



## PATIENT

Jett Kemp

## SPECIES

Canine

## BREED

Bedlington Terrier

## SEX

Neutered Male

## AGE

8 Years

## WEIGHT

10.5 kg

## INTERPRETED BY

Greg Kuhlman, DVM,  
DACVIM (SAIM)

## IMAGING PERFORMED BY

Dr. Lacovides

## HOSPITAL NAME

Tuxedo Animal  
Hospital

## REFERRING VET

Dr. Hickling

## INVOICE

15497

## DATE

04/27/26

## PRESENTING CLINICAL SIGNS

Patient presented for vomiting after eating a vole. . A SQ soft tissue sarcoma was found and excised. Pre-surgical bloods revealed some abnormalities, so want to work-up with abdominal ultrasound.

Current meds: Cefaseptin 300mg - 3/4 tab BID Metacam 1.5mg/ml - 0.66mls SID (post-op) Echinacea supplement

PE: Medial right elbow: A SQ nodule measuring approximately 1 cm in diameter is present - FNA of the mass was most consistent with a low grade soft tissue tumor. Mass excised 4/22/2026 4/16/26  
CBC-low total solids Chem: Urea 9.2 mmol/l (3.5-9.0) Ca 2.24 mmol/l (2.5-3.0) Amyl 3662 u/l (299-347) Lipase 1852 u/l (25-353) Alkp 17 u/l (22-`143) Chol 3.34 mmol/l (3.3-7.3) TP 43 g/l (55-74) Alb 28 g/l (29-43) Glob 15 g/l (21-42) A/G ratio 1.9 (0.7-1.8) UA: usg 1.050 2+ protein Rads: VHS is 9.17, no obvious mets seen, tracheal position looks good, mediastinum looks to be WNL

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The bladder is moderately distended with minimal urine. The cranial urinary bladder wall is mildly thickened with a regular luminal margin and measures 3.7 mm width. Caudal aspect of the urinary bladder appears more normal. The trigone region appears more normal and measures 1.4 mm width. These findings may potentially be due to the chronic bacterial cystitis or less likely due to a neoplastic process such as transitional cell carcinoma.

The visible prostate appears normal.

The left kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured 5.1 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 4.9 cm in length.

### Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 4.7 mm and the caudal pole measures 5.2 mm.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole was not seen and the caudal pole measures 5.3 mm.

### 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.



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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. Colon contains soft stool with normal wall thickness.

The visible jejunum demonstrates areas of mildly thick muscularis layer relative to mucosa (disruption of the normal 1:3 muscularis:mucosa ratio). Small intestinal submucosa is slightly irregular, thick and hyperechoic, without evident loss of layering appreciated. The lumen of the small intestine is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction or foreign material noted.

### **Pancreas**

The visible right pancreas is normal in size with normal echogenic parenchyma and surrounded by normal peri-pancreatic mesentery. The area of the left pancreas revealed no visible pathology.

### **Free Abdomen**

There are no enlarged abdominal lymph nodes seen on this exam. Scant pocket of free fluid present around area of jejunum yet no cause identified.

### **ULTRASONOGRAPHIC FINDINGS**

- Urinary bladder wall thickening.
- Inflammatory bowel disease pattern.
- Scant free fluid around the jejunum.

### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Consider rechecking urinary bladder when more full of urine to determine if urinary bladder wall changes seen in the cranial aspect of the bladder persist or resolve. If when the bladder is more full of urine the cranial aspect of urinary bladder is still thickened, consider submitting urine culture to rule out occult bacterial cystitis. If no bacterial infection is identified, consider submitting BRAF test to rule out transitional cell carcinoma.

Recommend submitting Texas A&M GI panel to screen patient for possible chronic enteropathy. If chronic enteropathy is confirmed, GI biopsies either surgically or endoscopically. Patient's lab work derangements are consistent with a possible enteropathy.

Prior to considering GI biopsies, recommend Texas A&M GI panel which should include a resting cortisol to rule out hypoadrenocorticism and also prior to GI biopsies, recommend submitting full fecal pathogen PCR testing to rule out parasitism as cause of patient's GI changes and lab work derangements.



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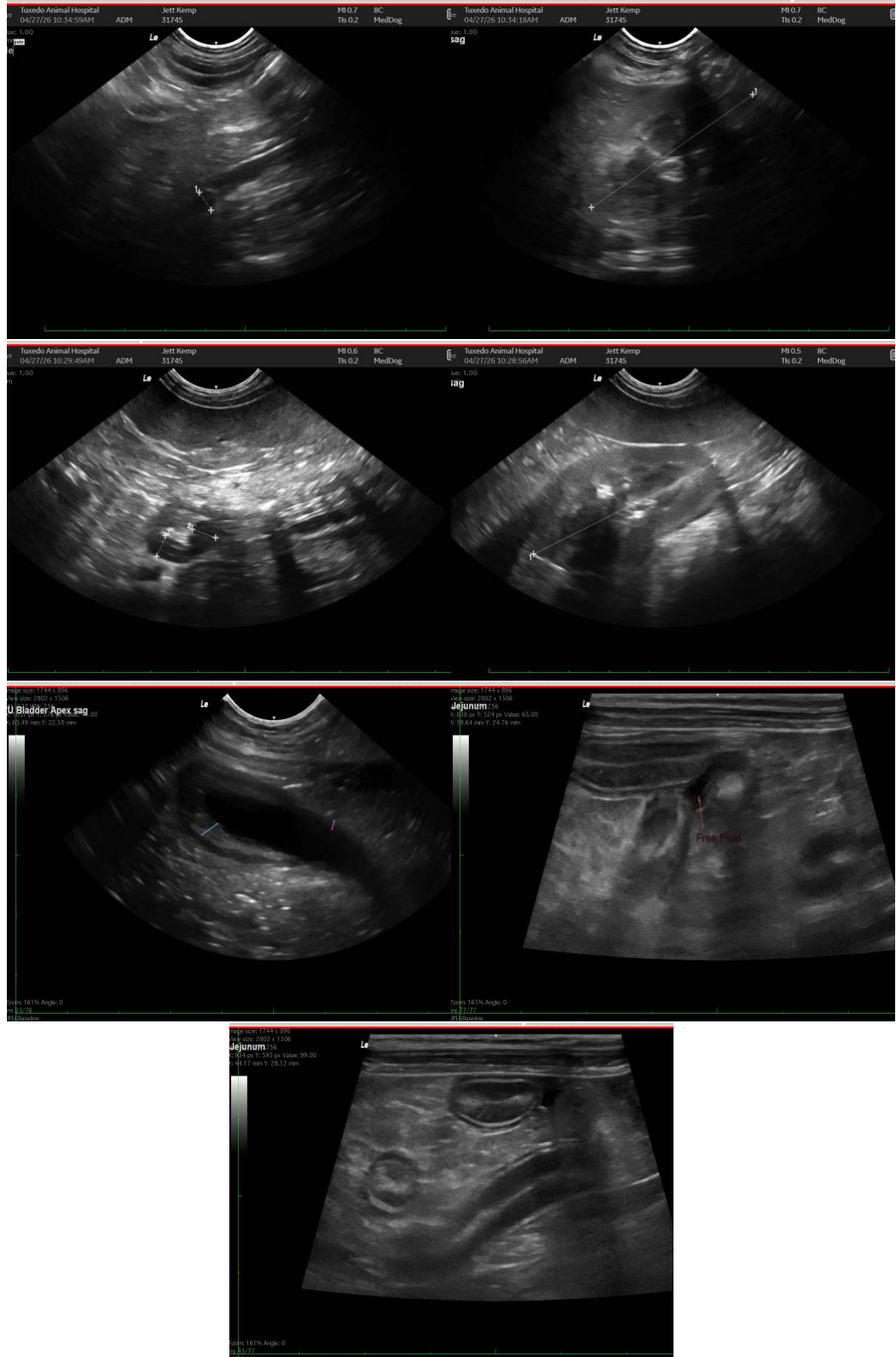
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
[info@SonoPath.com](mailto:info@SonoPath.com)