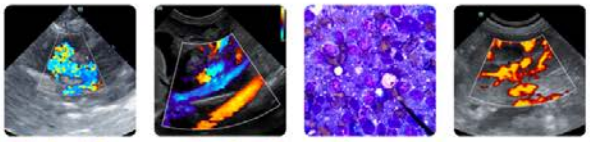

PATIENT

Emma Johnson

SPECIES

Canine

BREED

Basenji

SEX

Neutered Male

AGE

13 Years

WEIGHT

22.4 lbs

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Saum Hadi

HOSPITAL NAME

Nimbus Pet Hospital

REFERRING VET

Dr. Saum Hadi

INVOICE

75204

DATE

5/16/26

PRESENTING CLINICAL SIGNS

P presents with recent diarrhea, weight loss. History of DM, which is currently well managed with vetsulin based on clinical signs and fructosamine. Trace glucose in urine, otherwise NSF on labs.

Abnormal PE/Chem/CBC/UA Results: Trace glucosuria, otherwise NSF on full total health + UA profile through IDEXX

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder contains a moderate amount of urine. The luminal bladder wall is irregular in contour.

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. Left kidney measured 4.9 cm. Right kidney measured 4.9 cm.

Adrenal Glands

The right adrenal gland is not seen on this exam.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The caudal pole measures 5.1 mm. The cranial pole is not clearly seen.

Spleen

The spleen is normal in size, shape, margination and echogenicity. No masses are seen. Benign hyperechoic myelolipomas are found adjacent to large vasculature. No blood flow assessed.

Liver

Liver is relatively normal in size and contour. Parenchyma is mildly heterogenous and coarse with mild likely age-related parenchymal remodeling noted. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic with some echogenic debris noted. There is no evidence of cystic or common bile duct dilation.

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.

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Free Abdomen

A prominent, hypoechoic, mildly rounded medial iliac lymph node is noted measuring 9.3 mm in length and 4.9 mm in width. No free abdominal fluid is seen.

ULTRASONOGRAPHIC FINDINGS

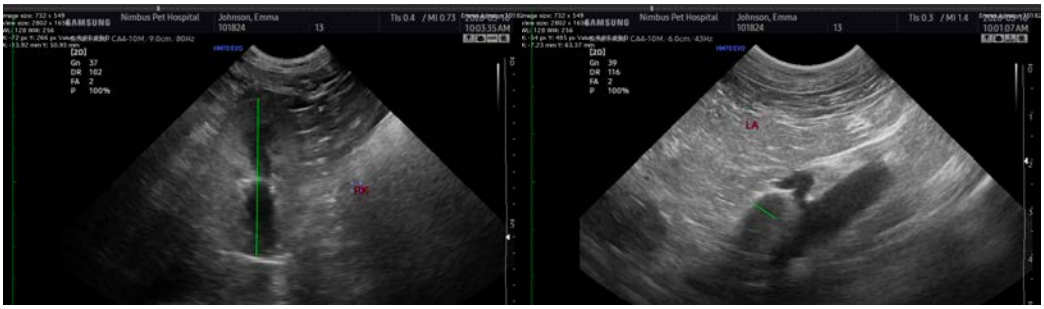
- Irregular urinary bladder wall.
- Age related kidney changes.
- Age related hepatic changes.
- Gallbladder debris.

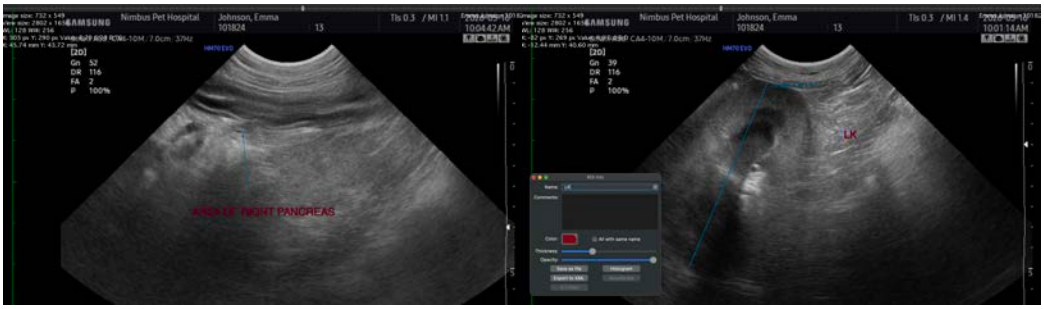
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The urinary bladder presentation is consistent with possible chronic inflammation and mild polypoid cystitis. If not already performed, recommend urinalysis. If active urine sediment, then recommend urine culture to screen for possible chronic occult urinary tract infection.

The medial iliac lymph node may be mildly enlarged due to a reactive cause form underlying possible GI or urinary tract disease. Less likely this node is enlarged due to a neoplastic cause. No evidence of GI disease seen on this exam. Recommend screening the patient for GI disease such as parasitism. Recommend fecal pathogen PCR testing. Also recommend a Texas A&M GI panel to screen the patient for a chronic enteropathy not appreciated on this ultrasound.

If a diet trial will not affect the patient's diabetes mellitus significantly, recommend a diet trial with a hydrolyzed diet for at least 2-4 weeks to determine if diarrhea and weight loss improve. If the patient fails a diet trial, consider an antibiotic trial with Tylosin also for 2-4 weeks. If patient's clinical signs persist at that point, recommend GI biopsies either surgically or endoscopically (endoscopically preferred as less invasive).





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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