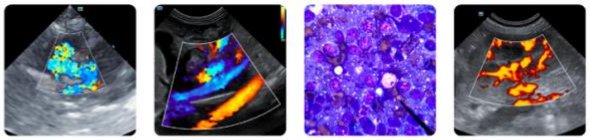

PATIENT

Millie Napierala

SPECIES

Canine

BREED

Labrador Retriever Mix

SEX

Spayed Female

AGE

4 Years

WEIGHT

61 pounds

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Jennifer Todd

HOSPITAL NAME

Lambs Gap Animal Hospital

REFERRING VET

Dr. Cynthia Kinney

INVOICE

14154

DATE

03/09/25

PRESENTING CLINICAL SIGNS

- Millie is a 28kg, 4 year old, female spayed lab mix who has a history of intermittent vomiting and not eating. She had a normal Texas GI panel in 2023. Per doctor recommendations owners tried famotidine, omeprazole, and probiotics but nothing long term. Owners did not note any improvement while on these medications. Her weight is currently stable. She had normal blood work in January 2026. An abdominal ultrasound was recommended to evaluated her gastrointestinal tract. She is an anxious girl but very sweet.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder is moderately distended. The urine contains a marked amount of suspended hyperechoic debris. The bladder wall is normal in appearance and thickness. No masses are seen. The ureteral papilla was not seen. There are approximately three uroliths present in the lumen of the bladder. Caudal most measures 4.7 mm in diameter. Middle measures 6.9 mm in diameter and cranial most measures 4.5 mm in diameter. These uroliths are causing hard shadowing.

The left kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured 5.8 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 5.6 cm in length.

Adrenal Glands

The left adrenal gland presents diffusely slightly small in size for a patient of this body weight. The cranial pole measures 4.0 mm and the caudal pole measures 3.9 mm.

The right adrenal gland presents slightly small at the caudal pole measuring 3.8 mm in width. The cranial pole measures at the low end of normal at 4.6 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

Diffusely, small intestine contains a mild to moderate amount of ingesta. The small bowel wall appears normal in thickness and layering. Colon contains normal contents with normal wall thickness. The

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stomach contains a moderate amount of digested food. No pyloric outflow tract obstruction is seen. It appears patient may not be fully fasted for this exam. The shadowing caused by the stomach is inhibiting a view of the left pancreas.

Pancreas

The left limb of the pancreas is not seen. The right limb of the pancreas appears mildly hypoechoic. Surrounding steatitis is seen.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

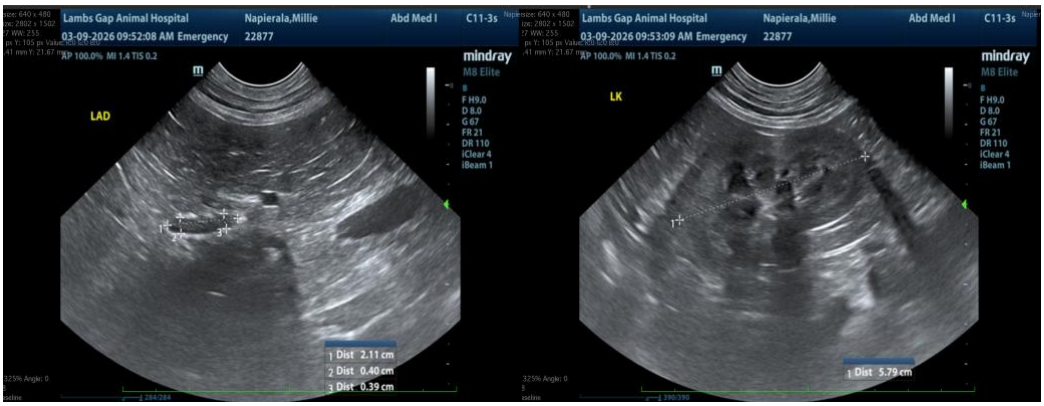
- Urinary bladder uroliths.
- Bilaterally small adrenal glands.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations include starting a dissolution diet such as Royal Canin SO or Hill ID for one month and remeasure the uroliths via ultrasound. If uroliths do appear to be decreasing in size or have dissolved in that month, then recommend this dissolution diet for life to control uroliths. If uroliths are unchanged in one month after starting a strict dissolution diet, then recommend cystotomy submitting uroliths for analysis to determine composition and formulate dietary plan to prevent future uroliths.

Given that both adrenal glands are slightly small in size, recommend performing ACTH stimulation test to screen patient for Addison's disease.

No evidence of GI disease seen on this exam.



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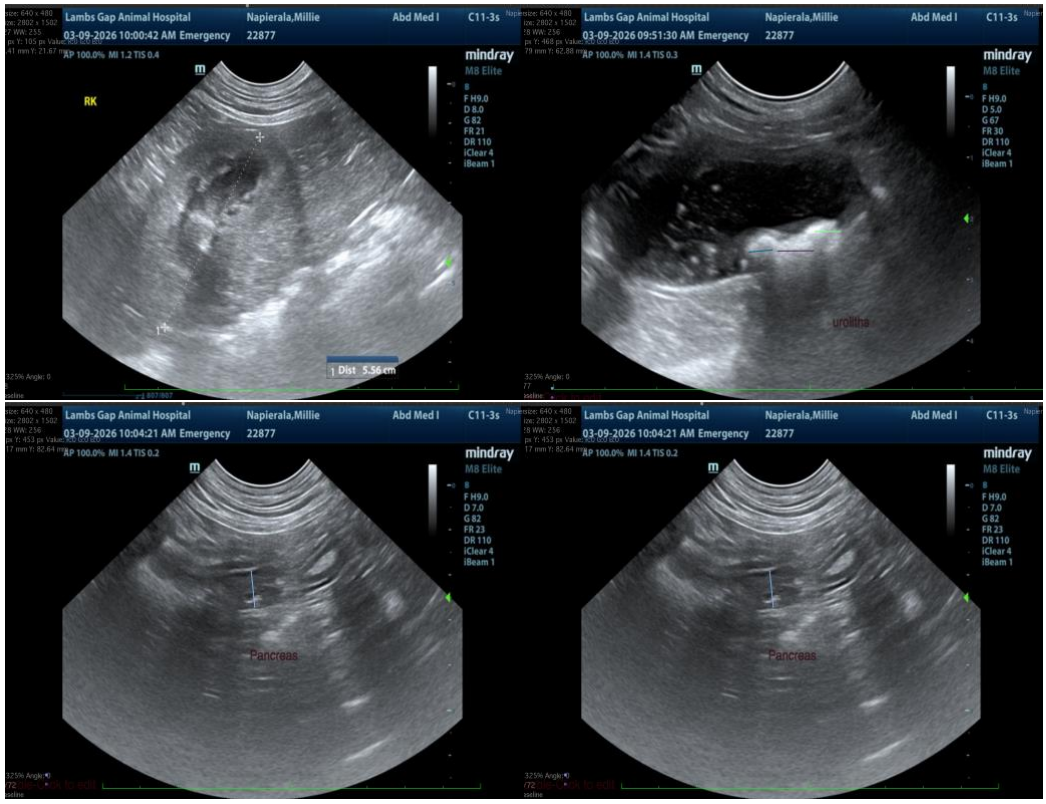

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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