

PATIENT

Roscoe Bellinger

SPECIES

Canine

BREED

Pit Bull x

SEX

Neutered Male

AGE

7 Years

WEIGHT

85 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Jasmie Palacios

HOSPITAL NAME

River's Edge Pet
Medical Center

REFERRING VET

Dr. David Gray

INVOICE

74540

DATE

4/16/26

PRESENTING CLINICAL SIGNS

Several days of GI distress nausea bloodwork run with regular veterinarian a couple of days ago showed severe dehydration but no other significant symptoms may have been eating on a plant that could be toxic and cause GI irritation also had a rawhide that was chewed on and could be an obstructive issue

Current Medications: Cerenia ondansetron Buprenex last night started oral medications for pain in the form of gabapentin and oral medications to combat diarrhea in the form of metronidazole and propectalin and then added Fortiflora to any food to be offered later today

Abnormal PE/Chem/CBC/UA Results: See attached rads: Right lateral chest film is okay right lateral abdominal films show some loss of detail in the cranial abdomen See attached labs: Recheck CBC at presentation Wednesday evening showed severe dehydration high packed cell

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, measuring 1.0 cm. It is symmetrical with uniform echogenicity.

The right kidney presents normal size (6.6 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (8.0 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

Adrenal Glands

The right adrenal gland measures at the low end of normal for a patient of this size. The caudal pole measures 5.0 mm. The cranial pole was not clearly seen.

The left adrenal gland is diffusely small and appears mildly flattened. The caudal pole measures 4.6 mm. The cranial pole measures 3.3 mm.

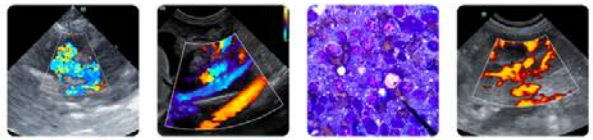
Spleen

The spleen is subjectively mildly enlarged with uniform normal echotexture. Mildly irregular scalloped margins. There is a scant pocket of free fluid near the spleen that appears to be too small to sample.

Liver

The liver is subjectively small and diffusely mildly hypoechoic in echogenicity with a diffuse nodular appearance.

The gallbladder presents normal size with anechoic contents. Normal gallbladder wall. No evidence of bile duct distention or obstruction.



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Gastrointestinal

The stomach has normal wall layering and thickness. The stomach is moderately full. Diffusely the small bowel appears normal. There are segments that are mildly distended with fluid. No evidence of a mechanical obstruction is seen on this exam. 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

- Small left adrenal gland.
- Mildly enlarged, scalloped spleen – This may be normal variation However, infiltrative neoplasia cannot be ruled out such as lymphoma, mast cell disease, less likely an infectious infiltrative disease such as bartonellosis.
- Small, hypoechoic, nodular liver – May be a normal variation, but there is some concern for hepatic cirrhosis.
- Scant free fluid near the spleen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

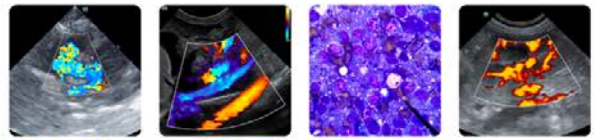
Given the small left adrenal gland, recommend screening for hypoadrenocorticism via an ACTH stimulation test.

Recommend a fine needle aspirate of the spleen with submission for cytology.

A CBC was attached with this case. A serum chemistry was not seen and was unable to be evaluated. If a serum chemistry has not been confirmed, recommend that it is to rule out a hepatopathy as potential cause of the patient's clinical signs.

If possible, attempt sampling of the scant free fluid near the spleen and submitting for fluid analysis and cytology to help determine underlying cause of patient's medical condition at this time.

Continued fasting and rechecking imaging to verify the entire GI tract does empty normally would also be recommended to definitively ruled out a mechanical obstruction, though not highly suspected based on this exam.



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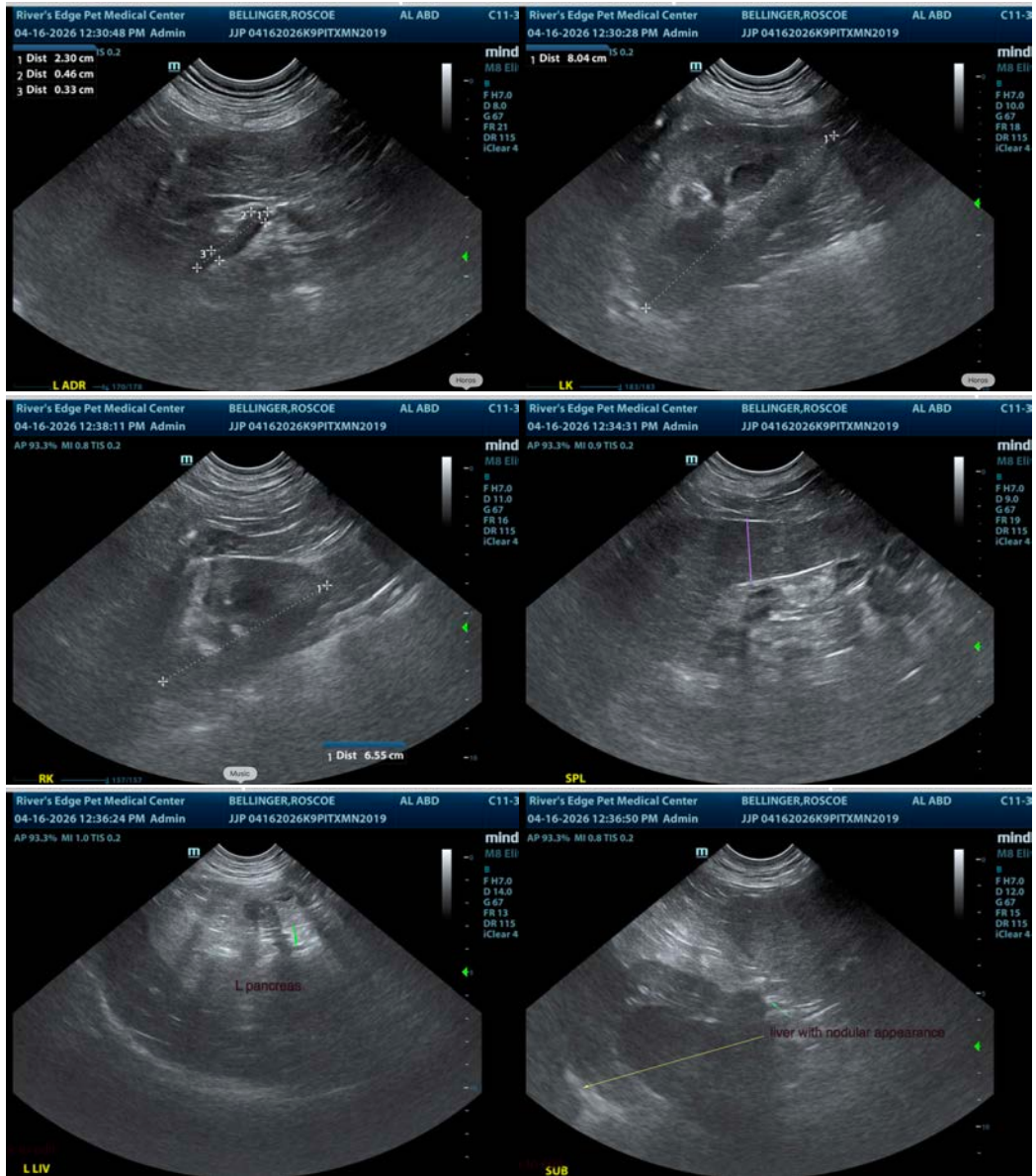
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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