immature gallbladder mucocele.

Gastrointestinal

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

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Pancreas

The right limb of the pancreas appears normal. The left limb of 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

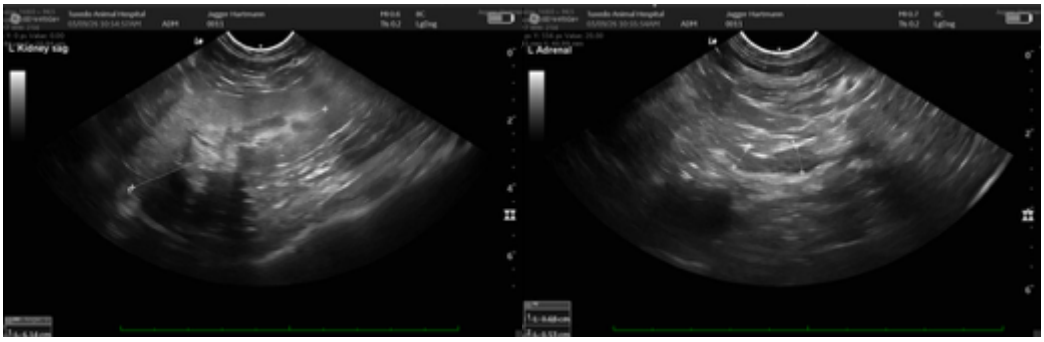
- Moderate amount of gravity dependent echogenic debris in the gallbladder – Immature gallbladder mucocele.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Consider ultrasound guided FNA of the gallbladder and submitting bile for aerobic/anaerobic culture and cytology to rule out bacterial cholangitis as the cause of the appearance of the gallbladder. If bacterial cholangitis is diagnosed, treat according to antibiotic sensitivity profile for approximately 6 weeks with an appropriate antibiotic. Recheck imaging in 6 weeks and recheck serum chemistry to determine if ALT is normalized with this treatment. Recommend ursodiol at 15 mg/kg given by mouth split into two daily doses.

If owners elect not to pursue gallbladder aspirate, then consider treating with an antibiotic such as amoxycillin for 6 weeks and ursodiol. Recheck liver values in 6 weeks and recommend a gallbladder ultrasound to determine if the appearance of the gallbladder is improved.

No cause for the patient's elevated SDMA or Urea are seen on this exam. No evidence of renal abnormalities. Given the elevated SDMA, recommend full staging, monitoring, and managing the patient per international renal interest society (IRIS) guidelines. There is no cause for the reported hypercalcemia observed on today's exam. Consider submission of malignancy panel to Michigan State University for further evaluation of possible causes of hypercalcemia. No evidence of pyelonephritis is observed on today's exam, however, if there is clinical suspicion of occult pyelonephritis still persists, recommend a urine culture to rule out UTI.



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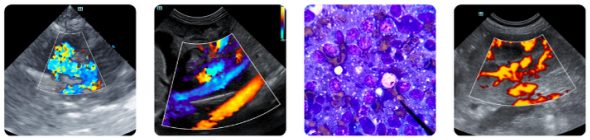

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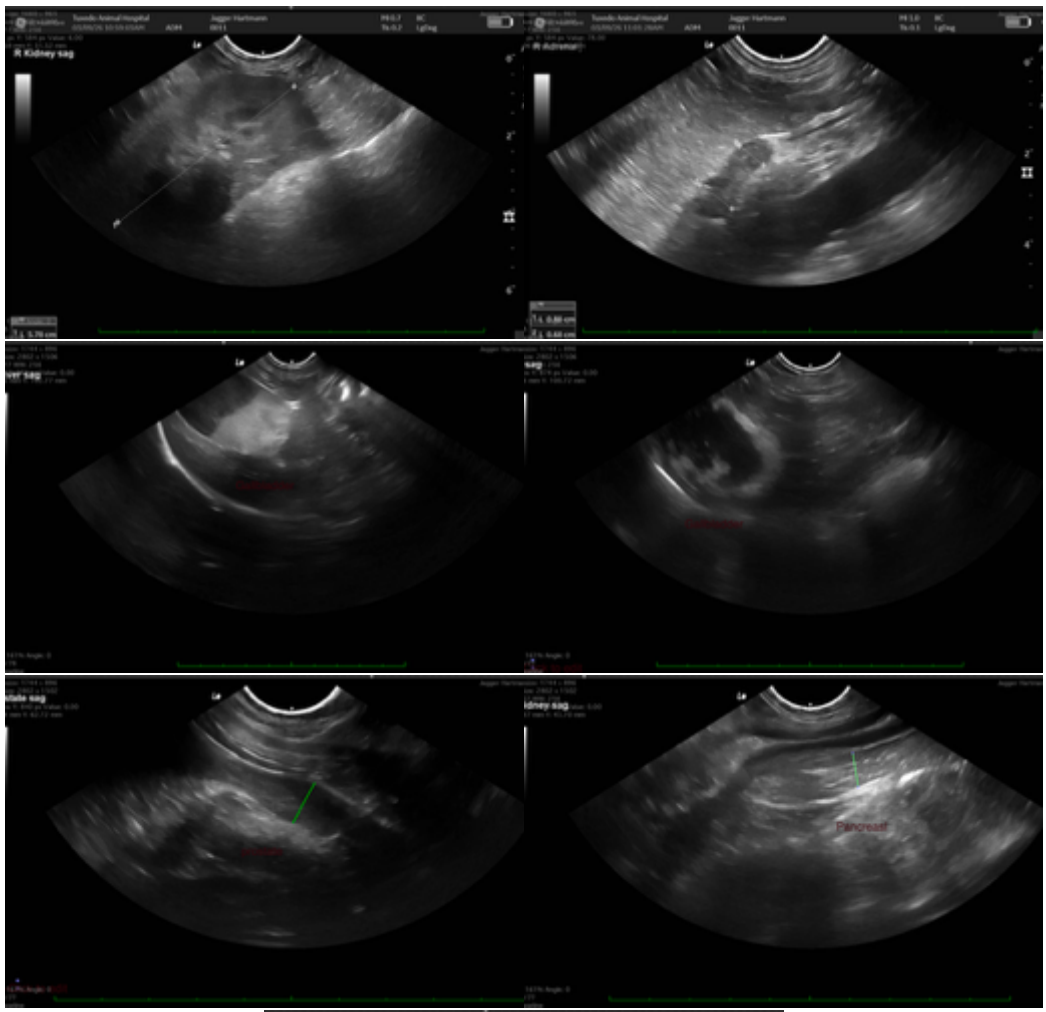

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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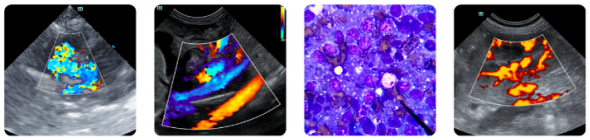

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Veterinary Internal Medicine Specialist
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