



## PATIENT

Skylar Faith Sandler

## SPECIES

Canine

## BREED

Shetland Sheepdog

## SEX

Spayed Female

## AGE

9 Years

## WEIGHT

22.8

## INTERPRETED BY

Greg Kuhlman, DVM,  
DACVIM (SAIM)

## IMAGING PERFORMED BY

Dr. Casper

## HOSPITAL NAME

Hometown Animal  
Hospital Florida

## REFERRING VET

Dr. Gavin Casper

## INVOICE

15706

## DATE

05/01/26

## PRESENTING CLINICAL SIGNS

Prev dx w/ IBD and Cobalamin Def. takes proin. Weight gain noted since 01/2025. Maintained on strict LF Kangaroo diet with Welacin Omega supplement with minimal flare ups mostly controlled with famotidine and cerenia. About 1 month hx of dec appetite (mostly with treats) and nausea. Started on oral cobalequin chews

Abnormal PE/Chem/CBC/UA Results: Cbc/chem- nsf, gross lipemia noted on sample UA- SG 1022, ph 8, UPC

## 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.

The left kidney presents slightly small size with normal shape and architecture. Mild loss of corticomedullary distinction. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted. The left kidney measured 3.5 cm in length.

The right kidney presents small in size with normal shape and architecture. Normal corticomedullary distinction. Non-obstructive areas of mineralization/nephroliths are noted. The right kidney measured 3.2 cm in length.

### Adrenal Glands

The adrenal glands were not seen.

### 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 and appears empty. Colon contains normal contents with normal wall thickness. Diffusely the small intestines have normal layering. The mucosa does appear mildly thickened. The overall thickness of the small of the small bowel is 5.6 mm width with a subjectively mildly thickened muscularis layer consistent with patient's previous diagnosis of inflammatory bowel disease.

### Pancreas



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The area of the left pancreas is seen and no pathology is noted. The visible right pancreas appears normal. No other abnormalities or comments at this time.

### *Free Abdomen*

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

## ULTRASONOGRAPHIC FINDINGS

- Chronic kidney disease.
- Small intestinal thickening.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the appearance of both kidneys and the nephroliths in the right kidney, the patient does appear to have chronic kidney disease. Recommend full staging, monitoring, and managing per IRIS guidelines. No obstruction with either kidney is seen at this time. Recommend submitting urine culture if not already performed to rule out possibility of urinary tract infection and specifically to rule out any occult possible pyelonephritis that may be contributing to the patient's clinical signs.

Given the reported gross lipemia on the blood sample obtained, recommend screening patient for hypertriglyceridemia by submitting a fasted triglyceride sample. If patient has hypertriglyceridemia, I recommend an ultra-low-fat diet. Diet may need to be home-cooked given the patient's history of eating a kangaroo diet. Consider using [balanceit.com](http://balanceit.com) to create this diet.

If hypertriglyceridemia is identified and if GI panel has not been submitted, recommend GI panel and screen further for occult pancreatic disease and to determine the degree of chronic enteropathy present. If patient is still showing signs of chronic enteropathy, even with dietary management, consider GI biopsies to determine if there are other treatments that would benefit patient.



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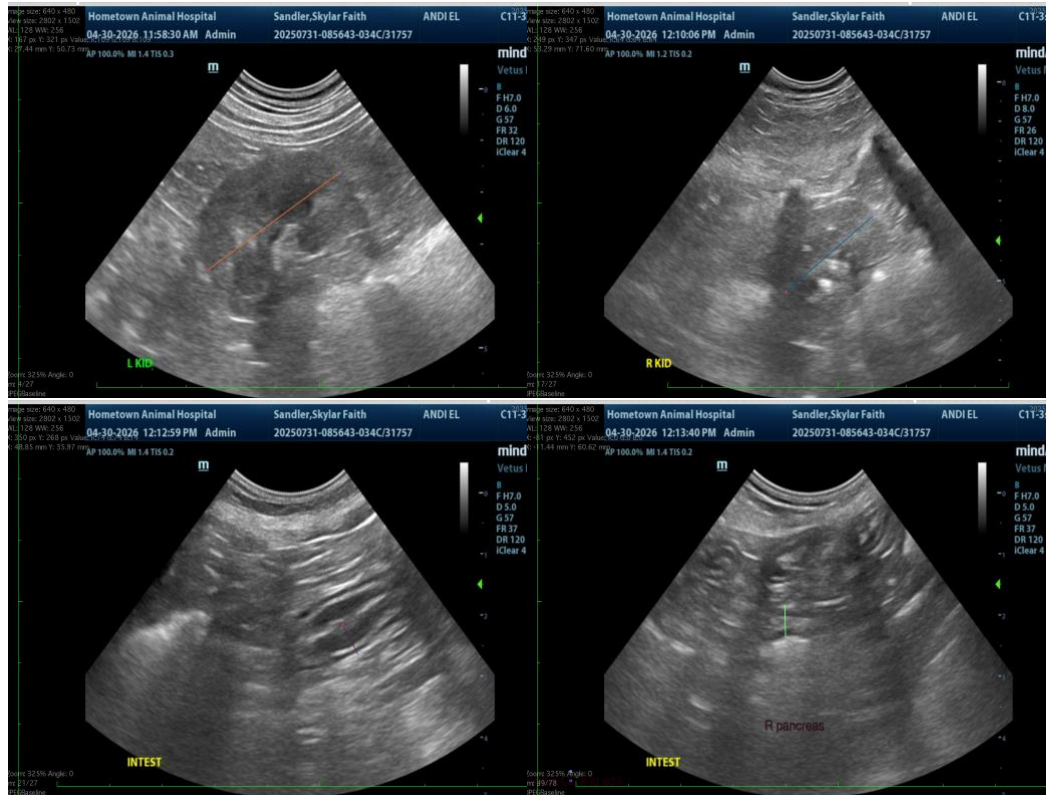
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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