



PATIENT

Rikki Anderson

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Spayed Female

AGE

3 Years

WEIGHT

2.6 kg

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Gira

HOSPITAL NAME

Petzoic Emergency

REFERRING VET

Dr. Poffenroth

INVOICE

74275

DATE

4/7/26

PRESENTING CLINICAL SIGNS

History of UTI and proteinuria

Abnormal PE/Chem/CBC/UA Results: UA attached

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 cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface

The right kidney presents normal size (3.3 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (3.1 cm) with normal shape and architecture. Normal corticomedullary distinction. There is very mild renal pelvic dilation of 1.3 mm width.

Adrenal Glands

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 3.0 mm and the caudal pole measures 4.0 mm.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 4.2 mm and the caudal pole measures 3.3 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.

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 duodenum is diffusely thickened at 5.4 mm in width with normal layering. Colon contains normal contents with normal wall thickness.

Pancreas

The pancreas is diffusely mildly hypoechoic with no significant surrounding steatitis.



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Free Abdomen

Mild medial iliac lymphadenopathy noted. A representative node measures 4.0 mm x 2.7 mm. This node is only mildly enlarged, likely reactive.

Mild mesenteric lymphadenopathy noted. A representative node measures 5.4 mm x 3.1 mm. This node is mildly enlarged and likely reactive.

No free abdominal fluid is seen.

ULTRASONOGRAPHIC FINDINGS

- Thickened duodenum.
- Mildly hypochoic pancreas.
- Mild medial iliac and mesenteric lymphadenopathy – likely reactive, much less likely to be enlarged due to neoplasia.
- Urinary bladder debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Submit urine culture to rule out urinary tract infection even though bacteria were not seen on urinalysis. No specific cause for the patient's proteinuria seen on this exam. In regard to the proteinuria, possible inflammatory process from either the pancreas or GI tract may potentially be the cause. Other possible causes would be infectious disease. Recommend vector borne disease testing to rule out disease such as lyme disease. Also recommend obtaining a blood pressure on the patient to determine if hypertension could potentially be the cause of the proteinuria. Recommend a GI panel to screen the patient for occult GI disease due to the thickened duodenum.

For the suspected mild pancreatic inflammation, recommend submitting cPLI to verify. If pancreatic inflammation is identified, recommend submitting a fasted triglyceride to rule out hypertriglyceridemia as a cause.

Prognosis is open pending results of recommended diagnostics.





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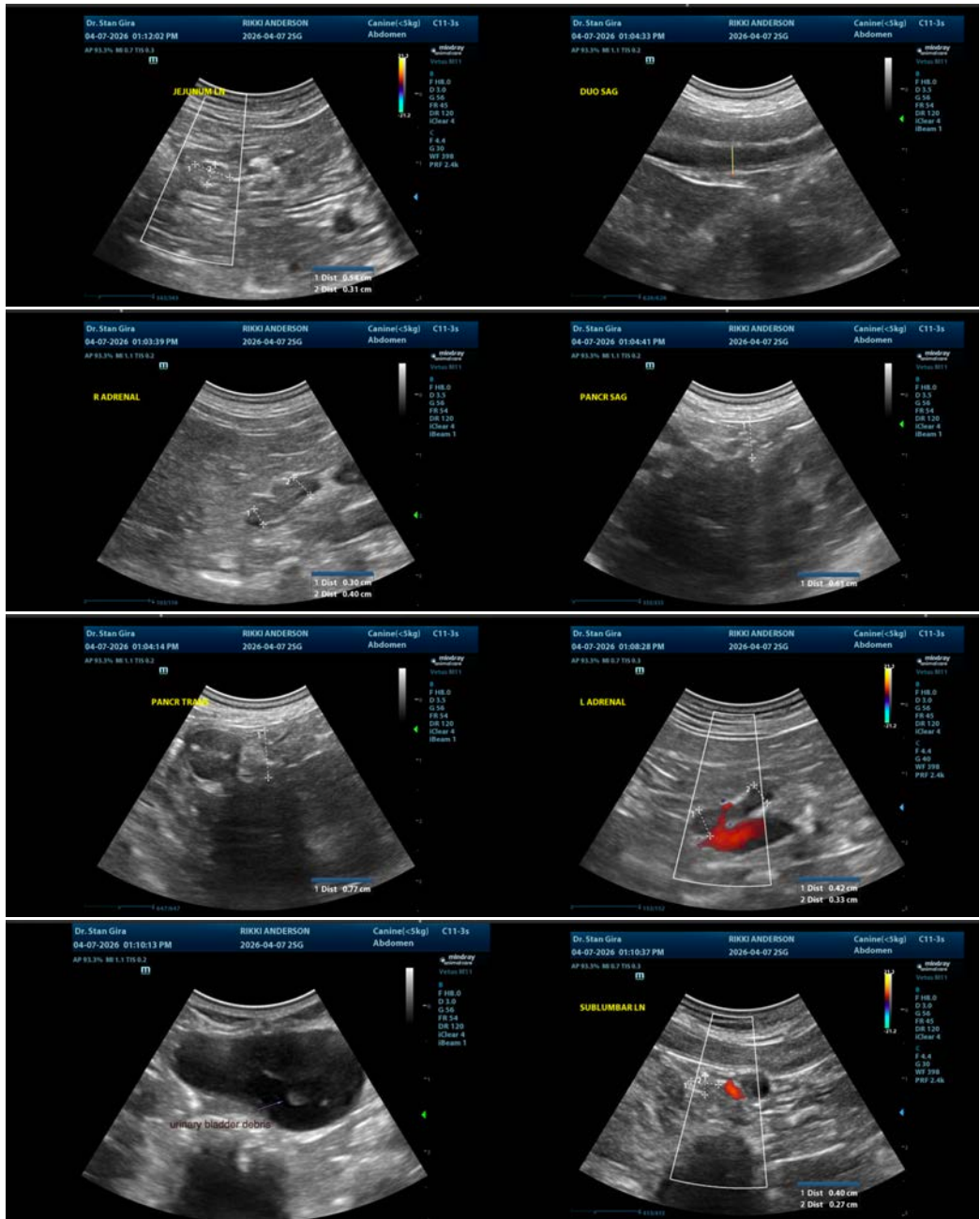
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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