



PATIENT

Pepper King

SPECIES

Canine

BREED

Black Lab

SEX

Spayed Female

AGE

7.5 Years

WEIGHT

76.1 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Wasserman

HOSPITAL NAME

Insight/Highlands
Animal Hospital

REFERRING VET

Dr. Frankenberger

INVOICE

16506

DATE

05/24/26

PRESENTING CLINICAL SIGNS

Panting has been present for the past 2–3 weeks. Polyuria/polydipsia has been noted over the past several days. History of intermittent rear limb lameness. On physical examination today, the cranial abdomen palpated subjectively full. Multiple regions of the skin are markedly erythematous. No fleas were visualized on examination. Abdominal ultrasound requested to evaluate for causes of the patient's PU/PD and panting, and to assess for underlying intra-abdominal disease. Differential considerations include pain secondary to dermatologic disease versus other systemic or abdominal pathology. Sedated with butorphanol and Dexdomitor for sonogram. Adequate.

UR SG 1.032 (cystocentesis) Urinalysis otherwise normal, ALT 713, ALP 1063. CBC: Neutrophils: 14.55k, Lymphocytes 0.75k, Eos 0.05k. Pictures attached of skin lesions. Once the skin was clipped for the sonogram, there were urticaria and erythematous skin lesions consistent with an allergic reaction or contact dermatitis. Lesions primary on the left side of the patient also in the left axilla. These were seen earlier today prior to clipping and having ultrasound gel on the patient.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder is moderately distended with anechoic urine. No uroliths are seen. The bladder wall is normal in appearance and thickness. No masses are seen.

The left kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured 6.6 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 7.1 cm in length.

Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 4.1 mm and the caudal pole measures 6.8 mm.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole is not seen and the caudal pole measures 7.3 mm.

Spleen

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

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 contains a moderate amount of dependent debris. No gallbladder obstruction is appreciated. Gallbladder disease is not suspected as a cause of patient's clinical signs.



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Gastrointestinal

The stomach is moderately full. The small bowel is distended with a mild to moderate amount of ingesta. No GI obstruction is seen. It appears the patient is not fully fasted for the exam. No concern for mechanical obstruction.

Pancreas

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

Free Abdomen

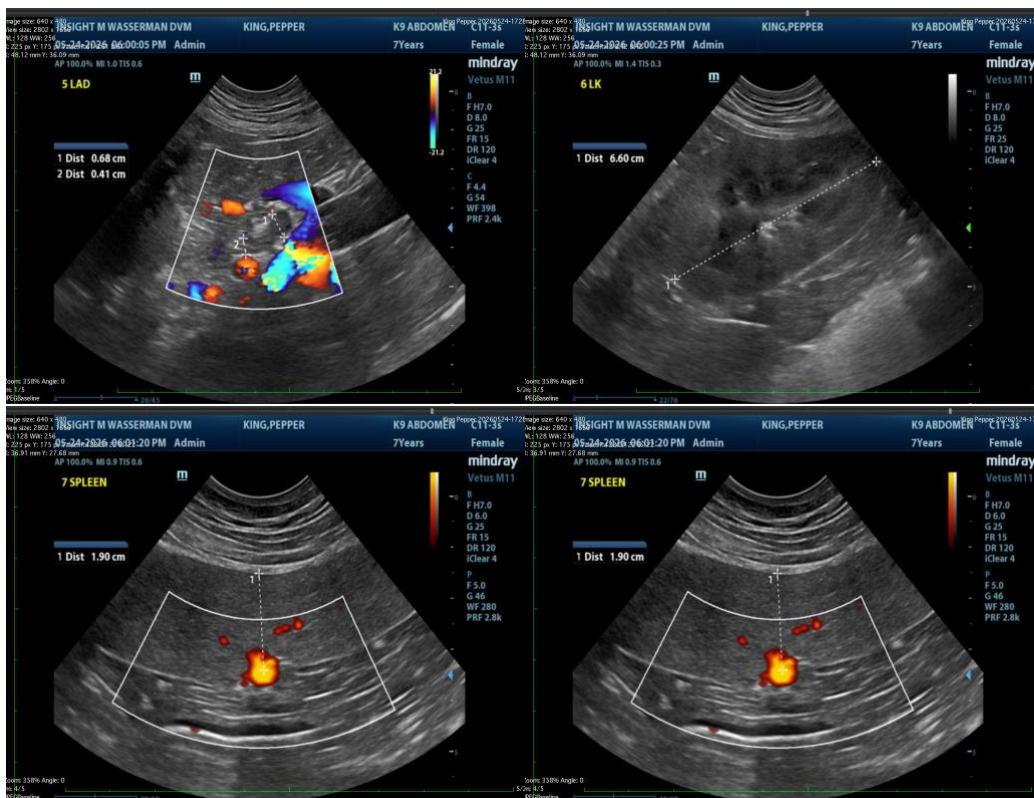
There are no enlarged abdominal lymph nodes seen on this exam. No free abdominal fluid is seen.

ULTRASONOGRAPHIC FINDINGS

- Gallbladder debris.
- GI ingesta.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No cause for the patient's clinical signs is seen in this exam. No cause for the patient's polyuria and polydipsia. No underlying intra-abdominal disease is appreciated on this exam.





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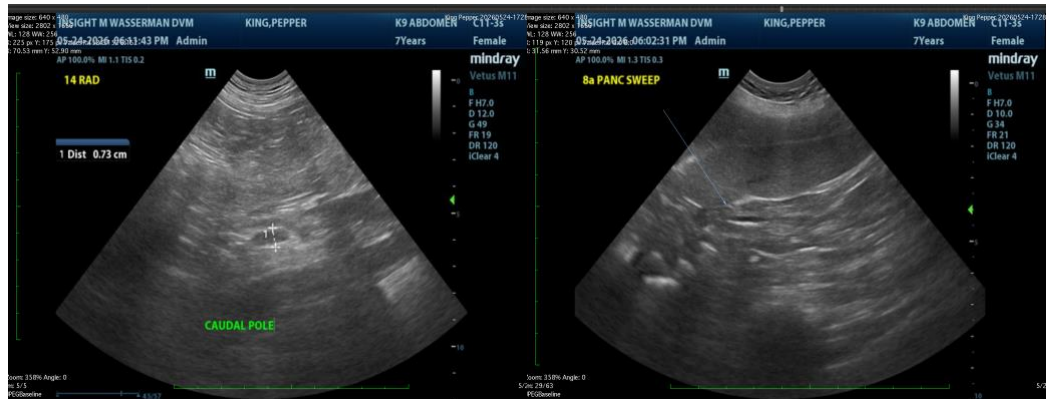
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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