

PATIENT

Griffin Dornbusch

SPECIES

Canine

BREED

French Bulldog

SEX

MN

AGE

11 years

WEIGHT

26 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

Donnertruckee
Veterinary Hospital

REFERRING VET

Dr. Vannini

INVOICE

12044

DATE

5/29/2026

PRESENTING CLINICAL SIGNS

Presented 5d ago for acute onset pu/pd. cbc/chem wnl. UA -USg 1.004 no bacteria. With Hx UTI's treated for presumptive UTI with clavamox . O reports no change in severe pu/pd and recent episodic presumptive neurologic episodes of leaning against walls and staring into space. Repeat BW today still unremarkable.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

Prostate is normal in size (7.0 mm in width), echotexture, and echogenicity for a neutered male.

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, mineral or infarcts observed.

Left kidney measures 4.78 cm, and has mild non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted, as well as renal pelvic dilation measuring 2.8 mm in width.

Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 5.5 mm and the caudal pole measures 5.7 mm.

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

Spleen

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

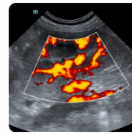
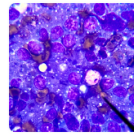
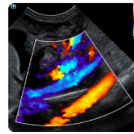
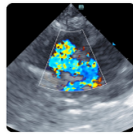
Liver

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 contains a moderate amount of hyperechoic aggregating debris within the lumen. Normal gallbladder wall. No evidence of bile duct distention or obstruction.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The stomach is moderately distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. If patient was appropriately fasted, delayed gastric emptying could be considered. Non-shadowing foreign material is considered less likely but cannot be definitively ruled out.



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If clinical signs are consistent (vomiting, etc.), recommendations include supportive medical care, 24 hours fasting and re-image.

Jejunum is normal in thickness and layering measuring 3.9 mm in width. Duodenum

Colon contains normal contents with normal wall thickness.

Pancreas

Due to the full stomach, the pancreas is not fully visible, but the visible pancreas appears normal.

Free Abdomen

There is a prominent left iliac lymph node present measuring 4.4 mm in width.

No free abdominal fluid is seen.

Other

Cardiac image provided and appears normal.

ULTRASONOGRAPHIC FINDINGS

- Iliac lymphadenopathy – Most likely reactive, and highly unlikely to be due to neoplasia.
- Age related kidney changes as well as non-obstructive dystrophic mineralization, and renal pelvic dilation noted within the left kidney.
- A moderate amount of hyperechoic aggregating gallbladder debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given that the urinary tract infection is ruled out, the renal pelvic dilation is most likely due to patient's polyuria.

Given the reportedly normal liver values, the appearance of the gallbladder is most likely an incidental finding.

There is not a visible explanation for patient's PU/PD observed on this exam, other than the possibility of chronic kidney disease. Since the patient is reported to normal lab work, it does not appear that kidney disease is the cause of PU/PD. It is possible that occult kidney disease is present, consider submitting an Iohexal renal clearance study to Michigan State University to rule out renal disease as the cause of patient's PU/PD.

If not already performed, recommend three view chest radiographs to rule out the possibility of neoplasia or infection within the chest that may possibly be leading to the patient's PU/PD. Prognosis is open pending the cause of the PU/PD.

Imaging performed by



Portland Animal Wellness Sonography, Inc.
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530-786-8340



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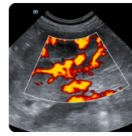
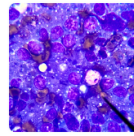
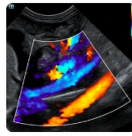
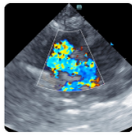
The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I

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can be of any further assistance, please contact me.

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Veterinary Internal Medicine Specialist
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