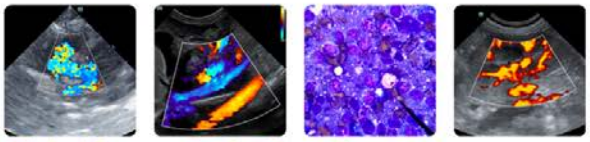

PATIENT

Snowball Prestwood

SPECIES

Canine

BREED

Whippet

SEX

Spayed Female

AGE

15 Years

WEIGHT

22 lbs

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Julia Bakker, DVM

HOSPITAL NAME

Orange Blossom Veterinary Imaging

REFERRING VET

Michael Humphrey, DVM

INVOICE

75402

DATE

5/22/26

PRESENTING CLINICAL SIGNS

Investigating causes of anemia
Abnormal PE/Chem/CBC/UA Results: HCT 34.6% RBC 4.99 BUN 60

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder contains minimal urine, otherwise appears normal.

The right kidney presents normal size (3.8 cm) with normal shape and architecture. There is moderate loss of corticomedullary distinction. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted.

The left kidney presents normal size (4.1 cm) with normal shape and architecture. There is moderate loss of corticomedullary distinction. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted.

Adrenal Glands

The caudal pole of the right adrenal gland is mildly small at 3.4 mm. The cranial pole is not clearly seen.

The left adrenal gland is slightly small in size, measuring 3.6 mm at the caudal pole and 2.9 mm at the cranial pole.

Spleen

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

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.

The gallbladder contains a moderate amount of aggregating echogenic debris. The gallbladder does not currently appear obstructed.

Gastrointestinal

The stomach and intestines have normal wall layering and thickness. The colon is empty. The colon wall appears mildly thickened at 6.0 mm in width, which may be a normal variation given that the colon is empty.

Pancreas

The visible 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.

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ULTRASONOGRAPHIC FINDINGS

- Mildly small adrenal glands.
- Age related hepatic changes.
- Gallbladder debris.
- Subjectively mildly thickened colon wall.

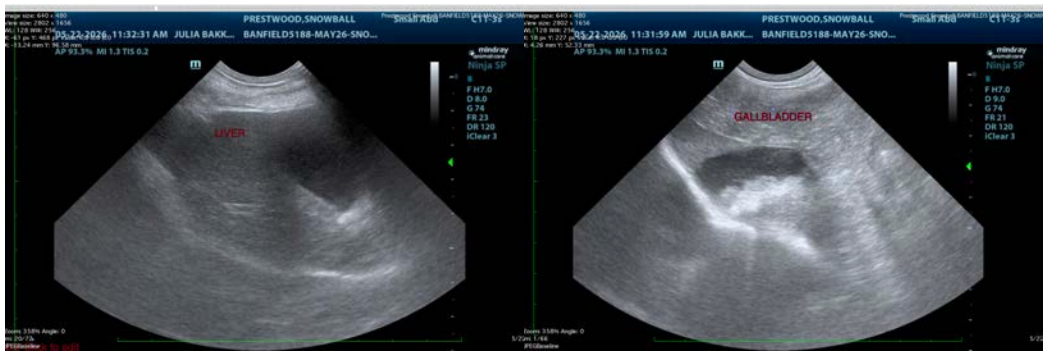
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

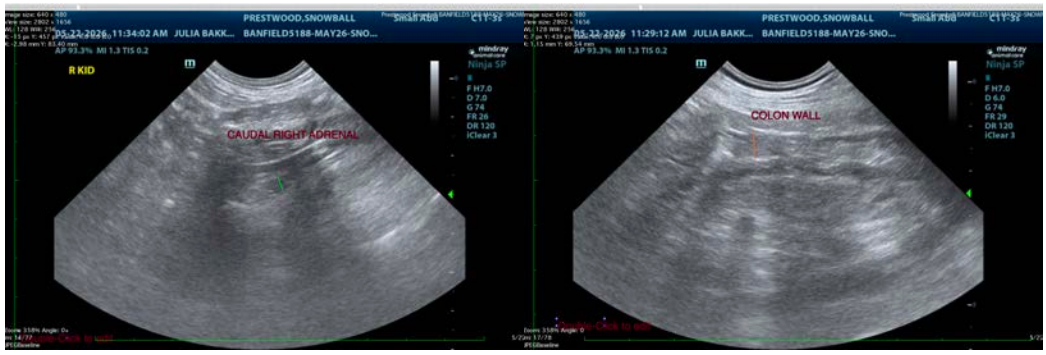
Given the appearance of both kidneys, recommend full staging, monitoring and managing the patient per IRIS guidelines to determine degree of chronic kidney disease present. The chronic kidney disease may be the cause of the patient's anemia.

The colon wall thickening may be a normal patient variant. However, if the patient is showing any signs of large bowel diarrhea, then consider screening the patient for parasites via fecal pathogen PCR testing. If no clinical large bowel signs are present at this time, this is most likely a normal variation.

The appearance of the debris within the gallbladder may potentially be due to a bacterial cholangitis. Recommend ultrasound guided aspirate of gallbladder for bile sample to submit for aerobic and anaerobic culture and cytology. If owners elect not to pursue bile aspirate, consider treating with Ursodiol and an antibiotic such as Amoxicillin for 4-6 weeks and then rechecking the appearance of the gallbladder via ultrasound.

Given the slightly small adrenal glands, consider screening for hypoadrenocorticism. Recommend submitting resting cortisol. If >2.0, hypoadrenocorticism would be ruled out. If <2.0, then perform an ACTH stimulation test.





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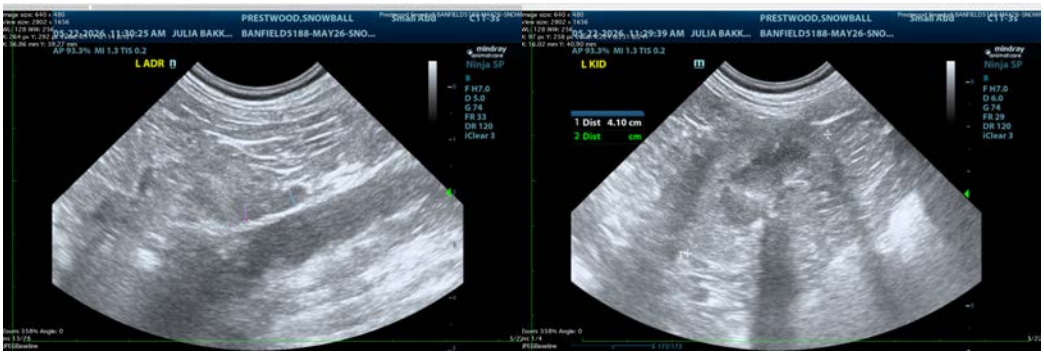

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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