



PATIENT

Duke Merchan

SPECIES

Canine

BREED

Golden Retriever

SEX

Intact Male

AGE

2 Years 2 Months

WEIGHT

67 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Wyckoff Veterinary
Hospital

REFERRING VET

Dr. Eisenberg

INVOICE

74483

DATE

4/15/26

PRESENTING CLINICAL SIGNS

Not eating well and losing weight
Abnormal PE/Chem/CBC/UA Results: WNL

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 prostate appears normal for an intact male dog, measuring 2.5 cm in width. It is symmetrical and of uniform echogenicity.

The right kidney presents normal size (6.3 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (7.2 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

Within the blood flow of the aorta near the left kidney there is mild hyperechoic debris present, consistent with what is generally termed "spontaneous contrast". No obvious cause for this is seen.

Adrenal Glands

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 11.4 mm and the caudal pole measures 6.6 mm.

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 5.1 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 visible stomach wall is normal in thickness and layering. The stomach is moderately distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. If patient was appropriately fasted, delayed gastric emptying could be considered. Non-shadowing foreign material is considered less likely but cannot be definitively ruled out.



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If clinical signs are consistent (vomiting, etc.), recommendations include supportive medical care, 24 hours fasting and re-image.

The visible small intestines appear normal. They are mildly to moderately diffusely filled with ingesta. Colon contains normal contents with normal wall thickness.

Pancreas

The left limb of the pancreas is not clearly seen due to lack of an acoustic window from gas shadowing caused by patient's stomach being full of fluid and gas at this time. The right limb of the pancreas was visualized and appears normal.

Free Abdomen

Mild mesenteric lymphadenopathy is noted, a representative node measures 6.1 mm x 6.8 mm. No free abdominal fluid is seen.

The testicles appear normal.

ULTRASONOGRAPHIC FINDINGS

- Mild mesenteric lymphadenopathy – Nodes appear reactive, less likely to be enlarged due to neoplasia.
- Hyperechoic debris within the aorta or “spontaneous contrast” – Possible normal variant or may indicate possible systemic inflammatory response possibly due to vector borne disease such as ehrlichia, anaplasma, or other geographically relevant diseases.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

It appears the patient may not have been fully fasted for this exam. No obvious abnormalities seen with the patient's GI tract. No cause for patient's clinical signs of not eating and losing weight seen on this exam.

Also recommend submitting a Texas A&M GI panel to screen the patient for occult pancreatic disease or possible occult GI disease, specifically with the reported weight loss. GI panel would be submitted to evaluate for possible malabsorptive disease. A TLI will also be performed to evaluate for exocrine pancreatic insufficiency, though not highly suspected in this case given that the patient has a poor appetite. We are evaluating for infectious or GI related disease.

If infectious disease testing, specifically vector borne disease testing has not been performed, recommend performing this testing to rule out an infectious cause.

If testing is negative and patient's clinical signs persist, consider submitting an ANA to screen for possible autoimmune disease.

Prognosis is open pending results of recommended diagnostics.



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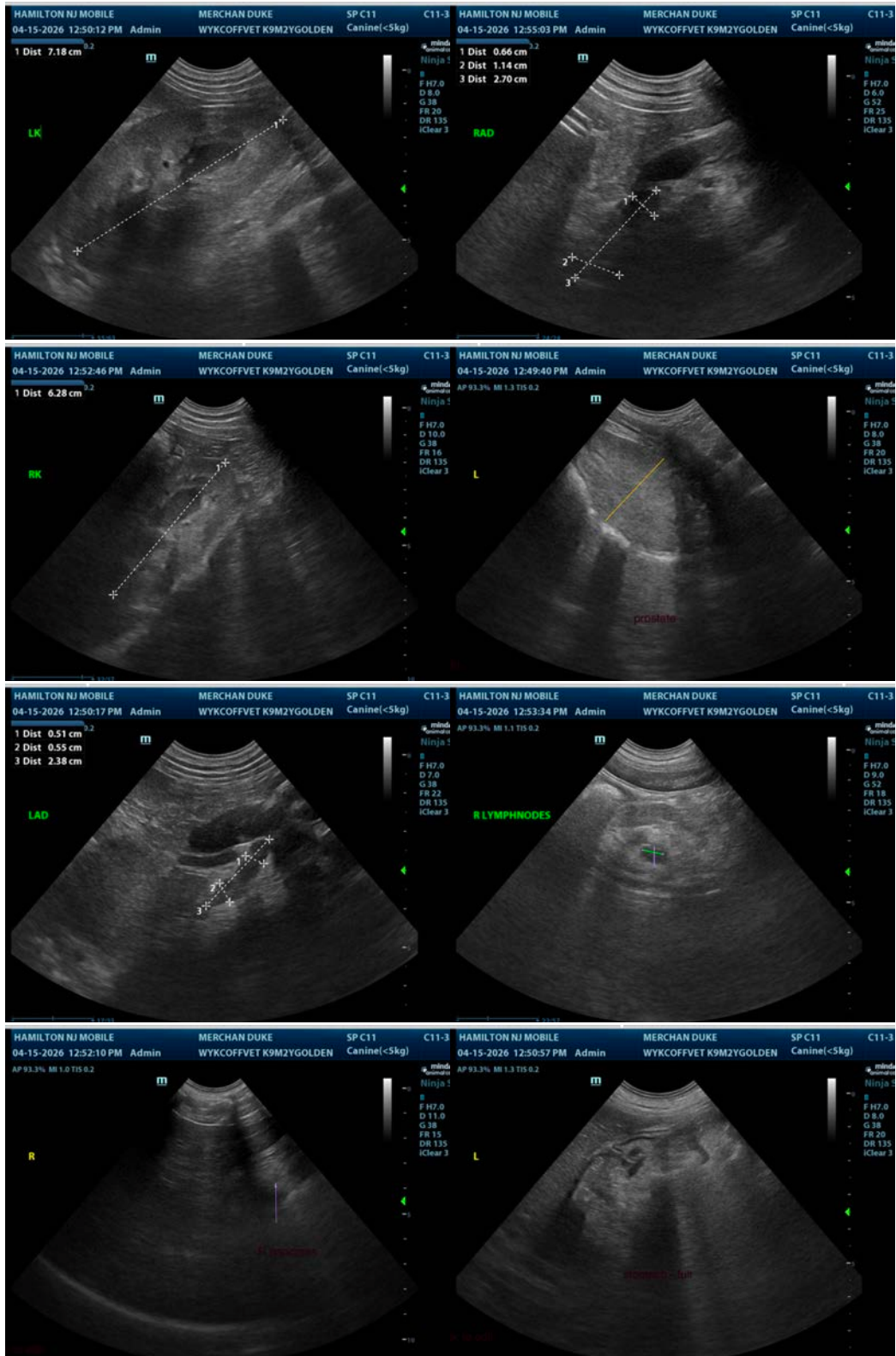
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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