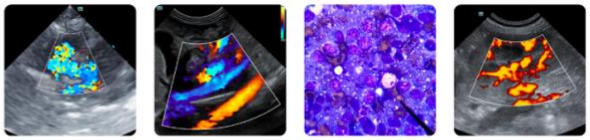


PATIENT

Sophia Preston

SPECIES

Canine

BREED

Italian Greyhound

SEX

Spayed Female

AGE

4 Years

WEIGHT

10 lbs

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Julia Bakker, DVM

HOSPITAL NAME

Orange Blossom Veterinary Imaging

REFERRING VET

Stephen Romero, DVM

INVOICE

16326

DATE

05/18/26

PRESENTING CLINICAL SIGNS

Patient is having weight loss and diarrhea. Labwork showed hypoalbuminemia.
Started on B12 and chicken/rice ultra-low-fat diet and patient is improving with some weight gain and improved albumin levels

5/7/26: TP (3.2), ALB (1.8), Glob (1.4) 5/16/26: TP (5.0), ALB (2.4), Glob (2.7)

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 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 left kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured 3.6 cm in length.

The right kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The right kidney measured 3.8 cm in length.

Adrenal Glands

The left adrenal gland presents at the low end of normal in size. The cranial pole measures 3.2 mm and the caudal pole measures 2.9 mm.

The right adrenal gland presents at the low end of normal in size. The cranial pole measures 2.8 mm and the caudal pole measures 3.0 mm.

Spleen

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

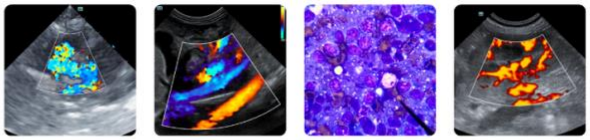
Liver

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. The colon is distended with a moderate amount of liquid stool. The colon wall diffusely appears normal in thickness. Diffusely the duodenum, jejunum and ileum appear normal measuring approximately 6.7 mm in width with normal layering. The mucosa appears normal.



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Pancreas

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

Free Abdomen

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

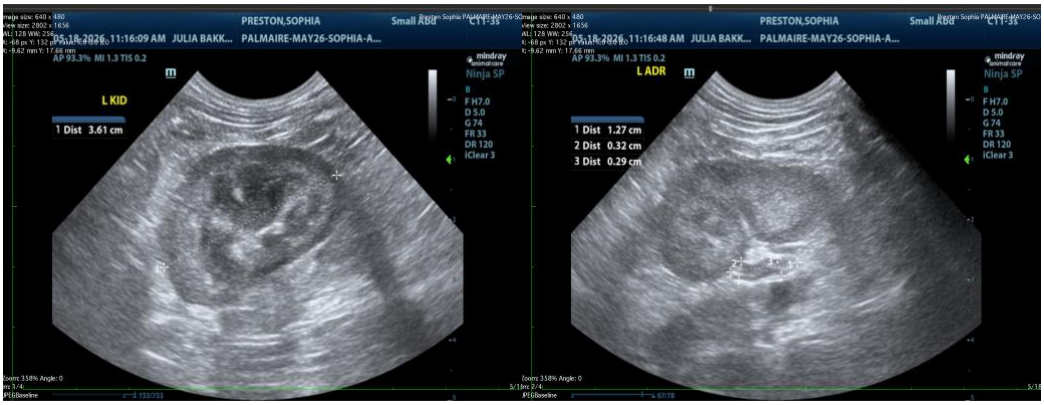
ULTRASONOGRAPHIC FINDINGS

- Urinary blader debris.
- Adrenal glands at the low ends of normal.
- Colitis pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An ACTH stimulation test is recommended given both adrenals are at the low end of normal in size. Recommend urinalysis and urine culture if urinalysis shows active urine sediment. Recommend full fecal parasite protozoa screening via fecal pathogen PCR testing.

Based on patient's recent lab work in response to a low-fat diet, patient appears to have protein losing enteropathy. Rule out proteinuria via the urinalysis already discussed. If patient fails a ultra low-fat diet and relapses, meaning hypoalbuminemia returns or patient's clinical signs return, recommend GI biopsies at that time either surgically or endoscopically. Endoscopically is preferred as they are more minimally invasive.



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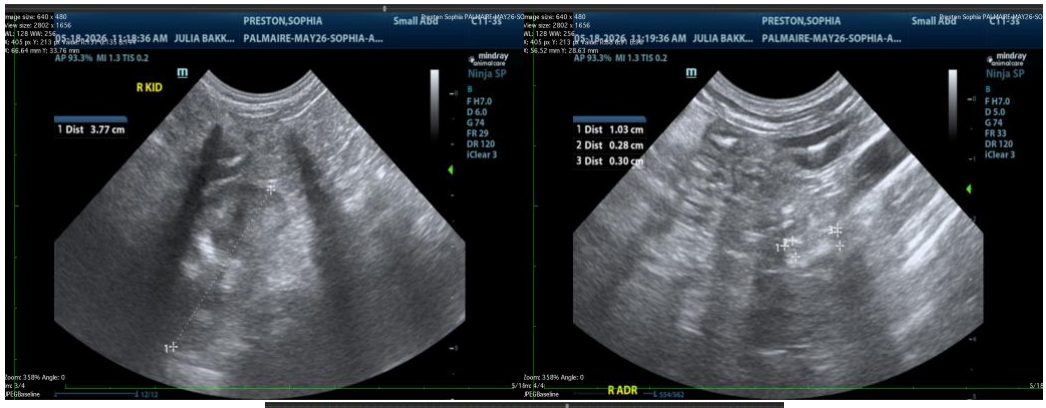

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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