



PATIENT

Suzu Rimer

SPECIES

Canine

BREED

Belgian Malinois

SEX

SF

AGE

11 years

WEIGHT

62 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Casper

HOSPITAL NAME

Hometown Animal
Hospital - Florida

REFERRING VET

Dr. Gavin Casper

INVOICE

11619

DATE

4/2/2026

PRESENTING CLINICAL SIGNS

Chronic intermittent diarrhea since P was diagnosed w/ pancreatitis 12/2025. Rare but occasional episodes of dec appetite and vomiting over that timeframe. P is and has been on i/d low fat diet.

Abnormal PE/Chem/CBC/UA Results: 3/26 -cbc/chem/pancreatic lipase wnl Texas A+M GI panel pending.

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. Within the lumen of the urinary bladder, the ventral caudal aspect, there appears to be a 9.8 mm x 23.8 mm hypoechoic, irregularly shaped, mass present.

The left kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured 5.9 cm in length.

The right kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The right kidney measured approximately 4.9 cm in length.

Adrenal Glands

The adrenal glands are not clearly visualized on this exam. There is no pathology identified in the areas of the adrenals.

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.

Gastrointestinal

The stomach has normal wall layering and thickness. The small intestine is normal in thickness, measuring up to 3.0 mm in width. Subjectively, the muscularis layer is mildly thickened. Colon contains normal contents with normal wall thickness.

Pancreas



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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

- Hypoechoic, irregularly shaped mass in the urinary bladder.

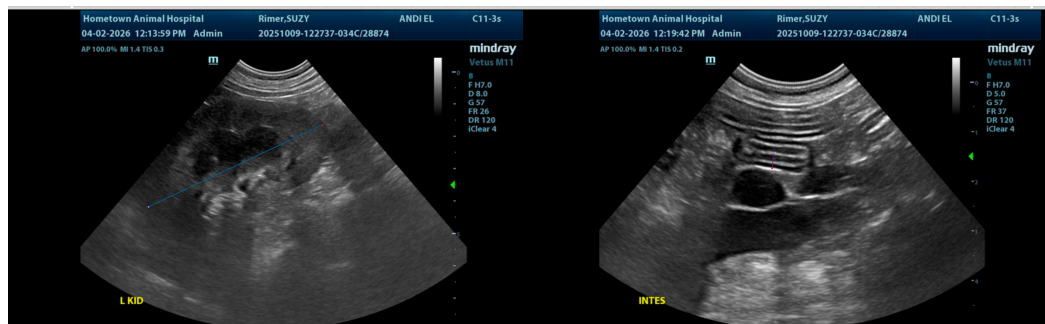
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Differentials include urinary bladder neoplasia such as transitional cell carcinoma or other malignant neoplasia. Although, this lesion is possibly a hematoma. The mass does not appear to be surgically resectable due to its location. If the mass does not appear to contain blood flow, then recommend periodic recheck via ultrasound every 1-2 weeks to determine if this lesion is resolving on its own. If it is not resolving on its own, then at that time, a BRAF test would be recommended.

Consider evaluating the mass via ultrasound using doppler to determine if blood flow is identified within this mass lesion. If there is blood flow than a neoplastic mass is more likely, and submission of a BRAF test to screen for transitional cell carcinoma would be recommended. If BRAF test is positive, then referral to veterinary oncologist to discuss treatment options is recommended. If BRAF test is negative and this mass lesion continues to be present, then recommend cystoscopy to obtain biopsies of this mass for histopathology.

No cause for the patient's chronic intermittent diarrhea is seen on this exam. The referring Veterinarian is considering a diet switch, a diet trail with a hydrolyzed food is recommended. If the patient fails a diet trial, given that the patient has chronic intermittent diarrhea, an antibiotic trial constituting Tylosin at 30 mg/kg BID, mixed with the patient's food would be recommended. If the patient fails the antibiotic trial, then endoscopic GI biopsies would be recommended at that time.

No evidence of pancreatitis is seen on this exam. At this stage, an additional diagnostic to consider would be screening for fecal parasites and protozoa. Recommend fecal pathogen PCR testing, if not already performed.





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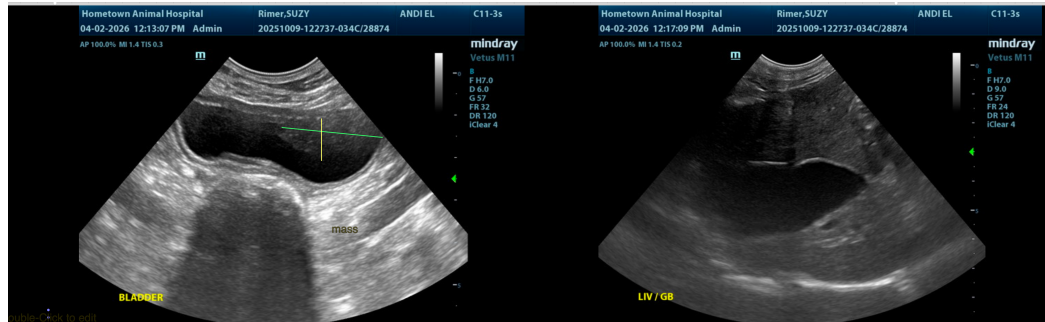
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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