



PATIENT

Marsha Ardo

SPECIES

Canine

BREED

German Shepherd Mix

SEX

Spayed Female

AGE

13 Years

WEIGHT

26.2 kg

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Gira

HOSPITAL NAME

Coach Hill Animal
Hospital

REFERRING VET

Dr. Barker

INVOICE

15065

DATE

04/13/26

PRESENTING CLINICAL SIGNS

Vomiting, diarrhea started about 5 days ago. Not eating (20% of her normal food intake).

Abnormal PE/Chem/CBC/UA Results: Low albumin 19, TP and T4. BW attached

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Diffusely, the urinary bladder has irregular luminal margin and appears subjectively thickened. Urinary bladder wall measures 4.6 mm width. There is mild suspended echogenic debris within the urinary bladder. These findings may potentially be due to chronic bacterial cystitis.

The left kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted. The left kidney measured 6.7 cm in length.

The right kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted. The right kidney measured 6.5 cm in length.

Adrenal Glands

The left 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 5.3 mm.

The right 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 7.2 mm.

Spleen

Spleen is diffusely enlarged and has a heteroechoic echotexture.

Liver

Liver is relatively normal in size and contour. Parenchyma is mildly heterogenous and coarse with mild likely age-related parenchymal remodeling noted. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder is moderately to markedly distended with anechoic bile and mild gallbladder debris present. A gallbladder obstruction is not seen on this exam.

Gastrointestinal

The stomach has normal wall layering and thickness.

The duodenum is thickened at 7.8 mm in width and has loss of normal layering. It is difficult to determine the distinction between the mucosa and submucosa. Jejunum diffusely also has loss of layering and is mildly thickened at 5.8 mm in width. It is difficult to determine the junction between the mucosa/submucosa.



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Diffusely, the colon wall is mildly thickened and hypoechoic and measures 2.5 mm width. Colon contains liquid feces at this time. Diarrhea is imminent.

Pancreas

The right limb of the pancreas is normal in size with normal echogenic parenchyma and surrounded by normal peri-pancreatic mesentery. The left limb of pancreas is diffusely mildly enlarged in size at 1.3 cm width and diffusely hypoechoic without significant surrounding steatitis.

Free Abdomen

A scant pocket of free fluid near the left liver and the head and spleen is present and appears too small to attempt abdominocentesis. The origin of fluid is undetermined on this exam.

Prominent medial iliac lymph node is present and measures 8.8 mm x 6.7 mm. Most likely normal or possibly reactive, less likely prominent due to a neoplastic cause. Moderately enlarged hypoechoic irregularly shaped mesenteric lymph nodes are present. A representative node measures 25.7 mm x 11.0 mm. These nodes most likely are reactive. The cause of their enlargement is most likely they are reactive, less likely but possibly maybe enlarged due to infiltrative round cell neoplasia or metastatic neoplasia.

ULTRASONOGRAPHIC FINDINGS

- Enlarged medial iliac and mesenteric lymphadenopathy.
- Scant free fluid.
- Enlarged left pancreas.
- Nonobstructive bilateral renal foci.
- Gallbladder debris.
- Hepatic remodeling.
- Splenic enlargement.
- Urinary bladder wall thickening with suspended debris.
- Mild colonic thickening with liquid fecal matter.
- Severe inflammatory bowel disease pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If possible, I recommend ultrasound guided fine needle aspirate of lymph nodes with submission for cytology. If urinalysis not performed, recommend urinalysis. If active urine sediment, recommend urine culture.

The appearance of the small bowel is consistent with a severe inflammatory enteropathy. Rule out parasitism if not already performed via fecal pathogen PCR. If parasitism is ruled out, recommend GI biopsies either surgically or given that the patient is hypoalbuminemic, recommend endoscopic biopsies as there is less risk of dehiscence of surgical sites with endoscopic biopsies. Also given that the colon appears abnormal, biopsies of the colon can be obtained endoscopically which would be recommended. If endoscopy not available, surgical biopsies, both endosurgical biopsies would be appropriate as well.

The appearance of the spleen may be age-related or may be age and breed related. However, infiltrative neoplasia such as lymphoma cannot be ruled out. Recommend fine needle aspirate of the spleen prior to biopsies of GI tract.



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If parasitism rolled out, severe inflammatory bowel disease versus possible infiltrative lymphoma are possible.

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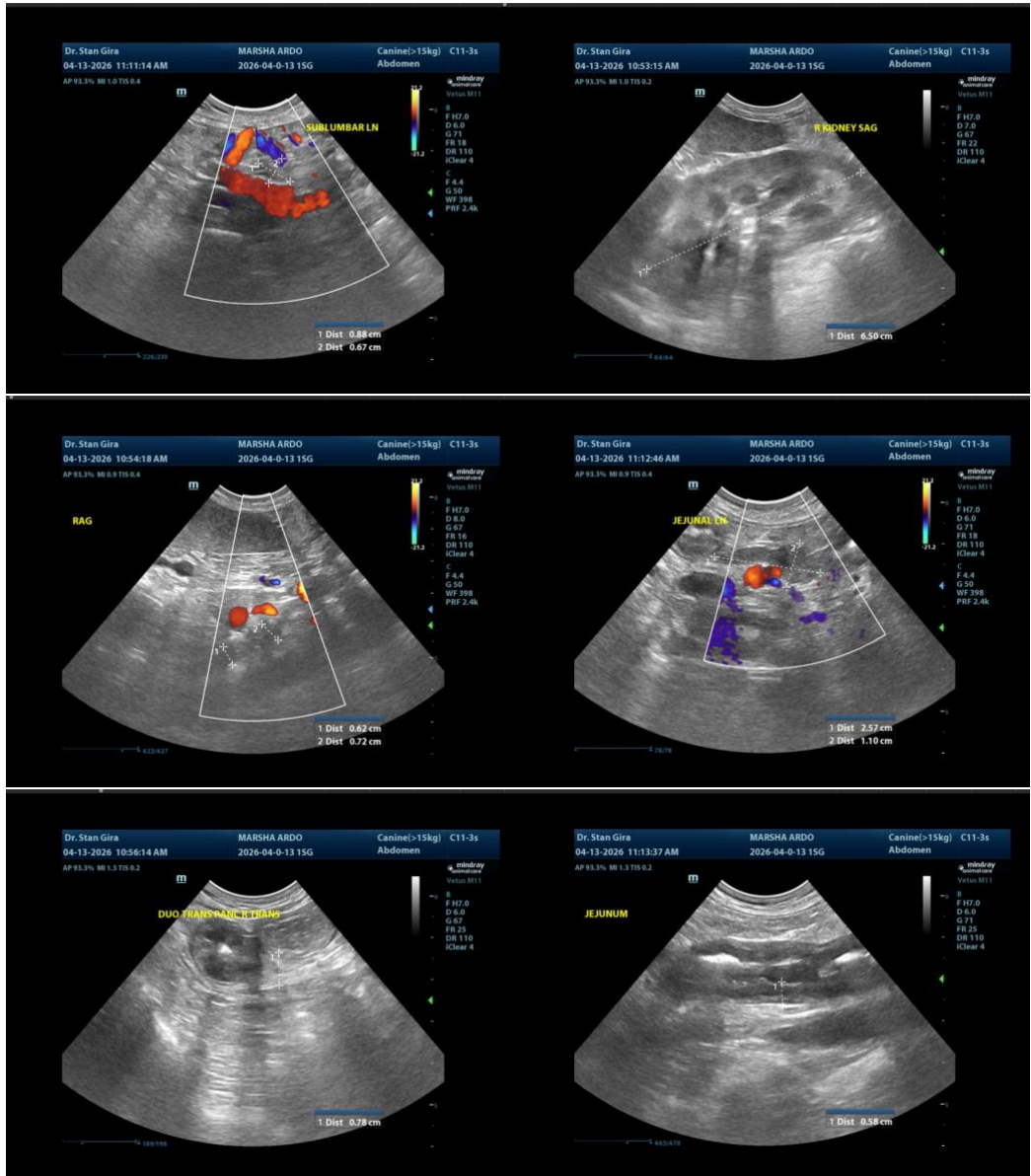
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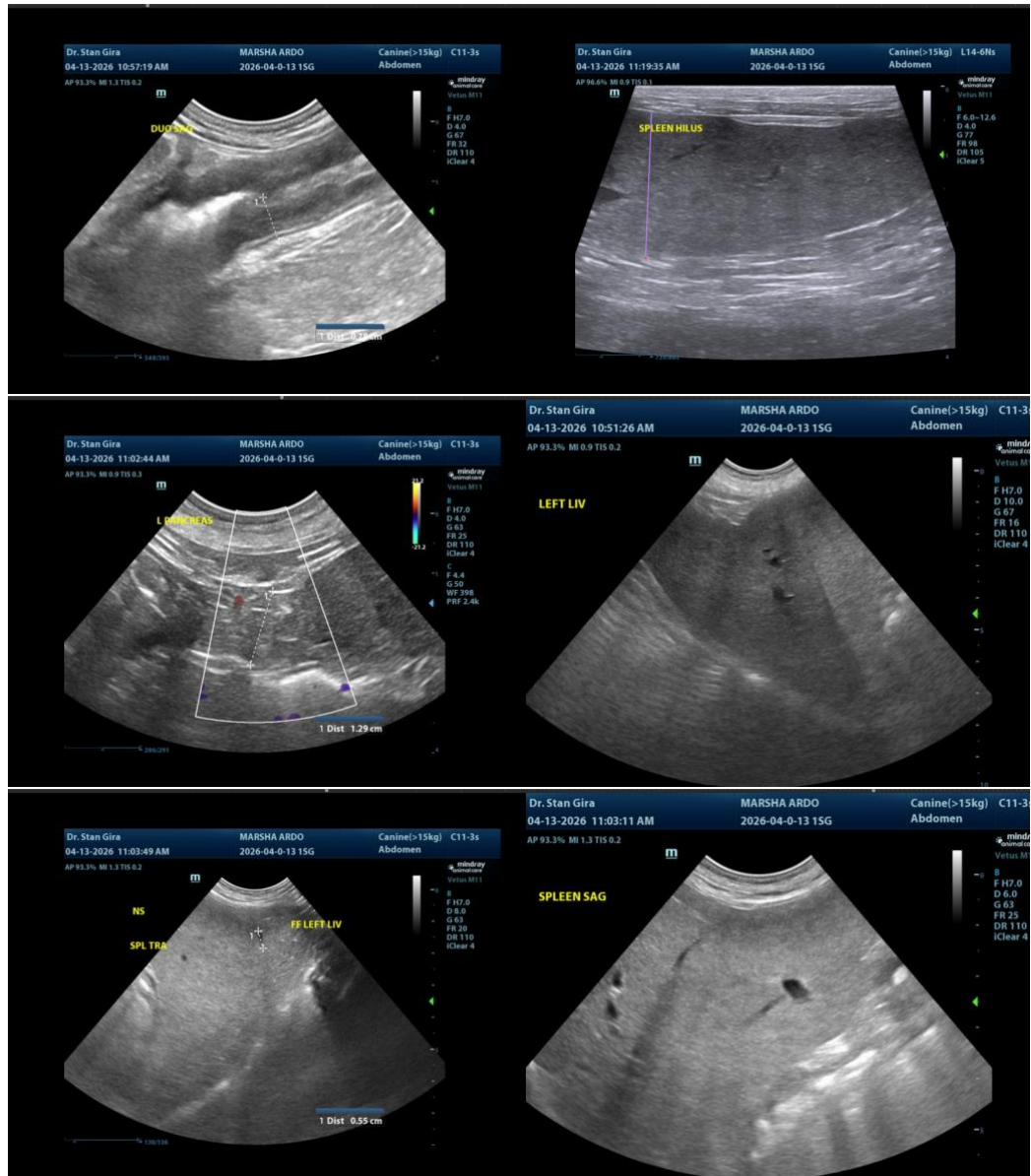
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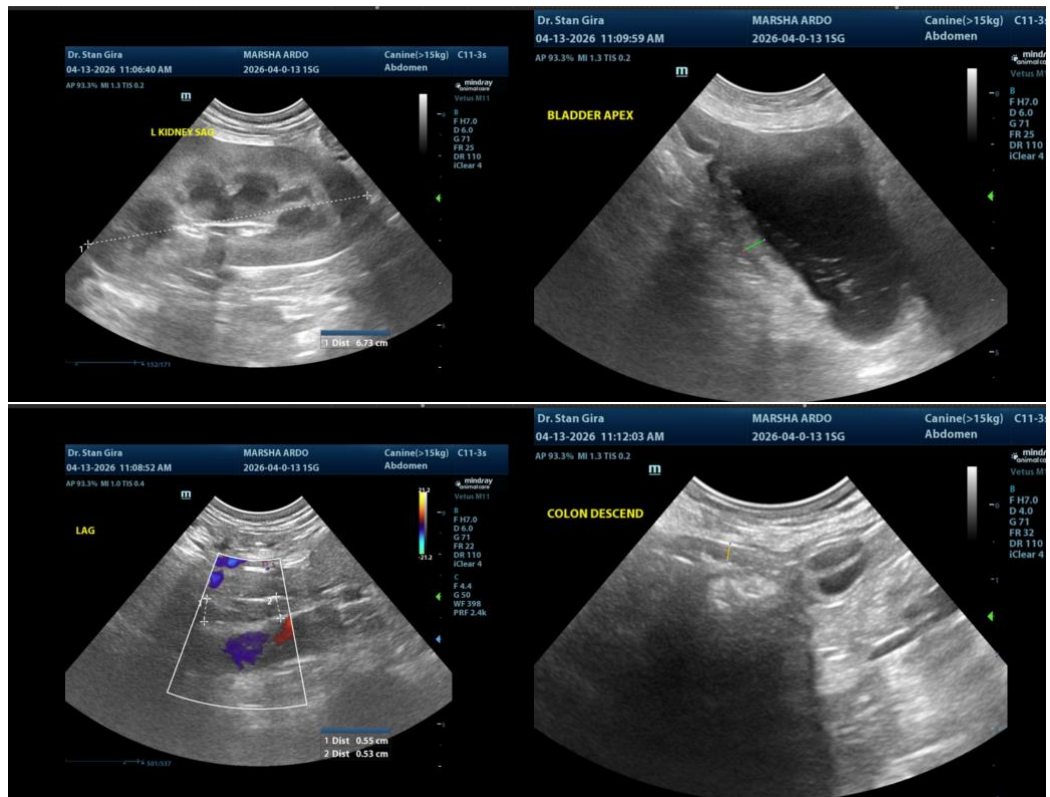
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com