



PATIENT

Chopper Hulse

SPECIES

Canine

BREED

Lab

SEX

Neutered Male

AGE

9 Years

WEIGHT

49 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Brodheadsville
Veterinary Clinic

REFERRING VET

Dr. Worton

INVOICE

74171

DATE

4/2/26

PRESENTING CLINICAL SIGNS

BCS 3/9. Two month Hx of vomiting, weight loss. (Gaba/Traz) No other current meds

Abnormal PE/Chem/CBC/UA Results: Neutropenia; Eosinophilia, elevated ALP. UA: N/A

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 proximal urethra is mildly dilated at 5.4 mm in width. No cause is seen for this dilation.

The visible prostate appears normal, symmetrical, and has a uniform echotexture.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted. There is no evidence of pyelectasia or infarcts observed. Left kidney measures 6.7 cm. Right kidney measures 6.6 cm.

Adrenal Glands

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 8.5 mm and the caudal pole measures 7.7 mm.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 6.4 mm and the caudal pole measures 6.8 mm.

Spleen

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

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.

Gallbladder is moderately distended with anechoic bile as well as 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

The stomach and proximal duodenum are moderately filled with partially digested food. No obvious mechanical obstruction is seen. The visible wall of the stomach and proximal duodenum appear to have normal layering and thickness. The remainder of the small bowel including jejunum and ileum are empty and have normal wall thickness and layering. Colon contains normal contents with normal wall thickness.



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Pancreas

The visible pancreas is normal in size with normal echogenic parenchyma and surrounded by normal peri-pancreatic mesentery.

Free Abdomen

Left iliac lymphadenopathy is present. A representative node measures 8.8 mm x 13.4 mm. No free abdominal fluid is seen.

ULTRASONOGRAPHIC FINDINGS

- Left iliac lymphadenopathy – Possible enlarged due to round cell or metastatic neoplasia.
- Age related renal changes with mild dystrophic mineralization.
- Age related hepatic changes and gallbladder debris.
- Mildly dilated proximal urethra – Most likely normal variation.
- Functional gastritis/duodenitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend fine needle aspirate of the left iliac lymph node for cytology to determine etiology.

Recommend full staging, monitoring, and management of the patient's kidneys per IRIS guidelines.

If patient begins to show any lower urinary tract signs, recommend further workup of the mildly dilated proximal urethra, starting with radiographs to rule out ureterolith.

If the patient was not fasted for at least 12 hours for this exam, recommend re-fasting patient and verifying persistent presence of food material in the stomach and proximal duodenum. If persistent, consider exploratory laparotomy for biopsies of the stomach and small intestine (regardless of findings) and to evaluate for foreign material not seen in the stomach on this ultrasound.

Endoscopic examination of the stomach and duodenum to determine if unseen foreign material is present and to obtain biopsies of the stomach and duodenum could also be considered, which would be less invasive.





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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)

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