



PATIENT

Monkey Morton

SPECIES

Canine

BREED

Miniature Pinscher

SEX

Intact Female

AGE

8 Years

WEIGHT

7.7 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
 DACVIM (SAIM)

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Animal Clinic Madison
 Mayodan

REFERRING VET

Dr. McKinlay

INVOICE

74840

DATE

4/30/26

PRESENTING CLINICAL SIGNS

P presented for US due to lethargy, not wanting to walk, drinking a lot, not eating well and temp of 104.4. P has had no recent veterinary care. P's BG on presentation was 20-40 on LRS + Dextrose, eating from owner. Taken off fluids for US and BG check approx 30 minutes later and was 66 mg/dL

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. No papillae seen.

The right kidney is normal in size with marked loss of corticomedullary distinction, measuring 4.0 cm in length.

The left kidney is normal in size with marked loss of corticomedullary distinction, measuring 4.3 cm in length.

Adrenal Glands

The right adrenal gland appears small at 2.8 mm in width at the caudal pole and 2.9 mm at the cranial pole.

The left adrenal gland is possibly mildly small in size, measuring 3.7 mm in width at the caudal pole and 1.8 mm at the cranial pole.

Spleen

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

Liver

The liver is subjectively small in size. It diffusely has normal echogenicity with a very mildly heterogeneous echotexture. Visible hepatic vasculature appears normal. Portal vein to caudal vena cava ratio is normal at 1.0. No portosystemic shunt suspected.

The gallbladder contains a moderate amount of aggregating hyperechoic debris. The gallbladder does not appear obstructed at this time.

Gastrointestinal

The stomach and intestines have normal wall layering and thickness. Colon contains normal contents with normal wall thickness.

Pancreas

The pancreas is mildly diffusely hypoechoic without surrounding steatitis.

Free Abdomen

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



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The visible uterus measures 5.8 mm in width. It is not fluid filled and has a heterochoic echotexture. There are several small cystic lesions throughout the body of the uterus, not significantly abnormal for an 8 year old intact female dog. No obvious evidence of a pyometra seen on this exam.

Left ovary normal measuring 8.7 mm x 4.3 mm.

ULTRASONOGRAPHIC FINDINGS

- Marked loss of corticomedullary distinction in both kidneys – consistent with chronic kidney disease.
- Mild subnormal adrenal size – Given the patient’s small size this could be a normal variation. However, hypoadrenocorticism is also possible.
- Subjectively small liver size with mild heterogeneous echotexture.
- Gallbladder debris – Most likely clinically incidental unless lab work suggests cholestasis.
- The hypoechoic pancreas may be a normal variation or may indicate mild pancreatic inflammation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient needs full staging, monitoring and managing of the kidneys per IRIS guidelines.

Consider screening for hypoadrenocorticism as cause of the patient’s clinical signs, specifically hypoglycemia. It would not explain the patient’s hyperthermia, however. No cause for the patient’s hyperthermia seen on this exam. With hyperthermia present, consideration for a process such as sepsis is warranted, which could potentially be the cause.

No obvious evidence of insulinoma type lesion. If insulin to glucose ratio is suggestive of insulinoma, recommend CT scan to further evaluate for this lesion. If insulin to glucose ratio rules out or does not suggest insulinoma, consider further screening for other causes of the patient’s hyperthermia and low blood glucose.

Consider further diagnostic testing regarding the liver such as bile acids to help determine if there is still a possibility of portosystemic shunt, though not suspected based on this ultrasound. If a portosystemic shunt is ruled out, other causes for the appearance of the liver may just be normal variation, less likely early cirrhotic liver. If patient has evidence of hepatopathy based off routine screening lab work that stays persistently elevated, consider a liver biopsy at that time.

If lab work suggests cholestasis, recommend starting Ursodiol at 15 mg/kg by mouth split into two daily doses.

If not already performed, recommend submitting a cPLI to evaluate further for clinically significant pancreatic inflammation.



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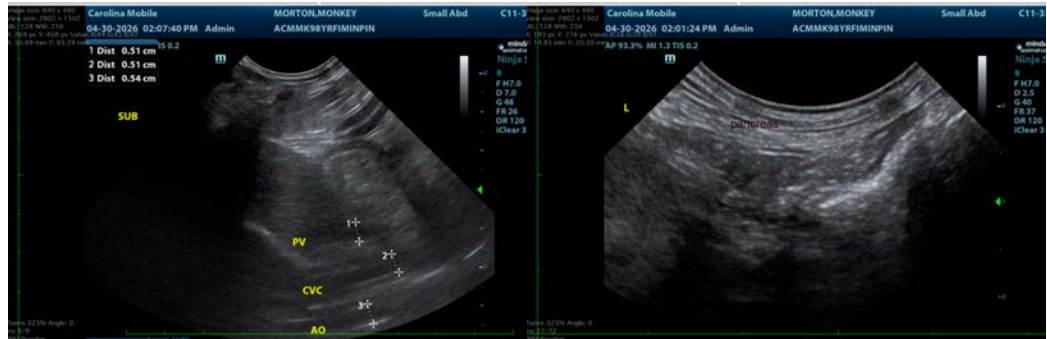
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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