



PATIENT

Moose Sykes

SPECIES

Canine

BREED

Pit Bull x

SEX

Neutered Male

AGE

7 Years 10 Months

WEIGHT

33.2 kg

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Renee Trionfetti, VMD

HOSPITAL NAME

Cypress Veterinary
Clinic

REFERRING VET

Laura Johnson, VMD

INVOICE

74274

DATE

4/7/26

PRESENTING CLINICAL SIGNS

AUS to further evaluate hyporexia x 2 days, azotemia (IRIS stage 3), episode of vomiting, one soft stool that was reported to be black and slimy. Stools then returned to normal. ADR.

Abnormal PE/Chem/CBC/UA Results: Blood Pressure: 110, 118, 118 mmHg UA: 1.041, pH 6.5, trace protein and trace ketones, Neg glucose, 1+ epithelial cells Cystatin B <50 UPC 0.1 - non-proteinuric CBC: NSF Chem: Creat 2.4, BUN 35 4Dx: Neg Fecal Neg

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.

Prostate is normal in size, echotexture and echogenicity for a neutered male, measuring 6.9 mm in width.

The right kidney presents normal size (6.7 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (7.0 cm) with normal shape and architecture. Normal corticomedullary distinction. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted.

Adrenal Glands

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures at the low end of normal size at 5.5 mm in width, and the caudal pole measures normal in size at 6.6 mm.

The left adrenal gland appears normal in shape; however, it is mildly small, measuring 4.4 mm at the caudal pole and 4.8 mm at the cranial pole.

Spleen

The spleen is normal in size, shape, margination and echogenicity. In the body of the spleen there is a 3.4 mm x 9.6 mm hypoechoic, non-capsule displacing lesion. Normal blood flow in the spleen.

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 has normal wall layering and thickness. The stomach is partially moderately distended with ingesta. There is also some hard shadowing material within the gastric lumen that may possibly be foreign material.



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In the mid jejunum there is a focal area within the lumen where there is material present that is causing hard shadowing. The jejunum cranial to and caudal to this material appears normal. This material is concerning for a possible mechanical obstruction.

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Colon contains normal contents with normal wall thickness.

Pancreas

BREED

Pit Bull x

The pancreas is diffusely hypoechoic, measuring 1.46 cm in width. There is moderate surrounding steatitis.

Free Abdomen

SEX

Neutered Male

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

ULTRASONOGRAPHIC FINDINGS

AGE

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- Suspected foreign material in stomach and jejunum.
- Hypoechoic pancreas – Suspect due to the gastritis/enteritis due to suspected mechanical obstruction.
- Hypoechoic splenic lesion – suspected to be benign extramedullary hematopoiesis, less likely due to a neoplastic cause.
- Evidence of bilaterally small adrenal glands.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend exploratory laparotomy to evaluate the jejunum and stomach for obstructing foreign material.

IMAGING PERFORMED BY

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Consider a fine needle aspirate of the hypoechoic splenic lesion to rule out a neoplastic cause, or recommend rechecking the spleen in 2-3 months to verify there are no significant changes seen.

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Recommend ruling out hypoadrenocorticism as a cause for the patient's clinical signs. Consider submitting a resting cortisol. If >2.0, hypoadrenocorticism is ruled out. If resting cortisol is <2.0, then recommend performing an ACTH stimulation test to rule out hypoadrenocorticism as a cause of the patient's clinical signs.

REFERRING VET

Laura Johnson, VMD

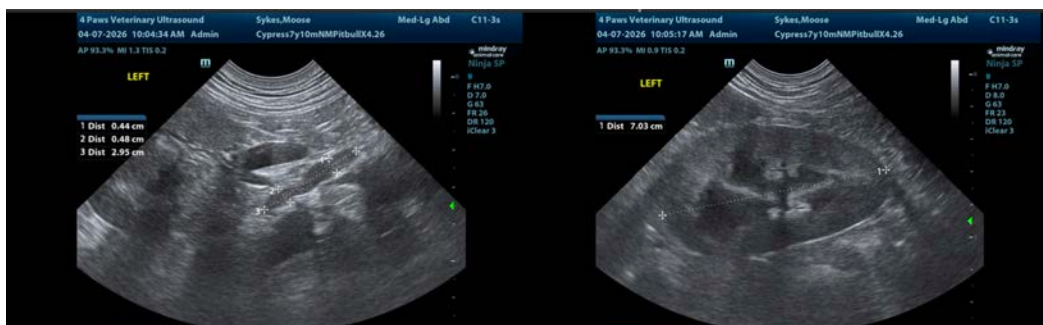
The patient's reported azotemia is most likely prerenal. It is unlikely to be renal in nature given that the patient has concentrated urine.

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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