



PATIENT

Molly Franckowiak

SPECIES

Canine

BREED

Pit Bull x

SEX

Spayed Female

AGE

10 Years

WEIGHT

22.1 kg

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Renee Trionfetti, VMD

HOSPITAL NAME

Blue Pearl Wyomissing

REFERRING VET

Blue Pearl Wyomissing

INVOICE

74136

DATE

4/1/26

PRESENTING CLINICAL SIGNS

AUS to further evaluate vomiting, diarrhea, anorexia and lethargy. Mild ALT elevation that has resolved. Presented to the ER 3/22/26 initially with V/D. Treated supportively and the vomiting improved. Represented to the ER on 3/28/26 for continued soft stool, inappetence and lethargy. BW showed mild ALT elevation with improvement on subsequent BW, mild hypokalemia and mild pancreatic lipase elevation. AXR noted microhepatica, non-specific gastroenterocolitis suspected. Working Ddx: resolving pancreatitis, GEC, IBD, inflammatory hepatopathy vs other Supportive care: SQF, Cere, Ondansetron, Gabapentin, Entyce. Diet: GI biome (New Rx)

Abnormal PE/Chem/CBC/UA Results: ER 3/22/26-3/28/26: AXR: Assessment: The appearance of the GI & clinical hx are most consistent w/a diffuse nonspecific GEC and diarrhea. The etiology is not identified. Mild microhepatica; differentials include a normal variance, fibrosis, or cirrhosis. Chronic L1-2 IVDD • CBC: Mild hemoconcentration, Hct 60.4%, Plts 360-n, remainder NSF • PCV/TS: 59/7 • Chem: ALT 253 -> 136 H, Glu 136 H, K 3.3L -> 3.7 L, Na 150 Pancreatic lipase: 208 (H)

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 right kidney is overall normal in size (5.6 cm) and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortex are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed.

The left kidney is overall normal in size (6.2 cm) and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortex are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted. There is no evidence of pyelectasia or infarcts observed.

Adrenal Glands

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 5.5 mm and the caudal pole measures 5.2 mm.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 6.2 mm and the caudal pole measures 6.3 mm.

Spleen

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

Liver

The liver appears subjectively small in size. However, it has normal echogenicity and echotexture with normal vascular markings. No evidence is seen on this ultrasound of hepatic cirrhosis. The visible gallbladder appears normal.



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Gastrointestinal

The stomach has normal wall layering and thickness. There are several sections of small bowel that have a subjectively mildly thickened muscularis layer. Colon contains normal contents with normal wall thickness.

Pancreas

The right limb of the pancreas appears appropriately isoechoic to surrounding omental fat. The capsule is mildly irregular in shape. Parenchyma is mildly heterogenous and coarse. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

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

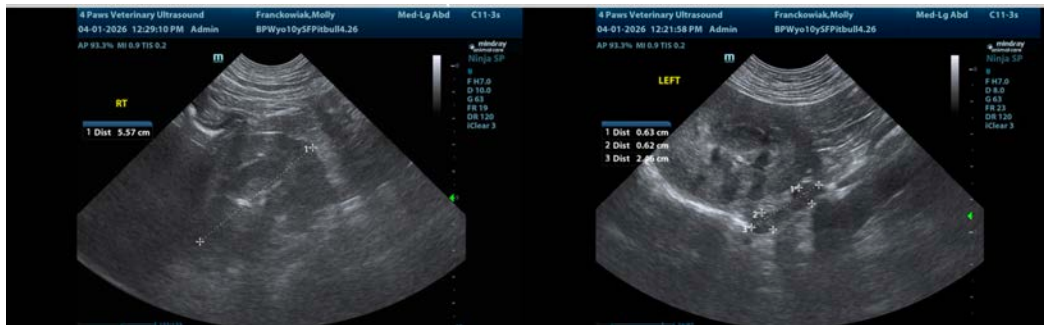
ULTRASONOGRAPHIC FINDINGS

- Subjectively mildly thickened muscularis layer of some sections of small bowel - Most likely a normal variation, less likely due to inflammatory infiltrative disease such as inflammatory bowel disease.
- Subjectively small liver - This may be a normal variation, unlikely due to hepatic cirrhosis at this time.
- Age related renal changes and pancreatic remodeling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hepatic disease is not strongly suspected at this time. If there continues to be concern for possible hepatic disease, considering performing bile acids to determine liver function.

No cause for the patient's GI signs is seen on this ultrasound. Consider routine workup for GI disease including fecal pathogen PCR and recommend treating supportively for patient's GI signs. Consider a prokinetic such as Metoclopramide or preferably Erythromycin at a prokinetic dose of 0.5-1.0 mg/kg given orally every 8 hours. Consider submitting GI panel to determine if chronic enteropathy may be present. If the recommend GI panel suggests possible chronic enteropathy and no underlying cause is identified and clinical signs persist, consider GI biopsies either surgically or endoscopically.





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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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