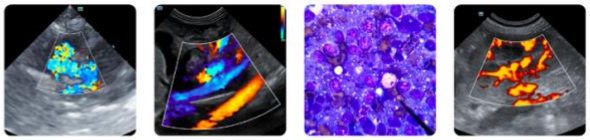


PATIENT

Henry Ingber

SPECIES

Canine

BREED

Miniature Schnauzer

SEX

Neutered Male

AGE

13 Years

WEIGHT

10.1 Pounds

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Cassidy Stranzl

HOSPITAL NAME

Dakota VC

REFERRING VET

Dr. Cassidy Stranzl

INVOICE

36554

DATE

4/11/26

PRESENTING CLINICAL SIGNS

History: PU/PD first noticed March 28, UA retrieved via cystocentesis showed bacteria and rbcs, treated w/ cefovecin, culture showed bacteria is susceptible to this antibiotic so no further intervention until recheck.

Recheck U/A today is nsf aside from SG 1.016, however, O reports pt is still PU/PD.

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 prostate was normal, measuring 5.9 mm in width, with symmetrical uniform echogenicity.

The visible right kidney presents normal size with normal shape and architecture. Mild loss of corticomedullary distinction. No pyelectasia or ureteral dilation. Several nonobstructive nephroliths were present in the renal pelvis. One of these nephroliths is measured and found to be 5.6 mm in width.

The left kidney presents normal size (3.5 cm in length) with regular shape. Moderate loss of corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

Adrenal Glands

The right adrenal gland was not seen.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal gland measures 3.7 mm in width.

Spleen

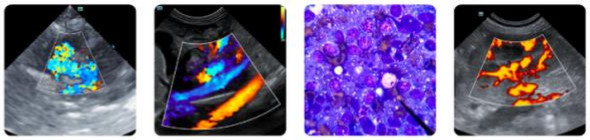
The spleen is normal in size, shape, margination and echogenicity. No masses are seen.

Liver

Liver is subjectively enlarged (swollen contour) without disruption of architecture. It has a normal homogenous echotexture. Parenchyma is diffusely hyperechoic characterized by less prominent than normal portal vein walls and increased echogenicity relative to the spleen and falciform fat. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is moderately distended with anechoic bile as well as marked suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

Gastrointestinal



PATIENT

Henry Ingber

SPECIES

Canine

BREED

Miniature Schnauzer

SEX

Neutered Male

AGE

13 Years

WEIGHT

10.1 Pounds

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Cassidy Stranzl

HOSPITAL NAME

Dakota VC

REFERRING VET

Dr. Cassidy Stranzl

INVOICE

36554

DATE

4/11/26

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

Pancreas

The visible 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

- Loss of corticomedullary distinction bilaterally in the kidneys
- Urinary bladder debris
- Hyperechoic hepatomegaly
- Marked gallbladder debris

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If not already performed, recommend full serum chemistry be performed to evaluate patient for possibility of hepatic disease, given the appearance of the liver. If cholestatic markers are elevated, consider secondary cause for appearance of the liver. If cholestatic enzyme markers are elevated, this could possibly be cholestasis due to the gallbladder debris present. If warranted, start ursodiol at a dose of 15 mg/kg by mouth, split into two daily doses. If gallbladder disease is ruled out as cause of patient's liver, consider screening for other diseases that would potentially cause a secondary hepatopathy. It specifically appears the patient may have a vacuolar hepatopathy. Secondary diseases to consider would include screening for hyperadrenocorticism, hypertriglyceridemia, hypothyroidism, or occult gastrointestinal or occult pancreatic disease. If liver enzymes are not elevated, then consider periodically monitoring the gallbladder and liver via ultrasound and labwork.

Recommend full renal staging, monitoring and managing the patient per International Renal Interest Society guidelines. No specific cause for the patient's polyuria/polydipsia is seen. Suspect possible cause of the patient's polyuria/polydipsia may be chronic kidney disease. If renal disease is ruled out as a cause of polyuria/polydipsia, recommend working patient up for the suspected vacuolar hepatopathy that was described previously.

PATIENT

Henry Ingber

SPECIES

Canine

BREED

Miniature Schnauzer

SEX

Neutered Male

AGE

13 Years

WEIGHT

10.1 Pounds

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Cassidy Stranzl

HOSPITAL NAME

Dakota VC

REFERRING VET

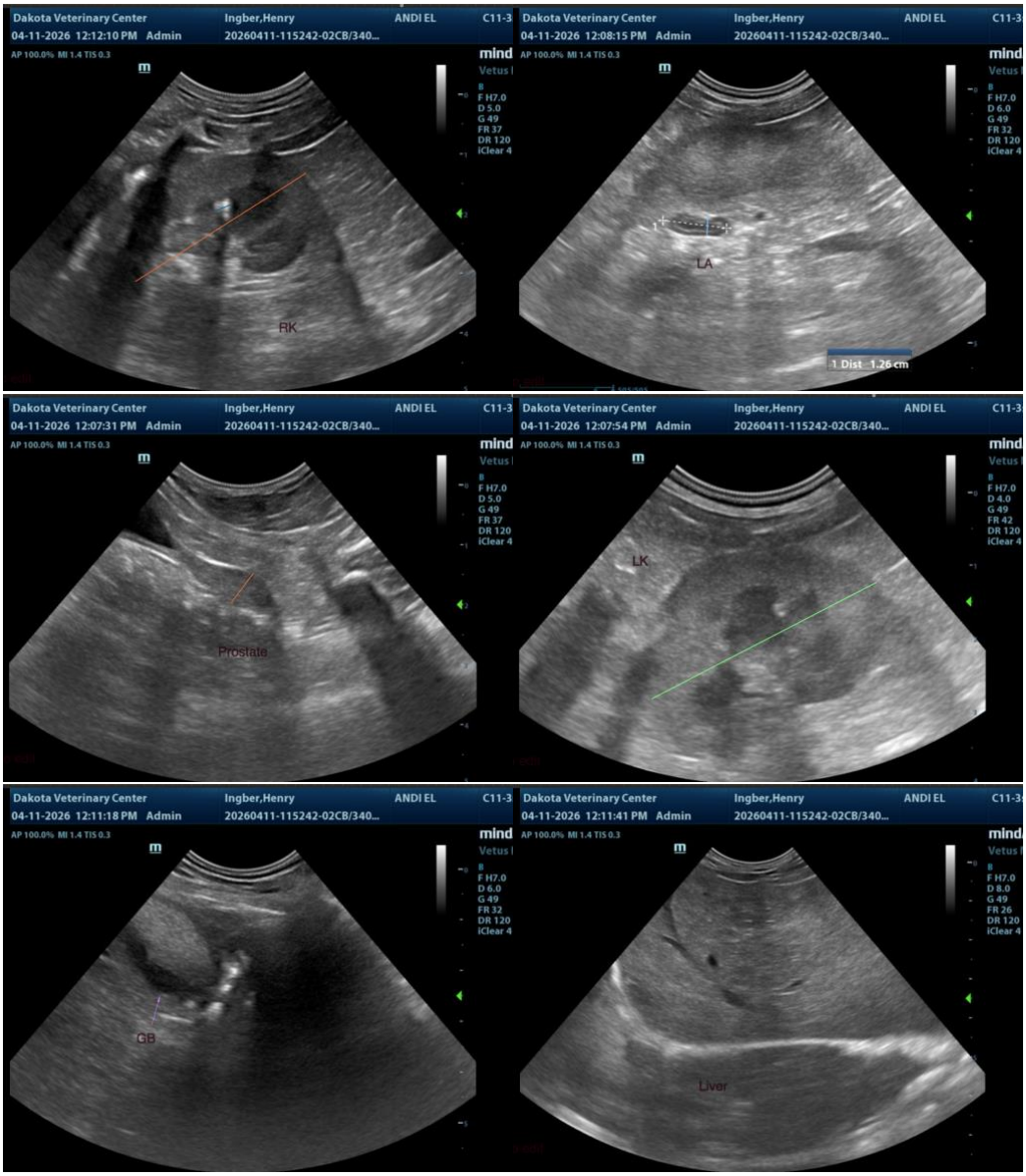
Dr. Cassidy Stranzl

INVOICE

36554

DATE

4/11/26



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