



PATIENT

Brandy Byquist

SPECIES

Canine

BREED

Cocker Spaniel

SEX

Spayed Female

AGE

12 Years

WEIGHT

14.3 kg

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Iacovides

HOSPITAL NAME

Tuxedo Animal
Hospital

REFERRING VET

Dr. Lameg

INVOICE

75479

DATE

5/27/26

PRESENTING CLINICAL SIGNS

Abdomen is for geriatric screen as amylase and lipase elevated, therefore check pancreas. Has B2 mitral disease. U/S many years ago. Has ventricular arrhythmia that appears well controlled routine monitoring of her heart condition has been lacking due to client cost concerns so we want to due basic assessment but we need a dental and tumor removal and are expecting a longer (2hrs to 2 1/2 hrs) sx procedure Current meds: 1) Compound (C) Sotalol 20mg/ml Oral GIVE 1 ML BY MOUTH EVERY 12 HRS LONGTERM 2) Compound (C) Pimobendan 3.75mg/ml Oil Oral Give 1ml by mouth every 12 hrs on an empty stomach

Abnormal PE/Chem/CBC/UA Results: Grade 2-3 heart murmur -typical SSR 20-24 -no syncope -no jugular distension -no cough Ventricular arrhythmia (ECG report attached) CBC-wnl CHEM: ALP 283 u/l (23-212) Amyl 1910 u/l (500-1500) Lipa 3683 u/l (200-1800) UA-wnl

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 a mild amount of 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 calculi are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

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 or infarcts observed. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted in the left kidney. Left kidney measured 5.7 cm. Right kidney measured 5.8 cm.

Adrenal Glands

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 5.6 mm and the caudal pole measures 6.4 mm.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 5.4 mm and the caudal pole measures 5.1 mm.

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.

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.



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Gastrointestinal

The stomach and intestines have normal wall layering and thickness. Colon contains normal contents with normal wall thickness.

Pancreas

The observed pancreas appears appropriately isoechoic to surrounding omental fat. The capsule is mildly irregular in shape. Parenchyma is mildly heterogenous and coarse. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

- Urinary bladder debris.
- Age related renal changes.
- Age related hepatic changes.
- Mild age related pancreatic remodeling.

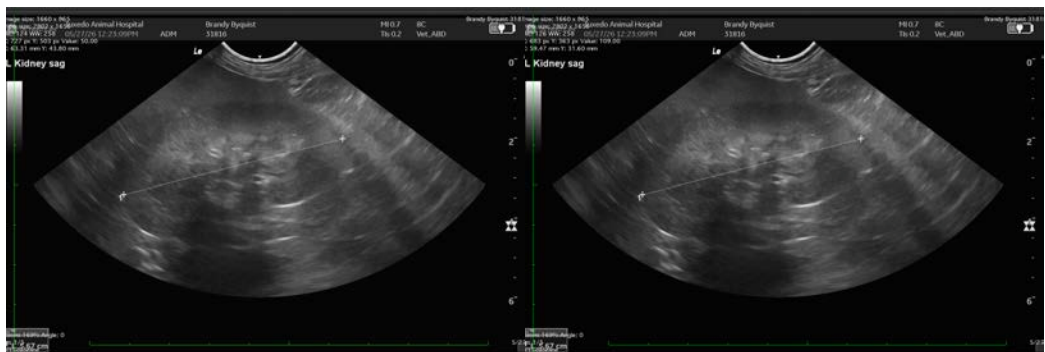
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend full staging, monitoring and managing potential chronic kidney disease per IRIS guidelines.

No evidence of acute pancreatitis seen on this exam. If concern still exists for the possibility of clinically significant pancreatic inflammation, recommend submitting a cPLI.

The appearance of the liver is most likely due to age related changes. The mildly elevated ALP would suggest possible mild benign vacuolar hepatopathy. Recommend screening for diseases such as hypertriglyceridemia, hypothyroidism, occult gastrointestinal disease, and occult pancreatic disease as causes of mildly elevated ALP.

Based on this ultrasound, hyperadrenocorticism seems unlikely. If clinical signs exist consistent with hyperadrenocorticism, recommend submitting urine cortisol to creatinine ratio to rule out this disease.





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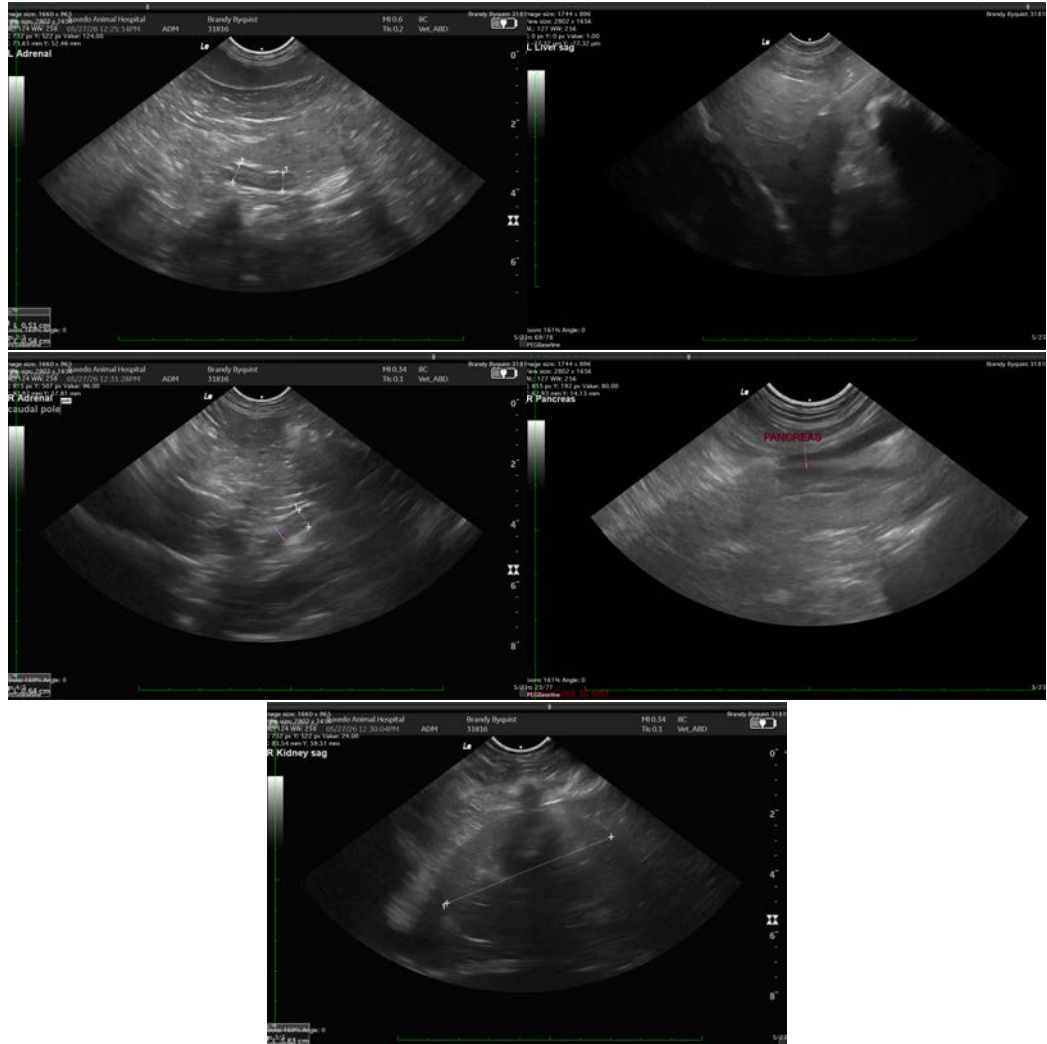
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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