



PATIENT

Jack Frost Galvin

SPECIES

Canine

BREED

Pit Bull x

SEX

Neutered Male

AGE

3

WEIGHT

60

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Sreenivasa
Maddineni

HOSPITAL NAME

West Babylon Animal
Hospital

REFERRING VET

Dr. Sreenivasa
Maddineni

INVOICE

75580

DATE

5/31/26

PRESENTING CLINICAL SIGNS

Vomiting and diarrhea for 2 days.

Abnormal PE/Chem/CBC/UA Results: Blood work and radiographs WNL Cortisol levels normal

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 prostate is mildly enlarged but symmetrical with uniform echogenicity. The prostate measures 2.1 cm in width.

The right kidney presents normal size (6.6 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (7.3 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

Adrenal Glands

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 6.5 mm and the caudal pole measures 5.9 mm.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 5.8 mm and the caudal pole measures 5.3 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 has normal wall layering and thickness. Stomach wall measured 4.0 mm in width. Mild retained fluid present within the stomach.

The jejunum diffusely has normal thickness, measuring approximately 3.2 mm in width.

Colon contains normal contents with normal wall thickness.

Pancreas

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



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Free Abdomen

Mild medial iliac lymphadenopathy present. A representative node measures 5.9 mm in width. The node appears reactive, less likely to be enlarged due to a neoplastic cause.

There are multiple enlarged mesenteric lymph nodes present. A representative node measures 7.8 mm x 21.1 mm. These nodes appear reactive, less likely to be enlarged due to a neoplastic cause.

No free abdominal fluid is seen.

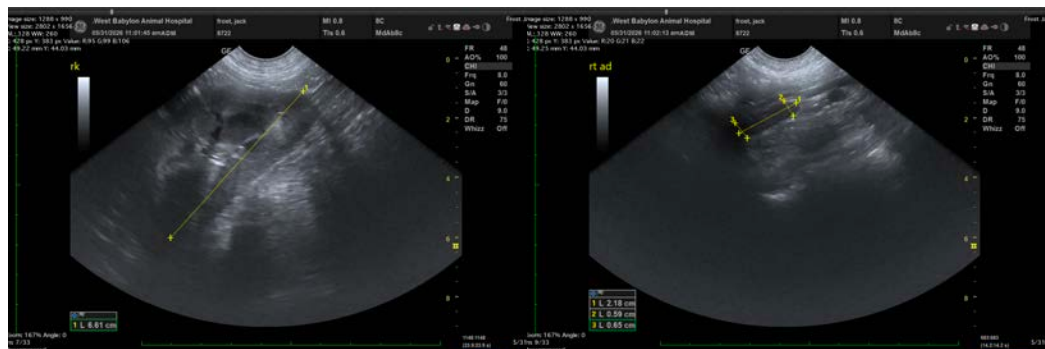
ULTRASONOGRAPHIC FINDINGS

- Mildly enlarged prostate.
- Mild medial iliac lymphadenopathy.
- Multiple enlarged mesenteric lymph nodes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The size of the prostate is most likely normal variation if patient was neutered in the last 6 months. If urinalysis has not been performed, recommend urinalysis, and if active urine sediment recommend urine culture to rule out the unlikely possibility of bacterial prostatitis.

No cause for patient's reported clinical signs of vomiting and diarrhea for the past two days. Given the mild fluid retention within the stomach, there is possible mild gastritis. Recommend treating supportively with antiemetics and prokinetics. If patient fails supportive therapy, recommend screening for parasitism. Recommend fecal pathogen PCR test. Also recommend a GI panel including a cPLI, TLI, cobalamin and folate to screen the patient for possible occult pancreatic disease or occult gastrointestinal disease. Ultimately, if patient fails supportive care, fecal pathogen testing is negative, and a chronic enteropathy is identified on GI panel, then consider GI biopsies either surgical or endoscopically (endoscopically preferred as they are minimally invasive).





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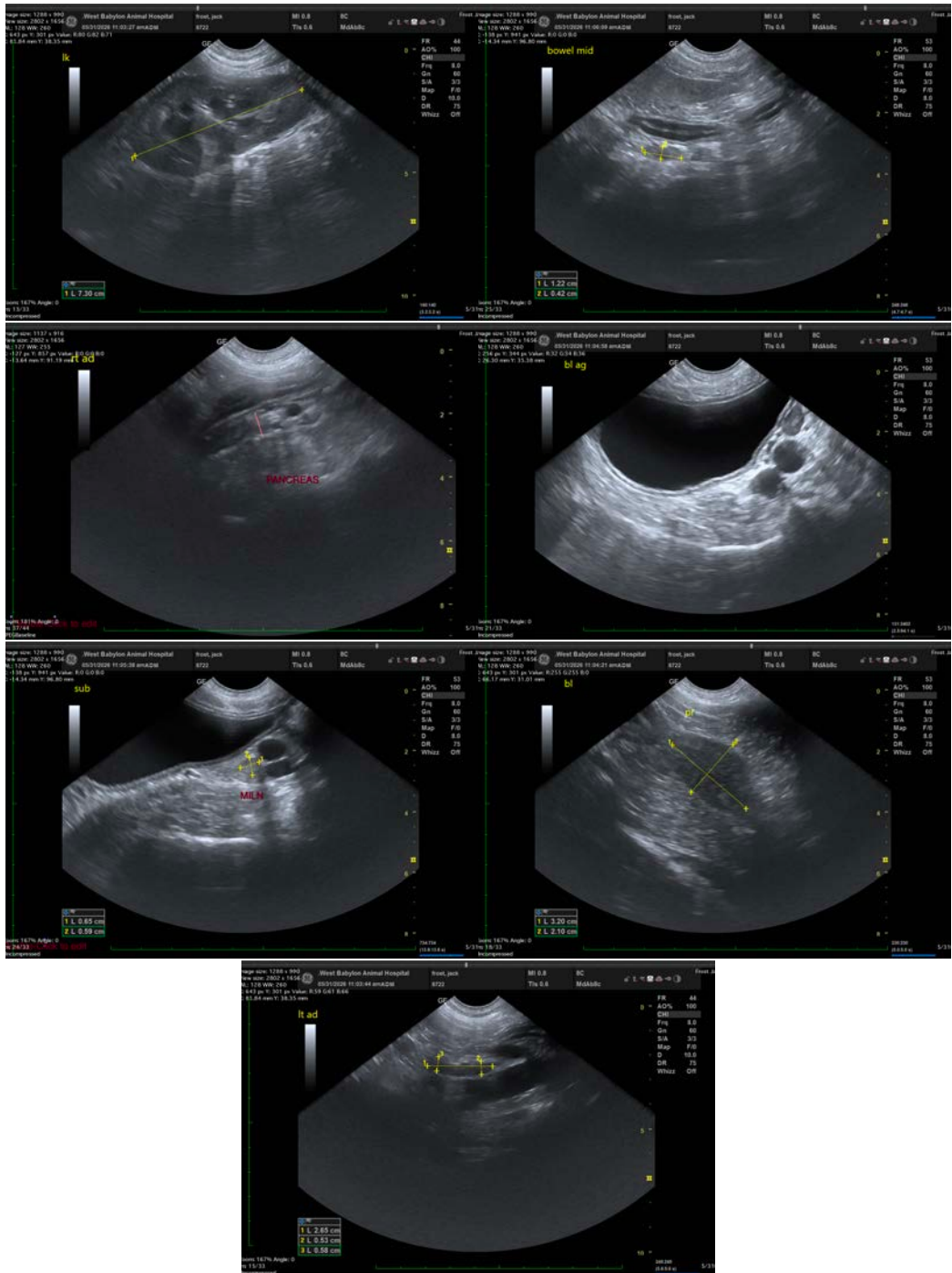
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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