



## PATIENT

Toto King

## SPECIES

Canine

## BREED

Mixed

## SEX

Spayed Female

## AGE

14 Years 10 Months

## WEIGHT

9 lbs

## INTERPRETED BY

Greg Kuhlman, DVM,  
DACVIM (SAIM)

## IMAGING PERFORMED BY

Kevin Moon, DVM

## HOSPITAL NAME

Shiloh Veterinary  
Hospital

## REFERRING VET

Colleen Andrews,  
DVM

## INVOICE

16280

## DATE

05/15/26

## PRESENTING CLINICAL SIGNS

2 episodes of pancreatitis in the last 6 months. One definitely induced by eating cat food, but unsure of cause of other.

Abnormal PE/Chem/CBC/UA Results: 4/25 ALT (SGPT) 144IU/L (12-118) Alk Phosphatase 159 IU/L (5-13)

## 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 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 mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. The left kidney measures 3.3 cm. Renal pelvic dilation is present with renal pelvis measuring 2.2 mm width, possibly normal variation. May be due to pyelonephritis. May be due to polydipsia and polyuria. The right kidney measured 3.5 cm in length.

### *Adrenal Glands*

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 3.7 mm and the caudal pole measures 5.4 mm.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 6.0 mm and the caudal pole measures 5.0 mm.

### *Spleen*

The spleen is normal in size, shape, margination and echogenicity. No masses are seen. No blood flow is evaluated. Multiple hyperechoic, non-capsule displacing, variably size lesions present adjacent to large vessels in spleen consistent with benign myelolipomas.

### *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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## *Gastrointestinal*

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

## *Pancreas*

The observed pancreas appears appropriately isoechoic to surrounding omental fat. The capsule is mildly irregular in shape. Parenchyma is mildly heterogenous and coarse. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

## *Free Abdomen*

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

## ULTRASONOGRAPHIC FINDINGS

- Mild urinary bladder debris.
- Benign myelolipomas in the spleen.
- Mild gallbladder debris.
- Hyperechoic hepatomegaly consistent with benign vacuolar hepatopathy.
- Pancreatic remodeling.
- Left kidney renal pelvic dilation with age-related changes bilaterally.

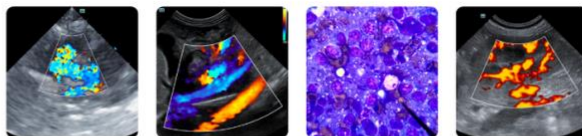
## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend urinalysis and if urinalysis has active urine sediment, recommend urine culture. Recommend screening for secondary causes, including hyperadrenocorticism, hypertriglyceridemia, hypothyroidism. Possible chronic intermittent pancreatitis is also a definite possibility as the cause of the mildly elevated liver values and the appearance of the liver.

Given the patient's repeated episodes of pancreatitis, recommend starting an ultra-low-fat diet and trying to get the patient to avoid eating things such as cat food, which are too high in fat and will just induce more episodes of pancreatitis. No obvious evidence of pancreatitis is seen at this time.

I suspect that switching the patient to an ultra-low-fat diet, either a commercially available diet such as Royal Canin GI low fat or Hill's ID low fat or going to [balanceit.com](http://balanceit.com) to create a balanced home ultra-low fat cooked diet will be recommended.

Recommend full screening, monitoring, and managing patient per international renal interest society guidelines.



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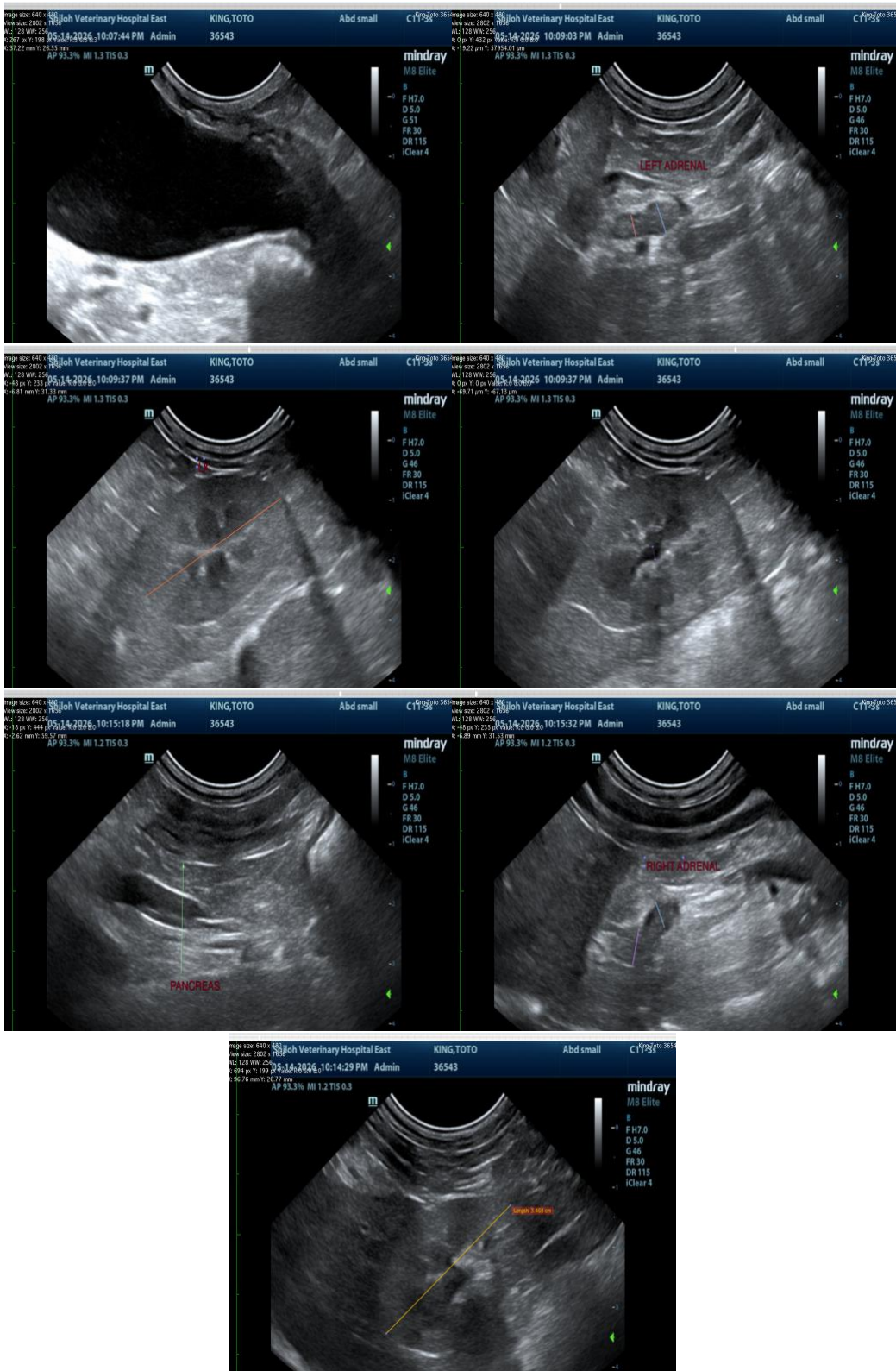
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
[info@SonoPath.com](mailto:info@SonoPath.com)