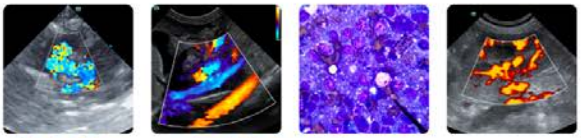


PATIENT

Eli Godoy

SPECIES

Canine

BREED

Lab

SEX

Neutered Male

AGE

10 Years 5 Months

WEIGHT

73.2 lbs

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Bergen County Veterinary Clinic

REFERRING VET

Dr. Moore

INVOICE

74677

DATE

4/22/26

PRESENTING CLINICAL SIGNS

D+, WT loss, 2 episodes of V+ this week. HX giardia and HW tx. Mucoid D+, emaciated, markedly dehydrated prior to IV fluids. HW TX last dose Dec. 2025- recent neg HWT. TX for giardia and UTI last week.

Abnormal PE/Chem/CBC/UA Results: Mild anemia, historic.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder contains minimal urine. The bladder wall subjectively appears thickened, measuring 7.6 mm in width. Luminal margin presents irregular contour.

The prostate is enlarged for a neutered male (assuming the patient wasn't neutered recently), measuring 3.7 cm in width. It has an irregular shape with an overall nodular echotexture and a hypoechoic echogenicity.

The right kidney presents normal size (7.2 cm) with mild loss of corticomedullary distinction.

The left kidney presents normal size (7.56 cm) with mild loss of corticomedullary distinction. Mild collecting duct dilation noted. A cortical cyst is noted in the ventral caudal pole measuring 5.2 mm in width, appears benign.

Adrenal Glands

The right adrenal gland is not seen on this exam.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 7.1 mm and the caudal pole measures 4.4 mm.

Spleen

The visible spleen appears normal.

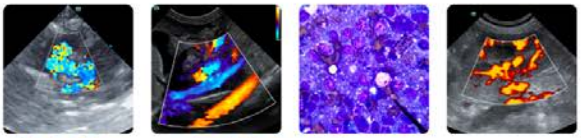
Liver

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 non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic with some echogenic debris noted. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The stomach is moderately distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. If patient was appropriately fasted, delayed gastric emptying could be considered. Non-shadowing foreign material is considered less likely but cannot be definitively ruled out.



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If clinical signs are consistent (vomiting, etc.), recommendations include supportive medical care, 24 hours fasting and re-image.

The duodenum, jejunum and ileum appear to moderately to markedly fluid filled with hypoechoic fluid that contains hyperechoic foci within the fluid. The visible small bowel wall appears to have loss of normal layering with areas of mucosa that appear to potentially be sloughing. 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

- Mild loss of corticomedullary distinction bilaterally in the kidneys.
- Thickened, irregular urinary bladder – Potentially consistent with a chronic cystitis, possible bacterial cystitis.
- Enlarged, irregular, nodular pancreas – Potentially due to a chronic bacterial prostatitis, although prostatic neoplasia should be a consideration.
- Loss of intestinal wall layering and sloughing, with fluid filled lumen – Consistent with an inflammatory enteropathy, which may be inflammatory in nature such as severe inflammatory bowel disease or possibly infectious. Other differentials include infiltrative neoplastic disease such as lymphoma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Consider full screening, monitoring and managing the patient for possible chronic kidney disease per IRIS guidelines.

Recommend submitting urine culture if not already performed. If urine culture is negative, consider submitting BRAF test to screen for transitional cell carcinoma or prostatic carcinoma.

The patient is reported to be giardia negative. Recommend submitting a full fecal pathogen PCR test to screen for other possible GI parasites that may be causing the appearance of the small bowel.

Recommend also submitting a Texas A&M GI panel to screen the patient for chronic enteropathy and to assess patient's pancreatic status and determine if occult pancreatitis may be present or if possibly early EPI could potentially be cause of the patient's clinical signs. Recommend Texas A&M GI +, which has a resting cortisol included to screen the patient to determine if hypoadrenocorticism may be a component of the disease process as well.

Patient's clinical signs may potentially be caused by history of being giardia positive. If the patient does not improve with treatment for giardia, recommend the other diagnostics discussed above.

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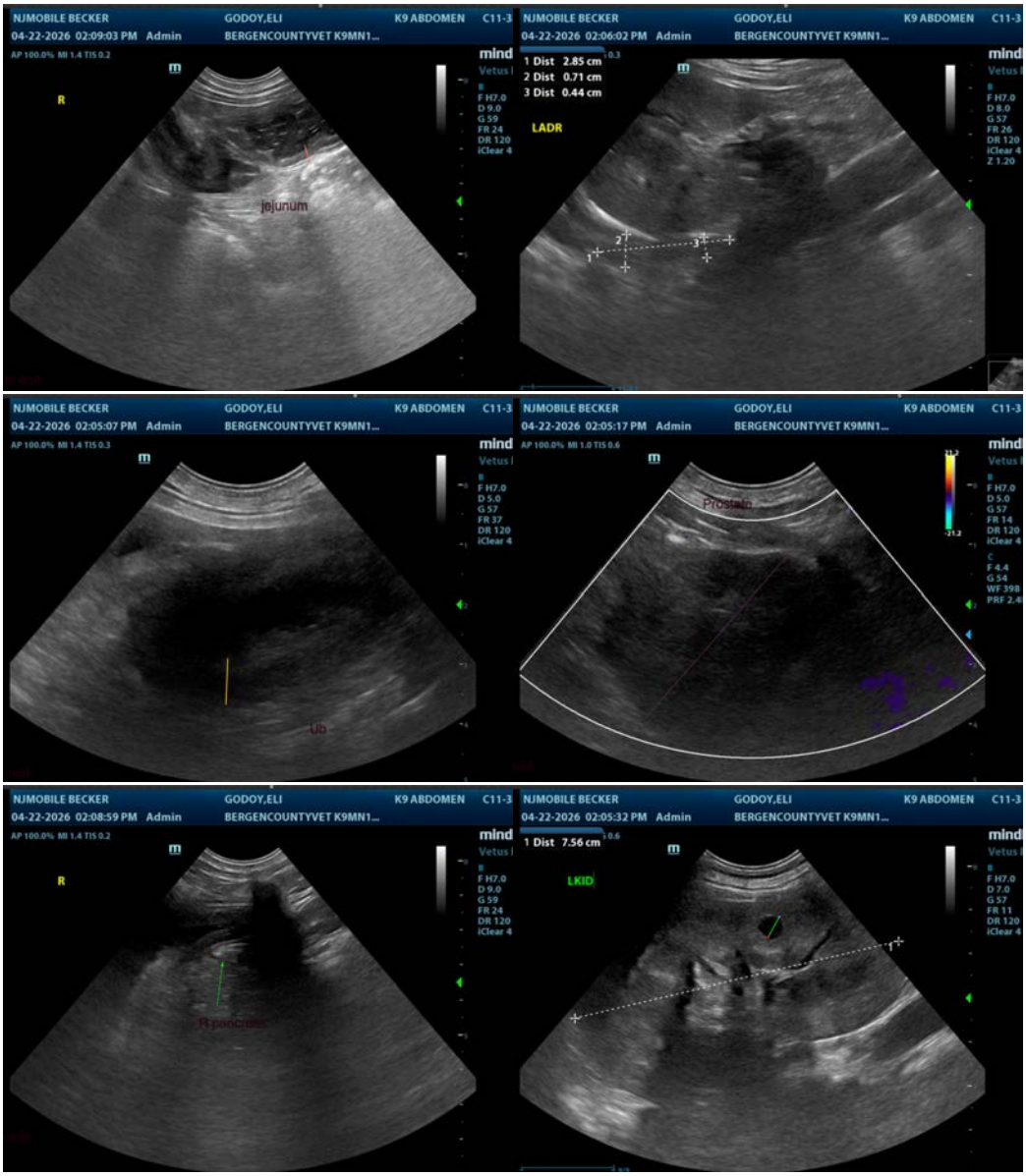
Ultimately, if the patient is giardia negative and no other causes for GI signs are found on the aforementioned diagnostics, consider GI biopsies either surgically or endoscopically.



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