



PATIENT

Molly Venger

SPECIES

Canine

BREED

Golden Retriever

SEX

Intact Female

AGE

2 Years

WEIGHT

29.4 kg

INTERPRETED BY

Greg Kuhlman, DVM,
 DACVIM (SAIM)

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

East Credit Veterinary
 Hospital

REFERRING VET

Dr. Gardiner

INVOICE

74924

DATE

5/5/26

PRESENTING CLINICAL SIGNS

Intact female. History of Steroid responsive meningitis arteritis. Originally diagnosed after heat cycles, recent flare up after last heat and was started on Prednisone 20 mg PO SID on April 19/26. One day history of hematuria and green vaginal discharge. Current Medications: Prednisone 20 mg PO SID (restarted April 19/26), Clavaseptin 375 mg PO BID started May 4/26.

Abnormal PE/Chem/CBC/UA Results: Urine culture pending labs attached.

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. No papillae seen.

The right kidney presents normal size (6.9 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (7.1 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

Adrenal Glands

The right adrenal gland is mildly enlarged, measuring 8.3 mm at the caudal pole and 18.1 mm at the cranial pole.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 6.2 mm and the caudal pole measures 5.9 mm.

Spleen

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

Liver

The visible liver appears normal. The gallbladder presents normal size with anechoic contents. Normal gallbladder wall. No evidence of bile duct distention or obstruction.

Gastrointestinal

Overall, the gastrointestinal tract appears normal. However, in what appears to be the mid jejunum in the caudal aspect of the abdomen there appears to be a 1.4 cm x 1.9 cm hypoechoic focal extramural jejunal lesion present. Normal bowel can be seen traversing through this lesion. There is no surrounding fluid around this lesion, and no surrounding steatitis. The colon contains a marked amount of formed stool. Colon wall appears diffusely normal.

Pancreas

The visible pancreas is mildly hypoechoic. No surrounding hyperechoic fat.

Free Abdomen

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



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The left ovary appears normal, hypoechoic and non-cystic, measuring 1.5 cm in diameter. The right ovary also appears normal, hypoechoic and non-cystic, measuring 2.2 cm in diameter.

The uterus is not clearly visualized on this exam.

ULTRASONOGRAPHIC FINDINGS

- Suspect jejunal lesion – differentials include malignant neoplasia such as lymphoma, adenocarcinoma, leiomyosarcoma, benign leiomyoma, or possibly a benign area of focal inflammation, or possibly inflammation due to a prior GI foreign body lodged at one point that has moved on further through the intestinal tract. This lesion does not obviously appear to be an area of uterus.
- Mildly hypoechoic pancreas – normal variant versus clinically significant pancreatic inflammation.
- Mildly enlarged right adrenal gland – suspect normal variant for this patient.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations would be to further evaluate the jejunal lesion via ultrasound, and attempt ultrasound guided aspirate. Consider CT scan of the abdomen to better evaluate this lesion. A third option would be to consider exploratory laparotomy to evaluate the lesion and surgically resect and submit for histopathology.

Given patient’s lack of GI Signs, the recommendation that makes the most sense in this case would be to reevaluate the lesion in 1-2 days via ultrasound to determine if it is still present or has resolved. If still present, then consider either CT scan to further evaluate or exploratory laparotomy at that time.

No obvious cause for the patient’s vaginal discharge seen. As already mentioned, a urine culture is pending. If urine culture is positive, treat for 30 days with appropriate antibiotics. If urine culture is negative, consider possible vaginitis.

Recommend submitting a cPLI to screen the patient further for possible clinically significant pancreatic inflammation.

If there is clinical suspicion for disease such as hyperadrenocorticism, then consider submitting a urine cortisol to creatinine ratio to further screen the patient for this disease.





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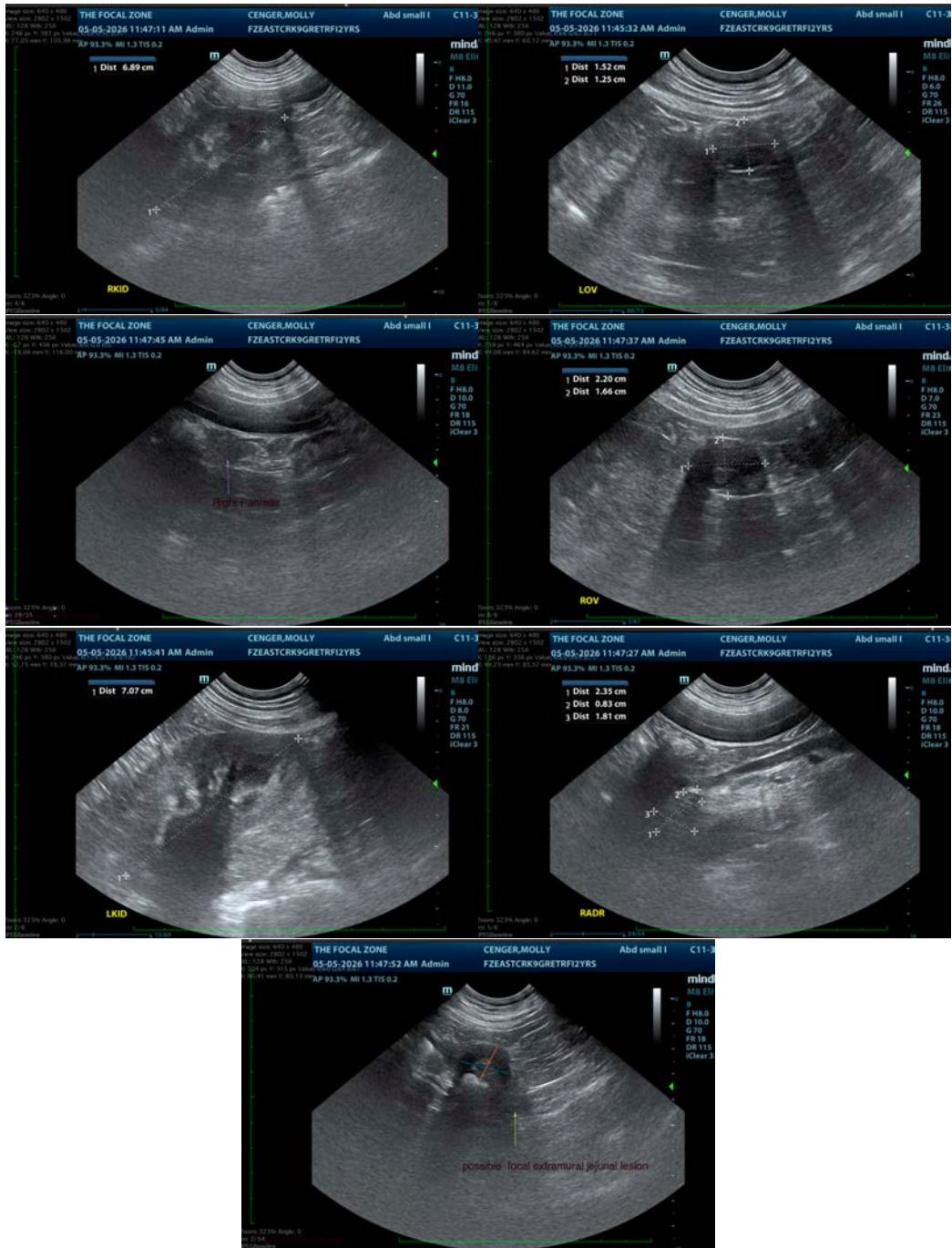
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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