



PATIENT

Remi Hill

SPECIES

Canine

BREED

Pitbull Mix

SEX

Spayed Female

AGE

13 Years

WEIGHT

38 pounds

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Amanda Hockenbrock

HOSPITAL NAME

Lewisburg Veterinary
Hospital

REFERRING VET

Dr. Jamie Vincent

INVOICE

14155

DATE

03/09/26

PRESENTING CLINICAL SIGNS

- Ongoing D+ for almost 2 weeks
- The D+ was improving on metro, Fortiflora and a bland diet
- diarrhea returned when owner was transitioning back to regular food
- 2lb weight loss noted from 2-25-26 until today, 3-9-26

Abnormal PE/Chem/CBC/UA Results: BW results from 1-24-26 ALP- 668 (Range 5-160) Lipa-515 (Range 0-250) Lipase on 2-25-26 was elevated to 5303 with episodes of vomiting and diarrhea Lipase today, 3-9-26, was WNL, but diarrhea continuing

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 was 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 4.9 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 4.8 cm in length.

Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 4.6 mm and the caudal pole measures 5.4 mm.

The right adrenal gland was not clearly visualized on this exam.

Spleen

The spleen is normal in size, shape, margination and echogenicity. No masses are seen. Hyperechoic foci were present in the area of the splenic hilus, most likely benign myelolipoma. The spleen has 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 has diffusely normal wall layering and thickness. The stomach contains a moderate amount of retained ingesta. No pyloric outflow tract obstruction is seen. The patient appears not



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completely fasted for this exam. Diffusely the jejunum, ileum, and duodenum all have normal thickness and layering. They do contain a mild amount of ingesta passing through the lumen. Thickness and layering appear normal. Colon contains soft stool. Colon wall diffusely appears normal in thickness, measuring 2.3 mm in length.

Pancreas

The right and left limb of the pancreas is normal in size with normal echogenic parenchyma and surrounded by normal peri-pancreatic mesentery.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

- GI ingesta.
- Splenic foci- suspect benign myelolipomas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No cause for the patient's subacute diarrhea seen on this exam. Recommend screening for secondary causes for the diarrhea. If not already performed, submit a fecal pathogen PCR. Also, it appears the patient's diarrhea may have responded to a dietary change. Recommend diet trial, either hydrolyzed diet or consider novel protein diet. If no improvement within two weeks and fecal parasite is negative, recommend screening via a Texas A&M GI panel to screen the patient for possible chronic enteropathy.

If patient does not respond to diet trial and no secondary cause for the diarrhea is identified, such as parasites and the Texas A&M GI panel suggests possible chronic enteropathy, then at that time we would recommend GI biopsies either surgically or endoscopically, preferably endoscopically, given that they are more minimally invasive.

At this time, the patient's prognosis appears good.



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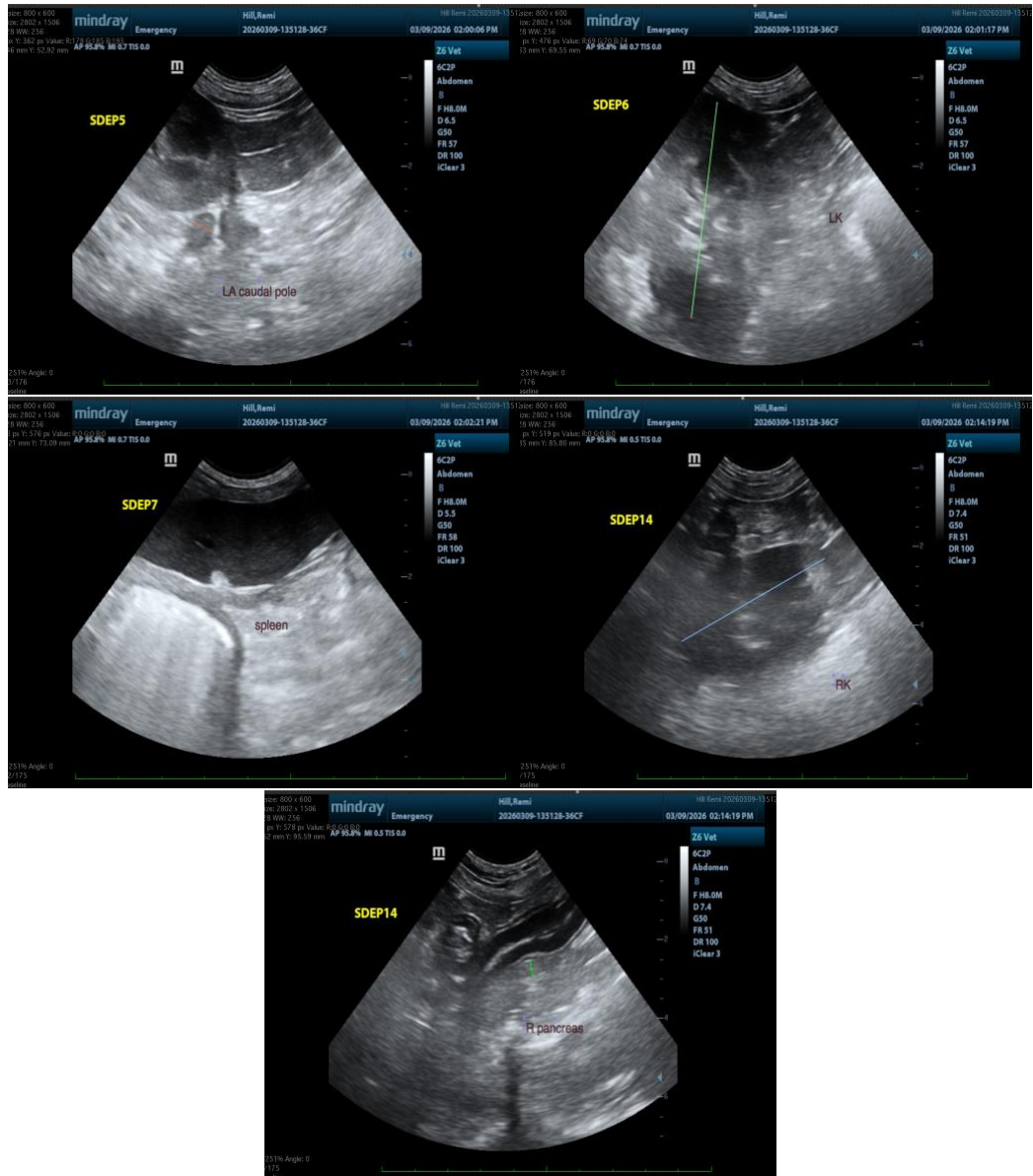
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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