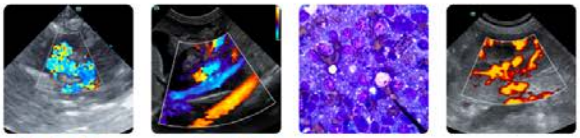

PATIENT

Chloe Venable

SPECIES

Canine

BREED

Yorkie

SEX

Spayed Female

AGE

3 Years 7 Months

WEIGHT

7.9 lbs

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

King Veterinary Hospital

REFERRING VET

Dr. Aldridge

INVOICE

75065

DATE

5/12/26

PRESENTING CLINICAL SIGNS

P is diabetic, diagnosed 3 months ago, P initially presented May 11 2026 for lethargy, not eating and blood in stool, Owner gave 2.5units insulin, Started Metronidazole. Returned may 12th for recheck and US- Abdomen gassy, painful in abdomen, strawberry milk shake diarrhea

Abnormal PE/Chem/CBC/UA Results: BG 345, Glu 198, ALKP 360, Na 140, CL 99, CPL <30, Fructosamine 148 FF negative, low normal WBC's with neutropenia and bands Baseline Cortisol 10 WBC differential 100 cells 12% monocytes 29% lymphocytes, 8% seg neutrophils, 49% ban dneutrophils, 2% metamyelocyts, moderate to marked toxic change, usg 1.050, bilirubin 2+, glu 2+, Pro 1+ Parvo NEGATIVE

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 a mild amount of 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 (4.6 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (4.1 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 6.5 mm and the caudal pole measures 5.5 mm.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 5.3 mm and the caudal pole measures 6.0 mm.

Spleen

The spleen is normal in size, shape, margination and echogenicity. No masses are seen.

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.

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.

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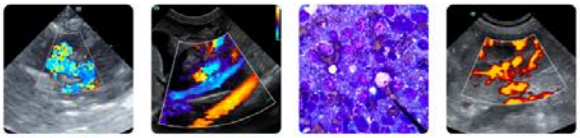

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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Gastrointestinal

The stomach has normal wall layering and thickness. Diffusely the small bowel appears normal, measuring 3.2 mm in width with normal layering. The colon diffusely contains hypoechoic fluid with hyperechoic debris present throughout the fluid. Colon wall diffusely appears normal in thickness, measuring approximately 1.4 mm in width.

Pancreas

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

Free Abdomen

Mild mesenteric lymphadenopathy present. A representative node measures 3.5 mm in width. No free abdominal fluid is seen.

ULTRASONOGRAPHIC FINDINGS

- Colitis.
- Mild mesenteric lymphadenopathy.
- Hyperechoic hepatomegaly.
- Gallbladder debris.
- Mild urinary bladder debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient appears to have diffuse colitis. Diarrhea appears imminent. Consider causes for colitis such as possible parasitism including possible pathogenic bacterial infection such as clostridium, salmonella, campylobacter. Recommend fecal pathogen PCR. Recommend supportive care. If ultimately no diagnosis is determined, no parasites or pathogenic bacteria are identified, and patient does not response to supportive care, consider colonoscopy to obtain colonic biopsies for histopathology to determine the underlying cause of the patient's colitis.

The mesenteric lymph nodes appear reactive, less likely enlarged due to neoplasia.

The hyperechoic hepatomegaly is most likely due to benign vacuolar hepatopathy from patient's diabetes mellitus.

The gallbladder debris appears clinically incidental.

No evidence of sepsis identified on this scan. No free fluid seen within the abdomen at this time.

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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