



PATIENT

Hammer Padelsky

SPECIES

Canine

BREED

Rottweiler

SEX

Intact Male

AGE

10 Months

WEIGHT

55.8 kg

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Renee Trionfetti, VMD

HOSPITAL NAME

Blue Pearl Wyomissing

REFERRING VET

River Run Veterinary
Hospital

INVOICE

74494

DATE

4/15/26

PRESENTING CLINICAL SIGNS

AUS to further evaluate a ~3 weeks hx of intermittent diarrhea, one episode of vomiting. Severe episode of D+ after a camel hide treat. Has been getting more treats for training. No blood in stools. Also noted, ER visit after rDVM visit (stressful event). ER for worsening D+, one episode of vomiting, ADR. Time of AUS: Heart murmur Grade 2/6 right basilar, full cardiac auscultation difficult due to excitable behavior. Meds: Provable forte kit, Metronidazole, Cerenia

Abnormal PE/Chem/CBC/UA Results: 4/15/26 (BP Wyomissing, post AUS) - Baseline Cortisol: Pending rDVM Dx March-April 2026: - AXR: abnormal small intestinal gas pattern with a long straight segment suggestive of small bowel thickening/inflammation versus foreign body (including possible linear foreign body); no gastric dilation observed. - Fecal: NPS - CBC WNL - CHEM WNL - Pancreatic lipase 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. Papillae not clearly seen.

The prostate appears normal for an intact male dog, measuring 3.8 cm in width. It is symmetrical with uniform echogenicity.

The right kidney presents normal size (8.8 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (8.8 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

Adrenal Glands

The right adrenal gland is small for a patient of this size, measuring 4.4 mm at the caudal pole and 10.8 mm at the cranial pole.

The left adrenal gland is small for a patient of this size and appears diffusely flat in appearance, measuring 4.2 mm at the caudal pole and 3.9 mm at the cranial pole.

Spleen

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

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.



PATIENT

Hammer Padelsky

SPECIES

Canine

BREED

Rottweiler

SEX

Intact Male

AGE

10 Months

WEIGHT

55.8 kg

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Renee Trionfetti, VMD

HOSPITAL NAME

Blue Pearl Wyomissing

REFERRING VET

River Run Veterinary
Hospital

INVOICE

74494

DATE

4/15/26

Gastrointestinal

The stomach and intestines have normal wall layering and thickness. Jejunum wall measures 3.9 mm in thickness. Colon contains formed stool. Colon wall diffusely appears normal in thickness measuring 2.4 mm in width.

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.

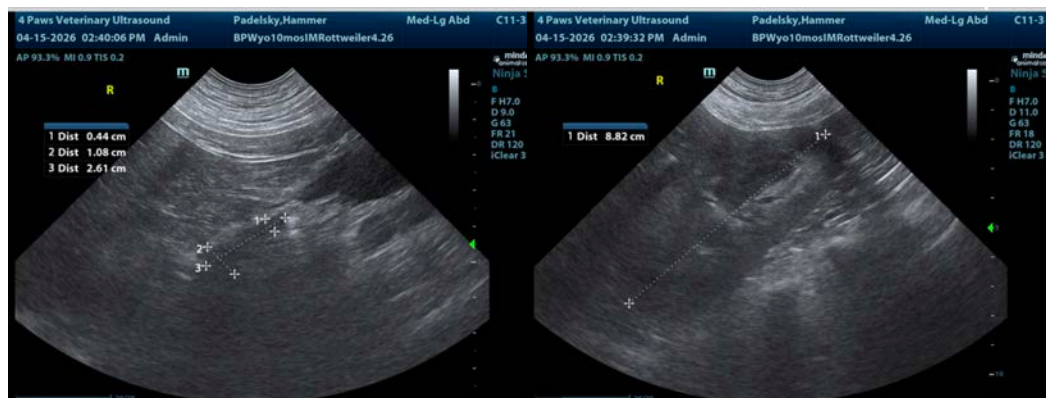
ULTRASONOGRAPHIC FINDINGS

- Bilaterally small adrenal glands – Possible hypoadrenocorticism.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

It is reported that a resting cortisol is pending. If it is <2.0, recommend ACTH stimulation test to confirm hypoadrenocorticism. Chemistry is reported to be normal recently. However, it isn't reported whether the chemistry panel included electrolytes. If it did not, please submit electrolytes to determine if the patient may have hyperkalemia and/or hyponatremia so if hypoadrenocorticism is diagnosed, it can be determined whether the patient has typical or atypical hypoadrenocorticism.

If hypoadrenocorticism is ruled out, recommend submitting a Texas A&M GI panel to screen the patient for occult GI disease or occult pancreatic disease. If GI disease is ruled out in this patient as the cause of the chronic intermittent GI signs, consider full cardiac workup to determine if cardiac cause may be present.





PATIENT

Hammer Padelsky

SPECIES

Canine

BREED

Rottweiler

SEX

Intact Male

AGE

10 Months

WEIGHT

55.8 kg

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Renee Trionfetti, VMD

HOSPITAL NAME

Blue Pearl Wyomissing

REFERRING VET

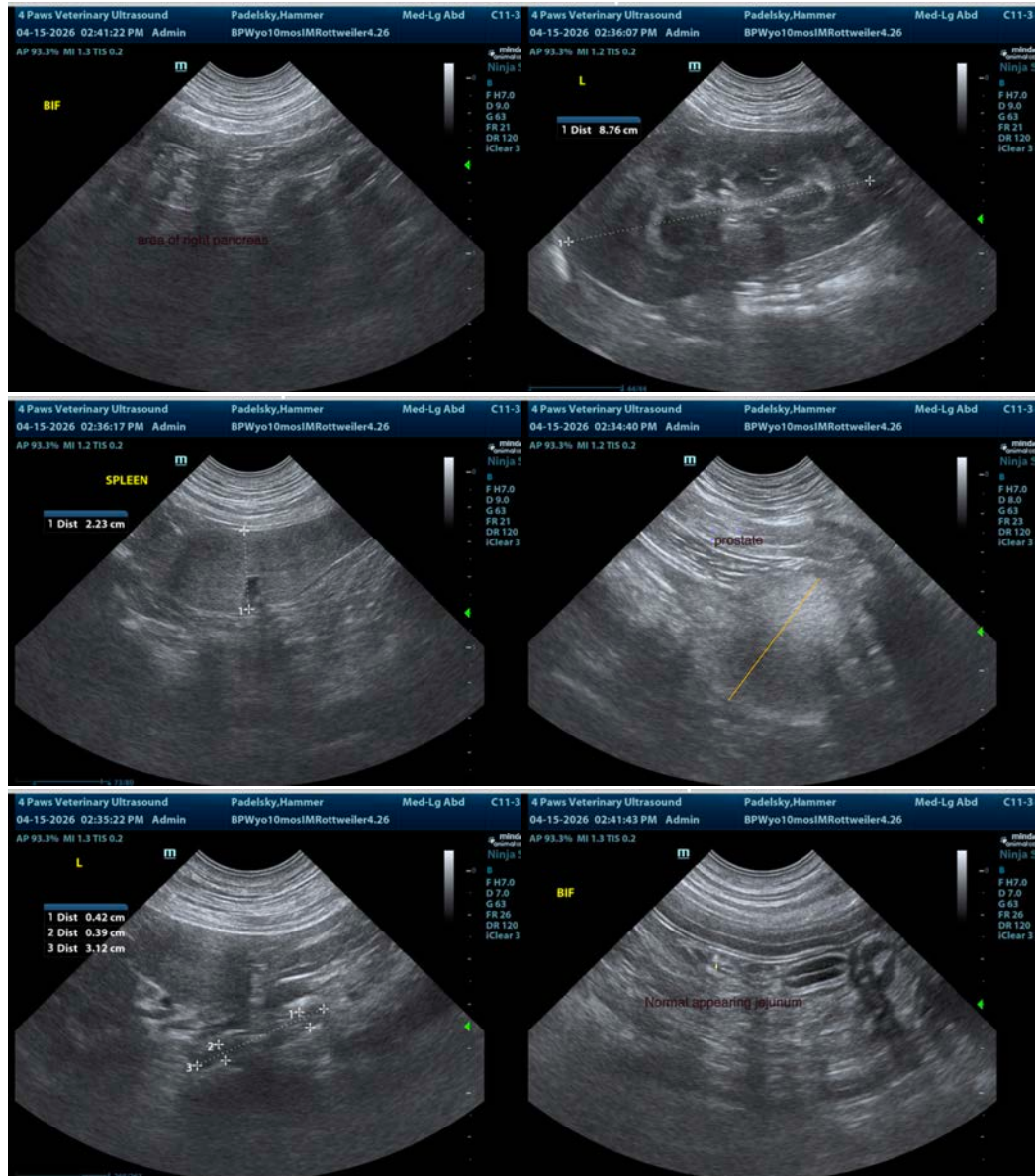
River Run Veterinary
Hospital

INVOICE

74494

DATE

4/15/26



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