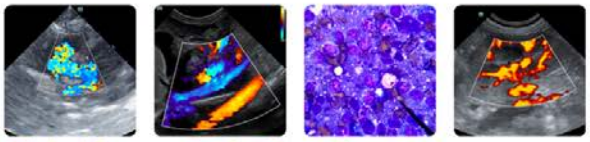

PATIENT

Charlotte Filippelli

SPECIES

Canine

BREED

German Shepherd x

SEX

Spayed Female

AGE

8 Years

WEIGHT

60 lbs

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Jennifer Todd

HOSPITAL NAME

Lambs Gap Animal Hospital

REFERRING VET

Dr. Jennifer Todd

INVOICE

75450

DATE

5/26/26

PRESENTING CLINICAL SIGNS

Charlotte is an eight year old, FS German Shepherd mix who is owned by one of our veterinary receptionists. She presented on 5/18/26 for restlessness, pacing, discomfort. On exam, Charlotte showed tenderness on lumbar spine palpation and gabapentin was prescribed. CBC, Chemistry panel, PLI and T4 were all normal. On 5/20/26 Charlotte developed diarrhea on on 5/21/26 vomiting started. Probiotic and Cerenia were prescribed, but Charlotte continued to vomit and had a poor appetite. Charlotte presented to our local urgent care on 5/24/26 where radiographs showed some concern for possible abdominal mass vs gastroenteritis. Abdominal ultrasound was advised.

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 right kidney presents normal size (6.5 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (6.7 cm) with normal shape and architecture. Normal corticomedullary distinction. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted.

Adrenal Glands

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 4.8 mm and the caudal pole measures 5.4 mm.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 4.8 mm and the caudal pole measures 8.0 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 and intestines have normal wall layering and thickness. Colon contains normal contents with normal wall thickness.

Pancreas

The visible pancreas appears diffusely mildly hypoechoic. No surrounding hyperechoic fat at this time.

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Free Abdomen

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

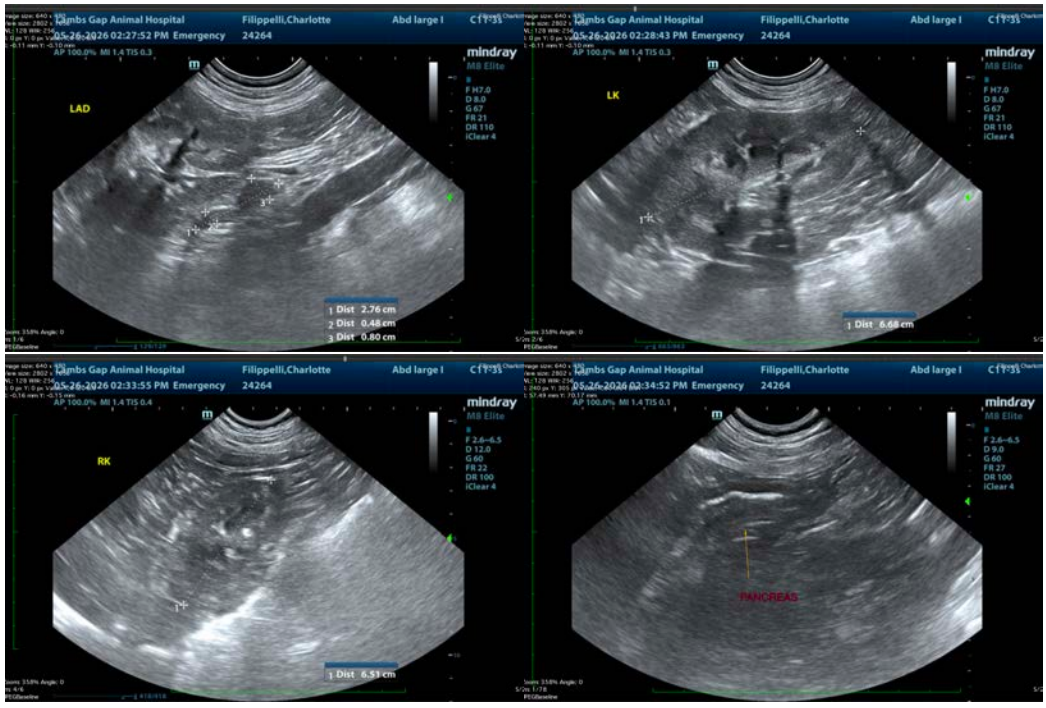
ULTRASONOGRAPHIC FINDINGS

- Left kidney non-obstructive mineralization.
- Mildly hypoechoic pancreas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mildly hypoechoic pancreas may be a normal variation or may indicate mild pancreatic inflammation. If not already performed, recommend cPLI to screen the patient further for possible clinically significant pancreatitis.

No abdominal mass seen. No obvious evidence of gastroenteritis seen. Recommend continuing to treat the patient supportively. If patient fails supportive care, consider submitting fecal pathogen PCR to rule out GI parasitism and recommend full GI panel be submitted, which includes the aforementioned cPLI, a TLI, cobalamin and folate. Also include a resting cortisol to rule out hypoadrenocorticism. If a chronic enteropathy is suspected based off GI panel and patient's clinical signs continue, consider GI biopsies either surgically or endoscopically (endoscopically preferred as they are minimally invasive).



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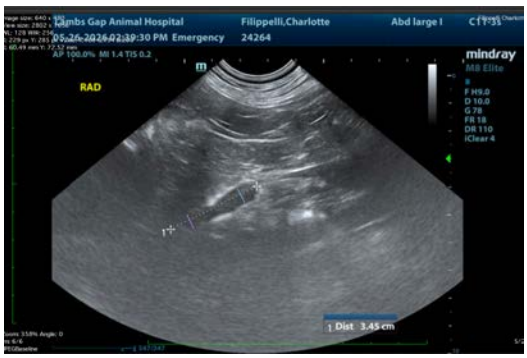

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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