



PATIENT

Chowder Moore

SPECIES

Canine

BREED

English Bulldog

SEX

Neutered Male

AGE

2 Years

WEIGHT

43 pounds

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Brian Klug

HOSPITAL NAME

Sondel Family
Veterinary Clinic

REFERRING VET

Dr. Kara Wallisch

INVOICE

14852

DATE

04/03/26

PRESENTING CLINICAL SIGNS

PLE workup. Presented for profuse diarrhea. Currently on Purina EN Low Fat. Current medications: B12 injections, Metamucil, Probiotics. Nonresponsive to Metronidazole. Pending referral to Internal Med for biopsies after ascites noted on today's AUS.

Abnormal PE/Chem/CBC/UA Results: CBC 3/25: WBC 17k, PLT 667, Neu 12.2k, CHEM 3/25: Alb 1.4, TP 2.7, Glob 1.3, Ca 7.7, Mg 1.0, Chol 83 Resting Cortisol: 2.9 (normal) CHEM 4/3: Alb 1.4, TP 3.1, Glob 1.8, Ca 6.9 GI Panel: TLI 8.1 (mild low), Cobalamin <150 (low), folate & pli WNL Fecal: PCR negative

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. No masses are seen.

The left kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured 5.6 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 5.6 cm in length.

Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 5.2 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 measures 6.2 mm and the caudal pole measures 7.7 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.

The gallbladder presents normal size with anechoic contents. Normal gallbladder wall. No evidence of bile duct distention or obstruction.

Gastrointestinal

Gastric wall is diffusely thickened at 5.9 mm in width. Suspected inflammatory process most likely (2:00) secondary to patient's small bowel disease. Small intestine is diffusely mildly thick with a



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relatively thick mucosa compared to other layers. Normal wall layering is preserved; however, the mucosa is more echogenic than normal and contains hyperechoic striations perpendicular to the lumen. 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. Precise measurements of small bowel wall thickness cannot be accurately made given that the small bowel is diffusely mildly to moderately dilated with ingesta. Descending colon wall is thickened with sections measuring up to 8.8 mm.

Pancreas

Pancreas is prominent in size with swollen irregular contour. Parenchyma is heterogenous characterized by hyperechoic tissue remodeling intermixed with ill-defined hypoechoic nodules. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation. This presentation is most likely to due to the presence of free abdominal fluid.

Free Abdomen

Diffusely throughout the abdomen, there is a moderate amount of free abdominal fluid. This fluid is hypoechoic containing mild amount of echogenic material.

ULTRASONOGRAPHIC FINDINGS

- Hypoechoic differential for the appearance of colon includes neoplasia such as lymphoma, adenocarcinoma, leiomyosarcoma versus possible inflammatory bowel disease possible as well.
- Free abdominal fluid.
- Pancreatic nodular hyperplasia.
- Diffuse gastritis.
- Descending colon is thickened and hypoechoic in areas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A fecal pathogen PCR was performed and was negative ruling out parasitism. Recommend treating patients supportively for gastritis. Patient appears to have protein losing enteropathy due to possible lymphangiectasia. Underlying cause of this disease is not determined on this ultrasound however given the young age of the patient, possible congenital lymphangiectasia is possible.

A resting cortisol was evaluated found to be 2.9 which is normal. On the GI panel, the TLI was mildly low at 8.1. Recommend rechecking in 30 days to definitively rule out EPI as a cause as at least a partial cause of the patient's clinical signs. Prognosis is guarded pending GI biopsies.

The free abdominal fluid is most likely due to decreased oncotic pressure from the patient's hypoalbuminemia. Recommend obtaining abdominal fluid sample to determine if it is a pure transudate.



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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



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