

PATIENT

Biscuit Wilkins

SPECIES

Canine

BREED

Pit Bull

SEX

Neutered Male

AGE

6 Years

WEIGHT

45.2 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
 DACVIM (SAIM)

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Shallowford Animal
 Hospital

REFERRING VET

Dr. Eads

INVOICE

74626

DATE

4/21/26

PRESENTING CLINICAL SIGNS

P presented for US due to history of PU/PD. P has a history of recent vestibular dz as well as seizures. P started on Phenobarbital and Prednisone. No seizures since starting meds. head tilt to the right uncoordinated. P also has a history of head tilt to the left and ruptured eardrum AS. Also possible R facial paralysis. Recently went to E clinic and hematuria and pyuria diagnosed. Started on Clavamox. Rads- Liver mildly enlarged

Abnormal PE/Chem/CBC/UA Results: Glob 4.8, Alb 2.4, BUN 36, T4 0.5 urinalysis usg 1.012, Pro 3+, Blood 1+

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The cranial urinary bladder wall is subjectively mildly thickened at 4.9 mm width. The trigonal area is normal in thickness. One small portion of the bladder contains debris.

Prostate is normal in size, echotexture and echogenicity for a neutered male, measuring 13.4 mm in width.

The right kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. Mild renal pelvic dilation noted at 2.1 mm width. No ureteral dilation or nephrolithiasis.

The left kidney presents normal size (6.1 cm) with normal shape and architecture. Normal corticomedullary distinction. Mild renal pelvic dilation noted at 2.3 mm width. No ureteral dilation or nephrolithiasis.

Adrenal Glands

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 5.8 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 left adrenal gland measures 5.9 mm in width at the caudal pole and 5.2 mm in width at the cranial pole.

Spleen

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

Liver

The liver is heterogeneous in echotexture. There is a small, hypoechoic lesion measuring 3.8 mm in width in the left liver. The gallbladder presents normal size with anechoic contents. Normal gallbladder wall. No evidence of bile duct distention or obstruction.

Gastrointestinal

The stomach and intestines have normal wall layering and thickness. 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. No evidence of pancreatitis.

Free Abdomen

There are no enlarged abdominal lymph nodes seen on this exam. No free abdominal fluid is seen.

There is no pericardial effusion seen in the provided cardiac images.

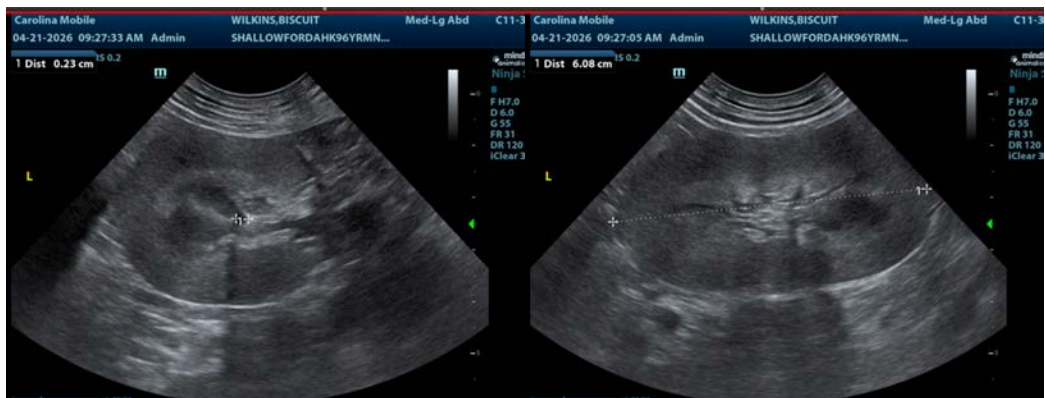
ULTRASONOGRAPHIC FINDINGS

- Subjectively mildly thickened cranial urinary bladder wall and small amount of debris – Changes may be due to patient’s pyuria and hematuria caused by possible chronic bacterial cystitis.
- Mild bilateral renal pelvic dilation – Most likely due to patient’s polyuria, less likely pyelonephritis.
- Mildly heterogeneous liver with hypoechoic lesion – Most likely a benign regenerative nodule, unlikely to be neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend a urine culture if not already performed to rule possible occult pyelonephritis. No evidence of neoplasia suspected with the urinary bladder.

A hepatopathy is not suspected at this time. The appearance of the patient’s liver may be a normal variation due to previous Prednisone and Phenobarbital administration.





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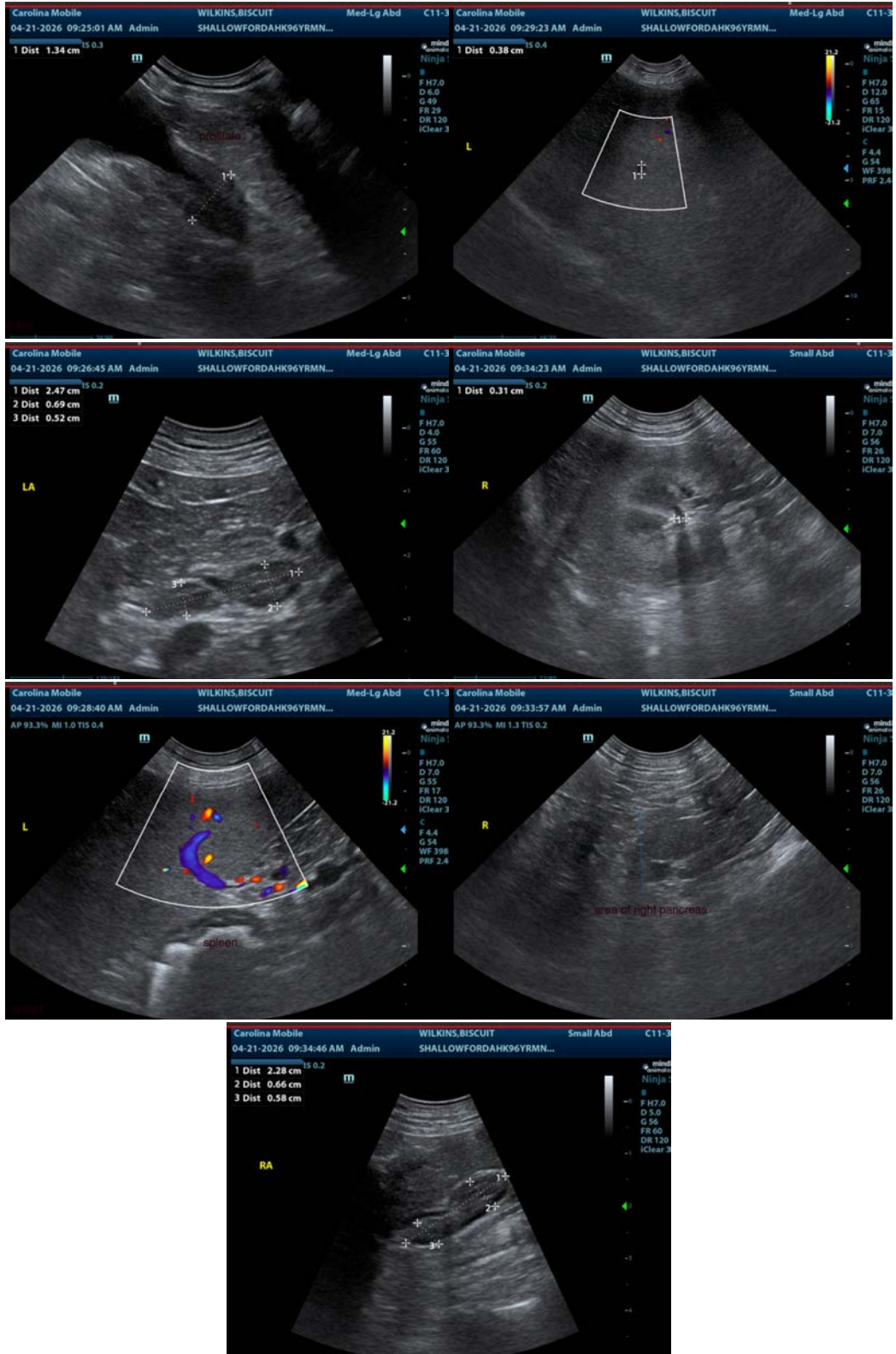
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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