



PATIENT

Sugar Anderson

SPECIES

Canine

BREED

Brittany Spaniel

SEX

Spayed Female

AGE

8 Years

WEIGHT

43 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
 DACVIM (SAIM)

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Pet Care Clinic of the
 High Country

REFERRING VET

Dr. Sturgill

INVOICE

74130

DATE

4/1/26

PRESENTING CLINICAL SIGNS

P seen 3/19/26 for ADR decreased appetite cranial abdominal pain, rads bloodwork, cpl all normal at that time. Urinalysis free catch showed cocci- started on Clavamox 250mg and Cerenia. Currently on Hills GI Biome diet.

Finished antibiotics significant improvement P is having frequent urination today and hyperthermia-possible stress related vs ongoing infection.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with a mild amount of echogenic non-shadowing debris, most consistent with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can present with echogenic debris. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The right kidney presents normal size (5.3 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (5.0 cm) with normal shape and architecture. Normal corticomedullary distinction. There is mild pyelectasia of 2.8 mm width.

Adrenal Glands

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 5.7 mm and the caudal pole measures 5.9 mm.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 4.9 mm and the caudal pole measures 5.5 mm.

Spleen

The spleen is normal in size, shape, margination and echogenicity. No masses are seen. 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 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 is mildly diffusely hypoechoic. No surrounding steatitis. Significant pancreatitis does not appear to be present. The left limb appears normal.

Free Abdomen

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

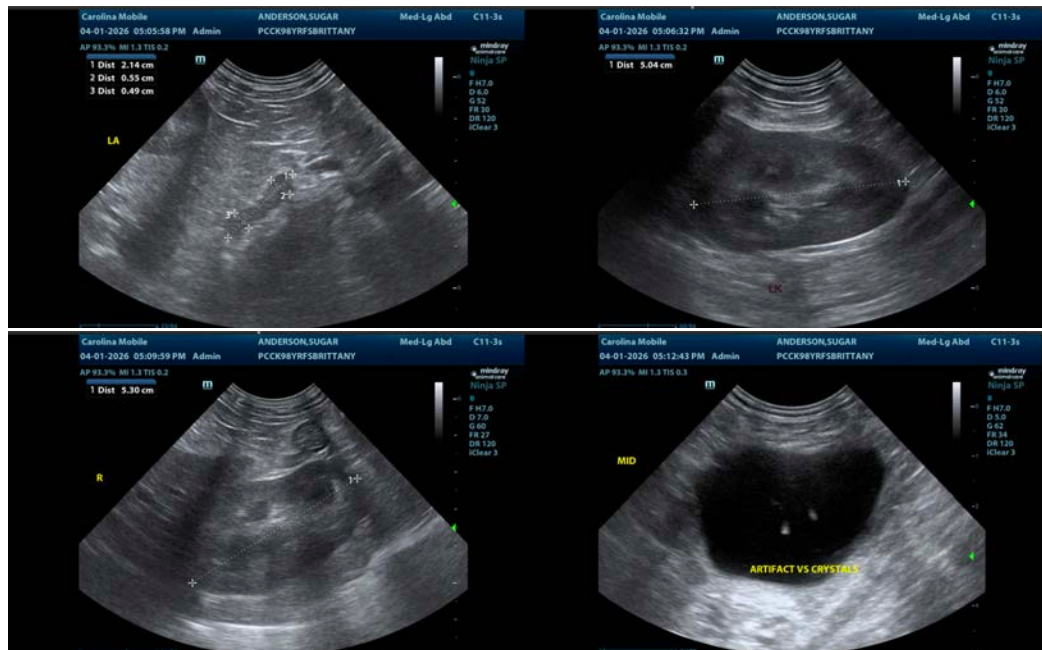
ULTRASONOGRAPHIC FINDINGS

- Possible mild pancreatic inflammation.
- Urinary bladder debris – Most likely insignificant.
- Mild left-sided renal pyelectasia – This may be normal for this patient or much less likely could indicate possible inflammation and pyelonephritis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Consider repeating a cPLI to determine the significance of the pancreatic findings and whether it may be the cause of the patient’s clinical signs, although it does not appear so based on this ultrasound.

Given the patient’s clinical signs, recommend submitting urine culture and antibiotic sensitivity to determine if urinary tract infection or pyelonephritis may be the cause. If urinary tract and pyelonephritis are ruled out, recommend further screening for vector borne diseases via a North Carolina State University comprehensive vector borne disease testing panel. If vector borne diseases are ruled out and the patient remains hyperthermic, consider autoimmune diseases, screening with an antinuclear antibody may be recommended.





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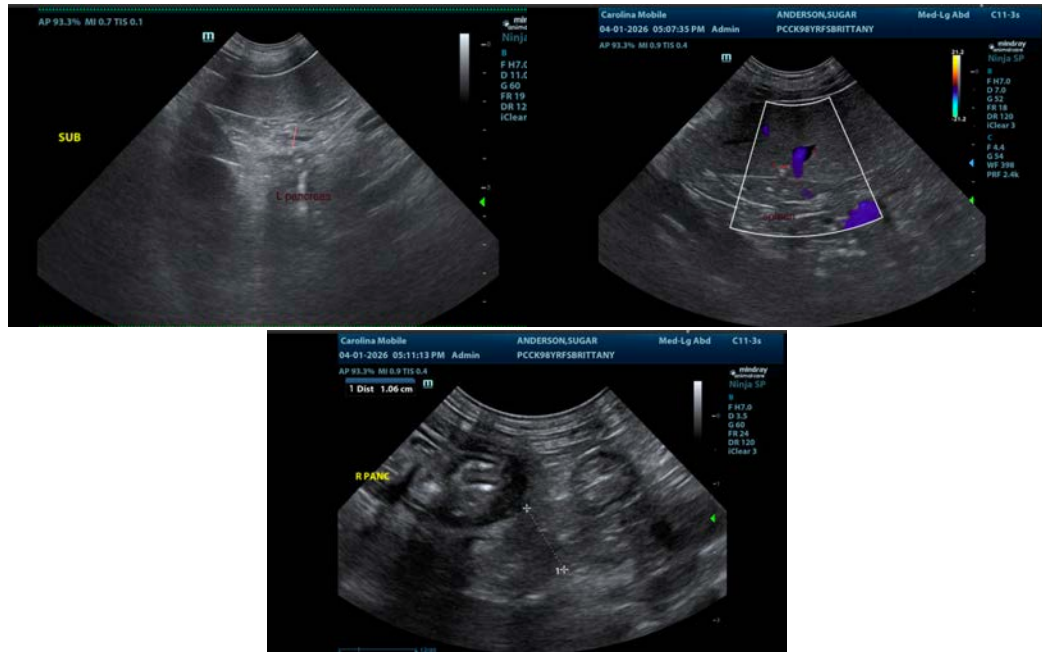
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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