



**PATIENT**

Apollo Caba

**SPECIES**

Canine

**BREED**

Pit Bull

**SEX**

Neutered Male

**AGE**

9 Years

**WEIGHT**

23.15 kg

**INTERPRETED BY**

Greg Kuhlman, DVM,  
DACVIM (SAIM)

**IMAGING PERFORMED BY**

Vincent Ravancho, CVT

**HOSPITAL NAME**

Bond Vet Paramus

**REFERRING VET**

Dr. Bortz

**INVOICE**

74762

**DATE**

4/28/26

**PRESENTING CLINICAL SIGNS**

P presented on 4/3/26 for ADR. P has D+ with hematochezia, significant weight loss, on/off V+, PU/PD. On PE, enlarged popliteal LN's, tense on abd palpation, enlarged prostate, dental dz, dehydration. Current medications - probiotic.

Abnormal PE/Chem/CBC/UA Results: Basophils (0.19); rest unremarkable. USG 1.019

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with echogenic non-shadowing debris, most consistent with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can present with echogenic debris. No masses or calculi are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The prostate appears normal, measuring 8.7 mm in width. It is symmetrical with uniform echogenicity.

The right kidney presents normal size (5.9 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (6.5 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, 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 14.3 and the caudal pole measures 8.3 mm.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 5.6 mm and the caudal pole measures 5.7 mm.

**Spleen**

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

**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 and intestines have normal wall layering and thickness. The colon contains soft stool. The colon wall appears diffusely normal in thickness. No colon wall lesions seen. Colon wall measures 1.9 cm in width.



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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**

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

**ULTRASONOGRAPHIC FINDINGS**

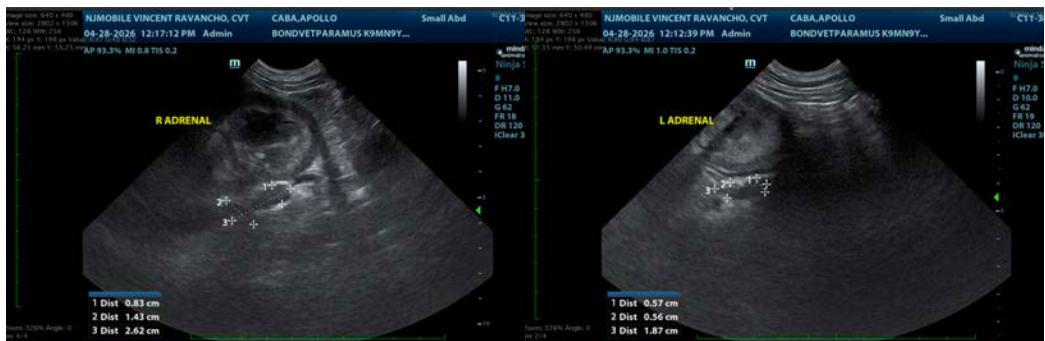
- Urinary bladder debris, unremarkable abdomen otherwise.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No obvious cause for the patient's clinical signs of diarrhea, hematochezia, weight loss and vomiting seen on this ultrasound. Recommend screening further for secondary causes, since it does appear that primary GI causes have been ruled out. Recommend full screening for parasites and protozoa via fecal pathogen PCR testing. Although unlikely, recommend screening for hypoadrenocorticism via resting cortisol. Consider submitting a Texas A&M GI panel to screen further for possible occult chronic enteropathy. Consider diet trial with hydrolyzed or novel protein diet. If patient fails diet trial, consider antibiotic trial with an antibiotic such as Tylosin.

It was mentioned in the history that the popliteal lymph nodes are enlarged. I would recommend starting with aspirating these lymph nodes and submitting for cytology to rule out disease such as lymphoma as a cause of the patient's clinical signs.

It was also mentioned that the prostate was enlarged. This was not appreciated on this ultrasound. The prostate measured normal in size at 8.7 mm in width and appeared symmetrical.





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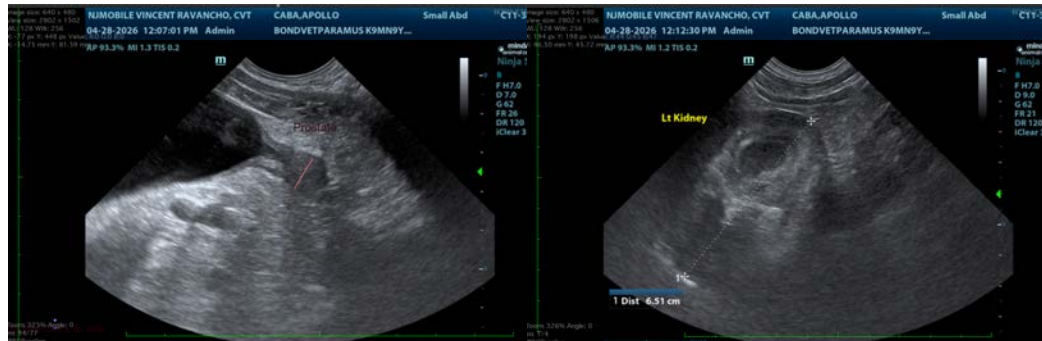
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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