



PATIENT

Atlas Rapoport

SPECIES

Canine

BREED

Miniature Pinscher

SEX

MN

AGE

7 years

WEIGHT

4.5 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Julia Bakker

HOSPITAL NAME

Orange Blossom
Veterinary imaging

REFERRING VET

Dr. Jonathan Shivers

INVOICE

11889

DATE

5/6/2026

PRESENTING CLINICAL SIGNS

Pet has a 2-year history of intermittent diarrhea, vomiting. Has been diagnosed in the past with pancreatitis. R/o IBD, food sensitivity, parasites, other.

Abnormal PE/Chem/CBC/UA Results: Recent BUN 26 (cbc/chem attached)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder is moderately distended with minimal urine. No uroliths are seen. The bladder wall appears mildly thickened and irregular in shape measuring approximately 4.4 mm in width.

The left kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured 2.5 cm in length.

The right kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The right kidney measured 2.9 cm in length.

Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 5.1 mm and the caudal pole measures 4.1 mm.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 4.5 mm and the caudal pole measures 3.8 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.

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

Gastrointestinal

The stomach has normal wall layering and thickness. In what appears to be the mid jejunum, there is a hyperechoic shadowing object within the lumen of the small intestines. The intestine cranial to this object appears mildly fluid filled, and the small bowel appears more normal past this object. The remainder of the small bowel has normal layering and thickness. Colon contains normal contents with normal wall thickness.

Pancreas



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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

- Mildly thickened bladder wall.
- Hyperechoic shadowing object in the mid jejunum. The clinical significance of this is unclear.
- Mild gallbladder debris - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Due to the bladder containing minimal urine, I recommend recheck imaging when the bladder contains more urine for a more definitive evaluation of the bladder wall. If irregularities are observed while the bladder is fuller, then I recommend screening patient for a chronic urinary tract infection via urine culture.

I recommend recheck imaging via ultrasound in 24-48 hours to determine if the hyperechoic shadowing object within the lumen of the jejunum has passed through. If this remains present, then consider an exploratory laparotomy to evaluate further, and to possibly obtain GI biopsies.

If this object is found to pass through the GI tract normally and is not obstructing the GI tract (either completely or partially) then I recommend submission fecal enteropathogen PCR panel to Texas A&M GI Laboratory could be considered for further evaluation of possible infectious disease. Contact lab for recommendations on how long to discontinue antibiotics (if indicated) prior to obtaining a stool sample for submission.

A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

There is no obvious cause for the patient's chronic vomiting and diarrhea observed on this exam.

When the object within the jejunum has been determined, at that time then I recommend screening patient for hypoadrenocorticism via a resting cortisol.



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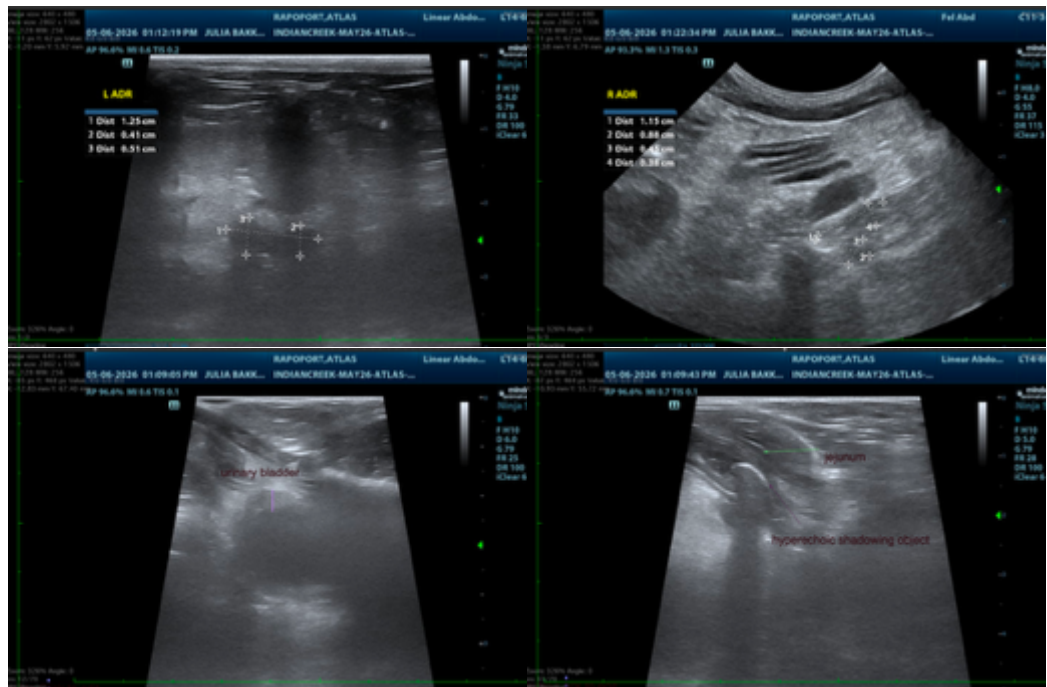
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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