

PATIENT

Benito Cammisuli

SPECIES

Canine

BREED

Pomeranian

SEX

Neutered Male

AGE

9 Years

WEIGHT

3.07 kg

INTERPRETED BY

Greg Kuhlman, DVM,
 DACVIM (SAIM)

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

East Credit Veterinary
 Hospital

REFERRING VET

Dr. Webster

INVOICE

16076

DATE

05/11/26

PRESENTING CLINICAL SIGNS

Historical sensitive GI tract starting at a young age. Unknown triggers. Typically starts with decreased appetite and progresses to diarrhea and/or vomit before resolving with medications. Historically would happen ~ 4x per year. Symptoms are becoming more severe and lasting longer. Most recent episode April 17th - vomited a number of times over the weekend with variable appetite. Energy level and stools were ok. Was fine the day after his visit but has had variable appetite since. Stools have intermittently seemed dark and tarry. There was a chance that he was given a treat or ate something when out with dog walker prior to onset. Other hx - Cystotomy to remove Uroliths Jan. 2024. Current Medications: Simparica trio q monthly

Abnormal PE/Chem/CBC/UA Results: labs attached Several abnormalities with chemistries on bloodwork done at AHE April 14/26 but severely lipemic, and moderately hemolyzed sample Will repeat on fasted sample Repeat bloodwork - Values have largely normalized. Still mildly elevated K+- which can be watched. Remaining electrolytes, BG, ALP and protein levels have normalized

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder revealed two uroliths which measured 1.2 mm width and 4.0 mm width. The largest urolith appeared mildly shadowing.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and moderate loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. The left kidney measures 3.1 cm. The right kidney measures 3.6 cm.

Adrenal Glands

The left adrenal gland presents at the low ends of normal in size. The phrenic vasculature is unremarkable. The cranial pole measures 3.4 mm and the caudal pole measures 3.5 mm.

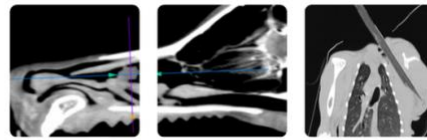
The right adrenal gland presents mildly enlarged in size. The phrenic vasculature is unremarkable. The right adrenal gland measures 7.0 mm at the caudal pole and 8.6 mm at the cranial pole.

Spleen

The spleen is normal in size, shape, margination and echogenicity. No masses are seen. Multiple hyperechoic noncapsule displacing benign myelolipomas throughout the splenic parenchyma.

Liver

Liver is subjectively enlarged (swollen contour) without disruption of architecture. It has a normal homogenous echotexture. Parenchyma is diffusely hyperechoic characterized by less prominent than normal portal vein walls and increased echogenicity relative to the spleen and falciform fat. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.



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The gallbladder presents normal size with a minimal amount of bile and appears to be recently contracted. Normal gallbladder wall. No evidence of bile duct distention or obstruction.

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Gastrointestinal

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

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Pancreas

The visible pancreas is diffusely markedly hypoechoic at this time. There is no significant surrounding hyperechoic fat.

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Free Abdomen

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

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ULTRASONOGRAPHIC FINDINGS

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- Age-related renal changes.
- Mildly enlarged right adrenal gland.
- Two urinary bladder uroliths.
- Benign splenic myelolipomas.
- Hyperechoic hepatomegaly- consistent with benign vacuolar hepatopathy possibly due to hyperadrenocorticism.
- Pancreatitis.

INTERPRETED BY

Greg Kuhlman, DVM,
 DACVIM (SAIM)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the appearance of both kidneys, recommend full staging, monitoring and managing the patient per IRIS guidelines.

IMAGING PERFORMED BY

Kelly Reschny

Given that the right adrenal gland is mildly enlarged and left adrenal gland is at the low end of normal in size, recommend screening patient for hyperadrenocorticism which may be adrenal dependent. No obvious adrenal mass is seen associated with the right adrenal gland, however, recommend performing low-dose dexamethasone suppression test to screen patient for hyperadrenocorticism based on appearance of adrenal glands on this scan.

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Recommend starting dissolution diet for one month and rechecking for presence of urolith. If still present, recommend cystotomy. If uroliths respond to a dissolution diet and are resolved or resolving in one month, continue this diet indefinitely.

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Recommend submitting cPLI to confirm pancreatitis. Possibly the changes in the pancreas are causing the vacuolar hepatopathy due to an extra hepatic biliary duct obstruction even if it is a partial obstruction.

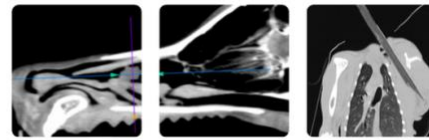
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Given the lipemia discussed with the patient's blood sample, recommend once patient has been fasted at least 12 hours, recommend submitting fasting triglycerides. Suspect patient will have hypertriglyceridemia. Recommend switching to ultra low-fat diet and if necessary, adding a medication such as gemfibrozil at 150 mg by mouth every 12 hours starting and rechecking triglycerides every 10 to 14 days until they have normalized. Suspect that chronic intermittent pancreatitis due to hypertriglyceridemia may be the cause of the patient's intermittent GI signs.



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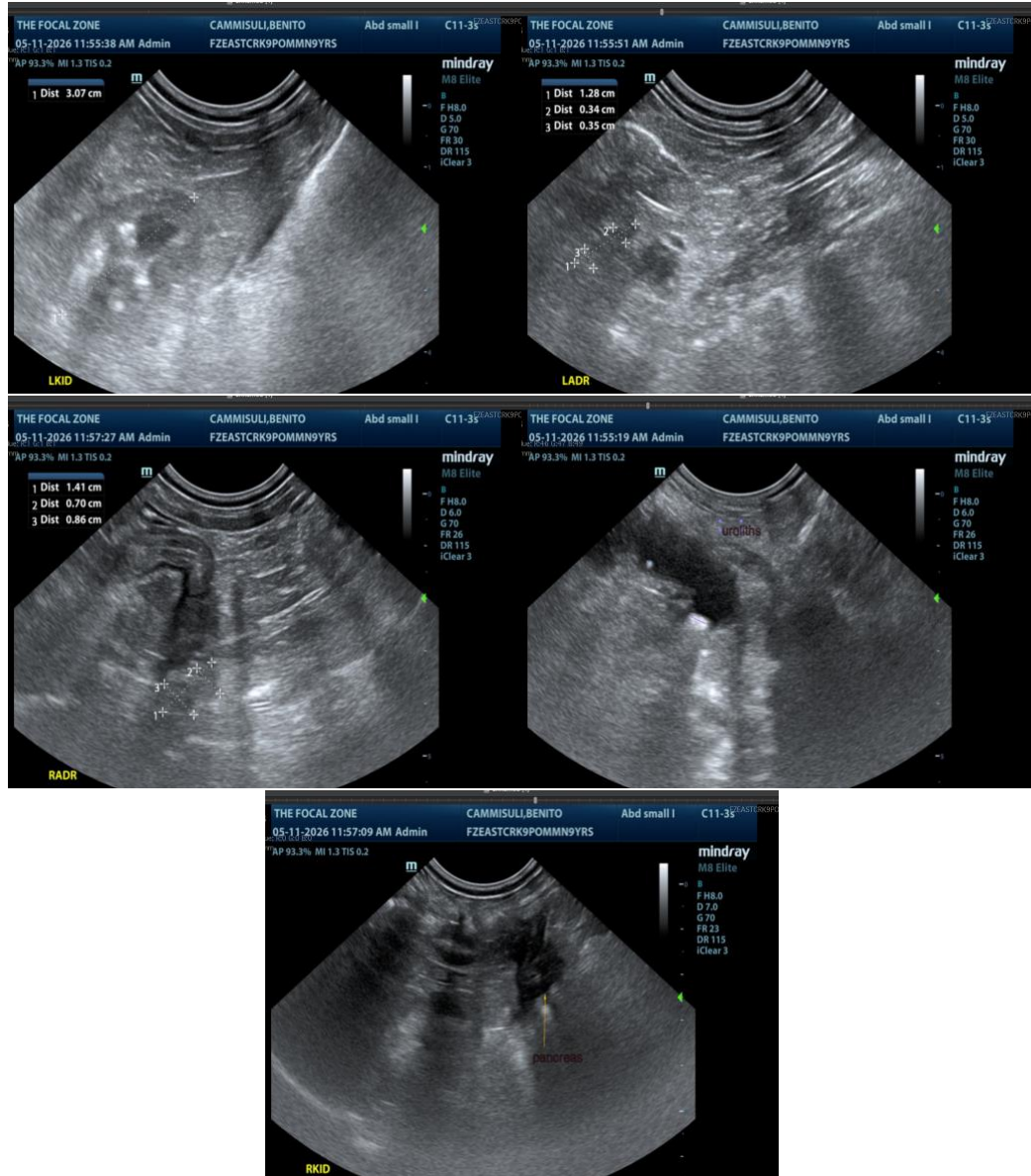
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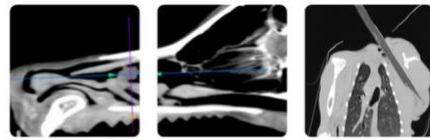
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)



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Veterinary Internal Medicine Specialist

info@SonoPath.com

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