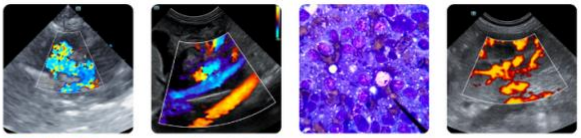


SonoPath www.carolinavetmobile.com info@carolinavetmobile.com 800.808.5948

PATIENT

Harrison Leyco

SPECIES

Canine

BREED

Terrier Mix

SEX

Neutered Male

AGE

9 Years

WEIGHT

30.4 lbs

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Monroe Road Animal Hospital

REFERRING VET

Dr. Davis

INVOICE

15661

DATE

05/01/26

PRESENTING CLINICAL SIGNS

P presented for US due to PU/PD usg 1.006

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 papilla is seen with normal blood flow.

The prostate was normal and measured 7.1 mm width.

The left kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted. The left kidney measured 5.4 cm in length.

The right kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted. The right kidney measured 5/3 cm in length.

Adrenal Glands

The left adrenal gland presents at the upper limits of normal in size but still normal measuring 7.2 mm at the caudal pole and 6.5 mm at the cranial pole.

The right adrenal gland presents at the upper limits of normal in size but still normal measuring 6.7 mm at the caudal pole and 9.1 mm at the cranial pole.

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 contains a moderate amount of aggregating echogenic debris. The remainder of the gallbladder appears normal. Gallbladder wall is normal with no surrounding free fluid or hyperechoic fat. Visible common bile duct is not distended.

Gastrointestinal

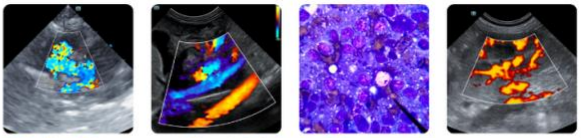
The stomach and intestines have normal wall layering and thickness. Colon contains normal contents with normal wall thickness.

Pancreas

The visible pancreas is normal in size with normal echogenic parenchyma and surrounded by normal peri-pancreatic mesentery.

Carolina Veterinary Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND

SonoPath FOSTERING THE ART OF VETERINARY MEDICINE™ www.carolinavetmobile.com info@carolinavetmobile.com 800.808.5948



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Harrison Leyco

SPECIES

Canine

BREED

Terrier Mix

SEX

Neutered Male

AGE

9 Years

WEIGHT

30.4 lbs

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Monroe Road Animal Hospital

REFERRING VET

Dr. Davis

INVOICE

15661

DATE

05/01/26

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

- Echogenic gallbladder debris- most likely insignificant and not the cause of the patient's clinical signs.
- Upper ends of normal size in the adrenal glands.

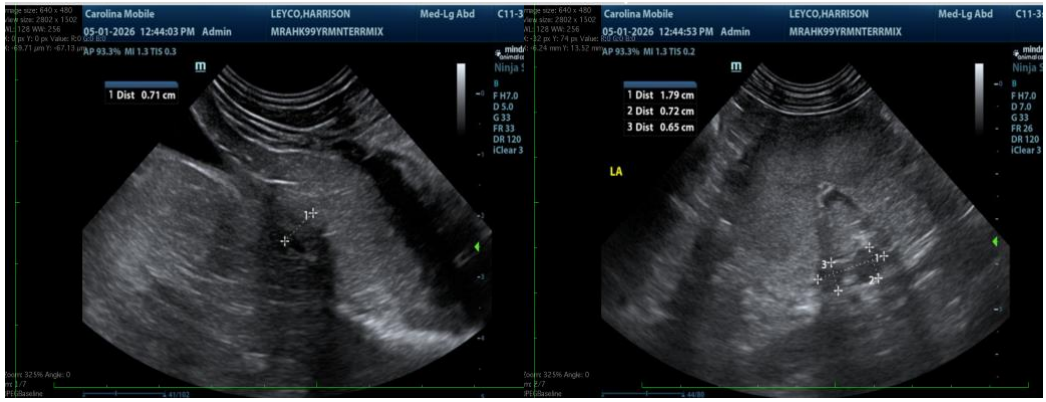
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend starting ursodiol at 15.0 mg/kg PO split into two daily doses. Rechecking appearance of gallbladder in two to three months via ultrasound.

The hyperechoic area in the cranial pole the adrenal gland that was mentioned by the sonographer is not clearly visualized on the images provided. Both adrenal glands are at the upper end of normal in size and given that the patient is polyureic and polydipsic with hyposthenuria. Recommend screening patient for hyperadrenocorticism.

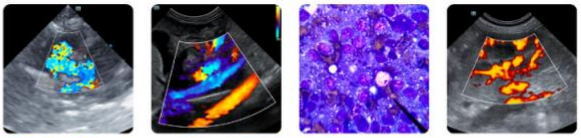
Either start with urine cortisol to creatinine ratio if this ratio is normal, hyperadrenocorticism is ruled out. If ratio elevated, then recommend low-dose dexamethasone suppression test or if clinical suspicion is significant enough at this time, recommend just proceeding with low-dose dexamethasone suppression test directly.

If hyperadrenocorticism is ruled out, consider submitting urine culture given the dilute nature of the urine to rule out an occult urinary tract infection that could be causing an occult pyelonephritis as a cause of the patient's PU/PD. Recommend at this time, it wasn't described whether or not comprehensive lab work had been performed but recommend comprehensive lab work including CBC chemistry, urinalysis and if warranted, consider ionized calcium.



Carolina Veterinary Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND

SonoPath FOSTERING THE ART OF VETERINARY MEDICINE™ www.carolinavetmobile.com info@carolinavetmobile.com 800.808.5948



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Harrison Leyco

SPECIES

Canine

BREED

Terrier Mix

SEX

Neutered Male

AGE

9 Years

WEIGHT

30.4 lbs

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Monroe Road Animal Hospital

REFERRING VET

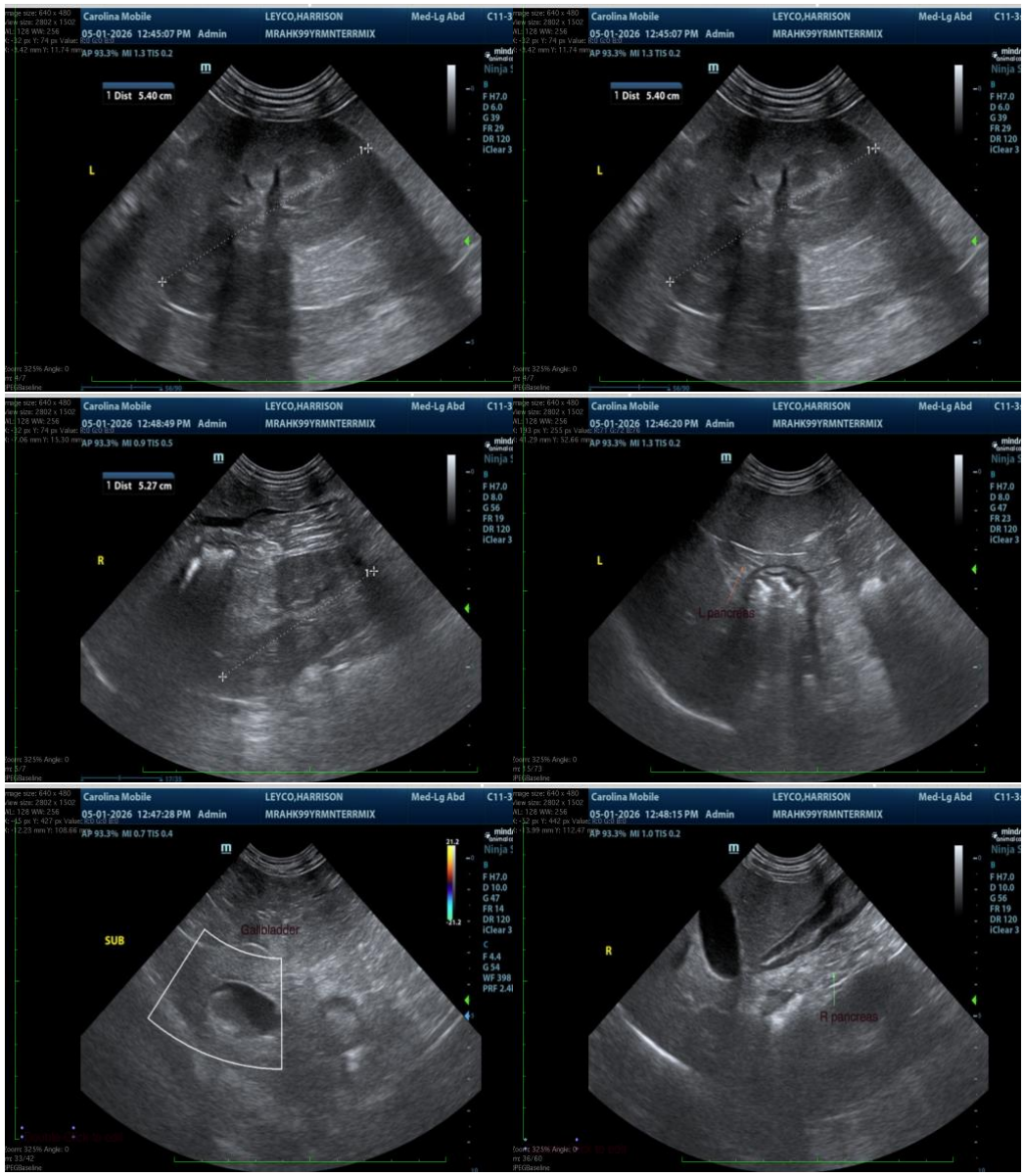
Dr. Davis

INVOICE

15661

DATE

05/01/26



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