



PATIENT

Archie Kimmel

SPECIES

Canine

BREED

English Bulldog

SEX

Neutered Male

AGE

6 Years 10 Months

WEIGHT

34 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Kathleen Laux

HOSPITAL NAME

Rondout Valley
Veterinary Associates

REFERRING VET

Dr. Kathleen Laux

INVOICE

74294

DATE

4/8/26

PRESENTING CLINICAL SIGNS

Losing weight, chronic soft stool, still eating ok per owner.

Abnormal PE/Chem/CBC/UA Results: BW in June was unremarkable. Current BW pending.

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 presents normal size (5.4 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (5.7 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 7.2 mm and the caudal pole measures 5.8 mm.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 4.3 mm and the caudal pole measures 4.2 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.

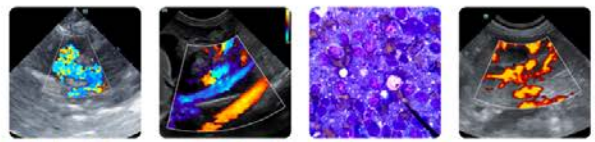
Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

Gastrointestinal

The stomach and intestines have normal wall layering and thickness. Colon contains formed stool. The colon wall appears diffusely normal in thickness.

Pancreas

The right limb of the pancreas appears normal in size. It is diffusely hypoechoic. There is no surrounding hyperechoic fat. The left limb of the pancreas is not clearly visualized. No pathology seen in the area of the left limb.



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Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

- Gallbladder debris, appears clinically incidental.
- Mildly hypoechoic right limb of the pancreas - Suspect pancreatic inflammation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend confirming or ruling out pancreatic inflammation by submitting a GI panel that includes a cPLI. If cPLI is elevated, consistent with pancreatic inflammation, consider switching patient to a strict ultra low-fat diet.

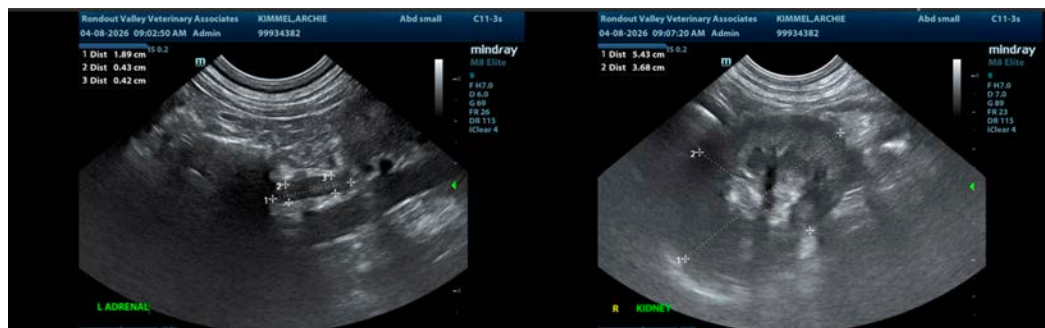
Owner has stated that the patient is eating ok. Recommend confirming patient's daily caloric intake to confirm sufficient to maintain body weight. If daily caloric intake is confirmed to be sufficient to maintain body weight, then consider that patient may have malabsorptive or maldigestive disease as cause of their weight loss.

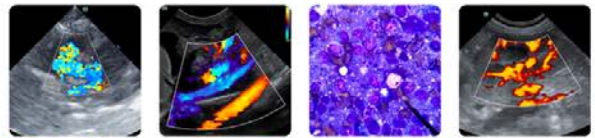
GI panel will also evaluate the patient for chronic enteropathy, which would explain possible malabsorptive disease or determine if patient may have decreased TLI value, consistent with exocrine pancreatic insufficiency.

Also recommend ruling out possible GI parasitism via fecal pathogen PCR testing.

The GI panel should include a resting cortisol to rule out the possibility of hypoadrenocorticism as cause for patient's chronic soft stool and weight loss.

Ultimately, if it is determined that the patient has malabsorptive GI disease, initiate diet trial with hydrolyzed or novel protein diet. If patient's clinical signs persist, then at that time GI biopsies either surgically or endoscopically would be recommended (endoscopically preferred as it is less invasive).





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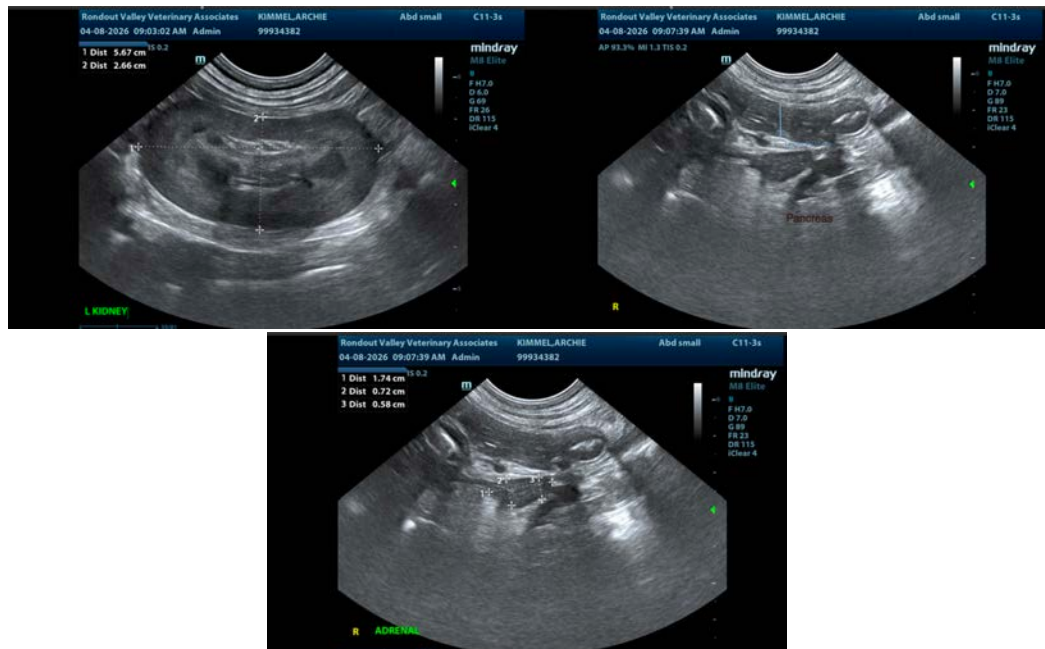
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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