



## PATIENT

Dexter Chance

## SPECIES

Canine

## BREED

Pit Bull

## SEX

Neutered Male

## AGE

12 Years

## WEIGHT

32 kg

## INTERPRETED BY

Greg Kuhlman, DVM,  
DACVIM (SAIM)

## IMAGING PERFORMED BY

Dr. Hayley Gaynor

## HOSPITAL NAME

Lambertville  
Veterinary Clinic

## REFERRING VET

Dr. Nicole DeGrande

## INVOICE

75463

## DATE

5/27/26

## PRESENTING CLINICAL SIGNS

Intermittent diarrhea since 8/2025. Used to respond to Fortiflora and Endosorb, but now is not clearing up with these medications. 4.5kg wight loss. Still has good appetite, currently feeding OTC Sensitive Stomach food. O has increased amount fed to try to gain weight, but P still losing weight.

Abnormal PE/Chem/CBC/UA Results: PE unremarkable -Bloodwork shows low albumin (2.0 g/dL) and low TP (4.5 g/dL). Slightly elevated platelets (475). -fecal negative -urinalysis and GI panel pending as of 5/27/26

## 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 (7.7 cm) with normal shape and architecture. Normal corticomedullary distinction. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted.

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 caudal pole measures 5.2 mm in width.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 7.1 mm and the caudal pole measures 6.4 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.



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## Pancreas

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

## Free Abdomen

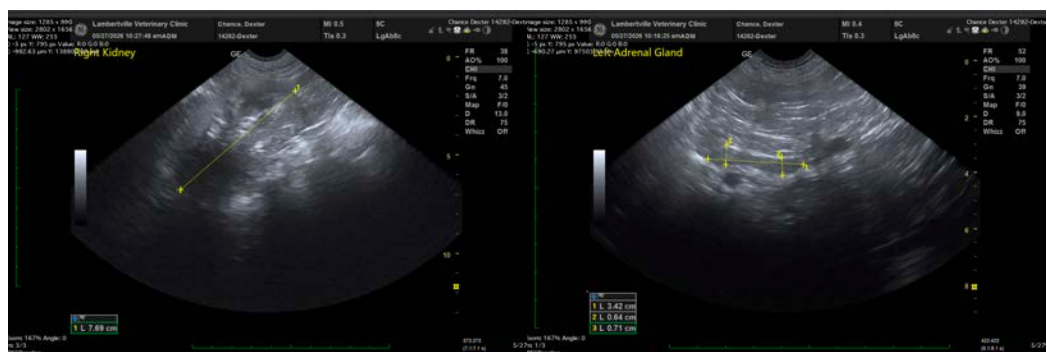
There are no enlarged abdominal lymph nodes seen on this exam. No free abdominal fluid is seen.

## ULTRASONOGRAPHIC FINDINGS

- Non-obstructive renal mineralization, unremarkable abdomen otherwise.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No cause of the patient's clinical signs of intermittent diarrhea seen on this exam, and no cause for the patient's hypoalbuminemia. If the urinalysis that is pending rules out proteinuria as a cause for the patient's albumin loss, then given that the patient has panhypoproteinemia, that would suggest most likely a protein losing enteropathy. If the GI panel that is pending does suggest a chronic enteropathy, recommend GI biopsies either surgically or endoscopically to determine etiology of protein loss. Recommend screening for hypoadrenocorticism prior to GI biopsies. Recommend submitting resting cortisol to rule out hypoadrenocorticism. If resting cortisol is <2.0, then recommend performing an ACTH stimulation test to definitively rule out hypoadrenocorticism.





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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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