



PATIENT

Mia Boyd

SPECIES

Canine

BREED

Doberman

SEX

FS

AGE

5 years

WEIGHT

72 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Julia Bakker

HOSPITAL NAME

Orange Blossom
Veterinary Imaging

REFERRING VET

Dr. Irene Flegel

INVOICE

11887

DATE

5/6/2026

PRESENTING CLINICAL SIGNS

Patient has reduced appetite and significant persistent azotemia. Only wants to eat on mirtazapine. Creat 2.5/ BUN 40 / Phos 5.3. Patient is thirsty, and USG 1.005. FNA of left kidney sent for cytology, and fluid around kidney collected for fluid analysis and was straw in color.

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 left kidney presents large in size with normal shape and architecture. Marked loss of corticomedullary distinction and marked thickening of the cortex. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured 7.2 cm in length.

The right kidney presents large in size with normal shape and architecture. Moderate to marked loss of corticomedullary distinction. Mildly dilated renal pelvis measuring 2.7 mm width. Mild non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted. No pyelectasia noted. The right kidney measured 8.9 cm in length.

Adrenal Glands

The left adrenal gland is mildly enlarged in size, normal in shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 10.2 mm and the caudal pole measures 7.5 mm.

The right adrenal gland presents at the upper ends of normal in size, normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 7.9 mm and the caudal pole measures 8.9 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 visible gastric wall appears to have mild loss of layering and is slightly mildly thickened at 7.6 mm in width. Small intestines have normal wall layering and thickness. Colon contains normal contents with normal wall thickness.

Pancreas

The visible pancreas is diffusely hypoechoic without significant surrounding steatitis.



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Free Abdomen

There are no enlarged abdominal lymph nodes seen on this exam.

There are pockets of free fluid and moderately to markedly hyperechoic fat surrounding the left kidney.

ULTRASONOGRAPHIC FINDINGS

- Bilateral renomegaly, with bilateral moderate to marked loss of corticomedullary definition. Marked thickening of the cortex in the left kidney, and mild non-obstructive dystrophic mineralization noted in the right kidney.
- Mild bilateral adrenomegaly.
- Pockets of free fluid, and hyperechoic fat surrounding the left kidney – Consistent with inflammatory nephritis causing both the steatitis and the free fluid. This fluid has been sampled and submitted for analysis.
- Diffusely hypoechoic pancreas with no significant surrounding steatitis – Appears to potentially have clinically significant pancreatitis, possibly reactive due to the suspected inflammatory nephritis.
- Thickened gastric wall, with mild loss of layering – Most likely due to uremic gastritis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the patient's kidneys is consistent with possible chronic kidney disease, or possible infiltrative disease such as lymphoma. Appearance of the kidneys may also be due to an interstitial nephritis from possible infectious disease as pyelonephritis. If cytology is non-diagnostic, then I recommend submission of urine culture if not already performed. If the patient is diagnosed with a urinary tract infection recommend treating for at least 6 weeks with appropriate antibiotic and recheck imaging and urine culture following treatment.

Given the bilateral adrenomegaly, this may possibly be due to patient's chronic disease process causing stress and adrenal hyperplasia. Due to the appearance of the adrenals, consider screening patient for hyperadrenocorticism via a low dose dexamethasone suppression test.

Recommend submission of cPLI to screen further for significant for pancreatic inflammation.

Due to the appearance of the stomach, recommend supportive care with antiemetics, prokinetics and appetite stimulants as needed.



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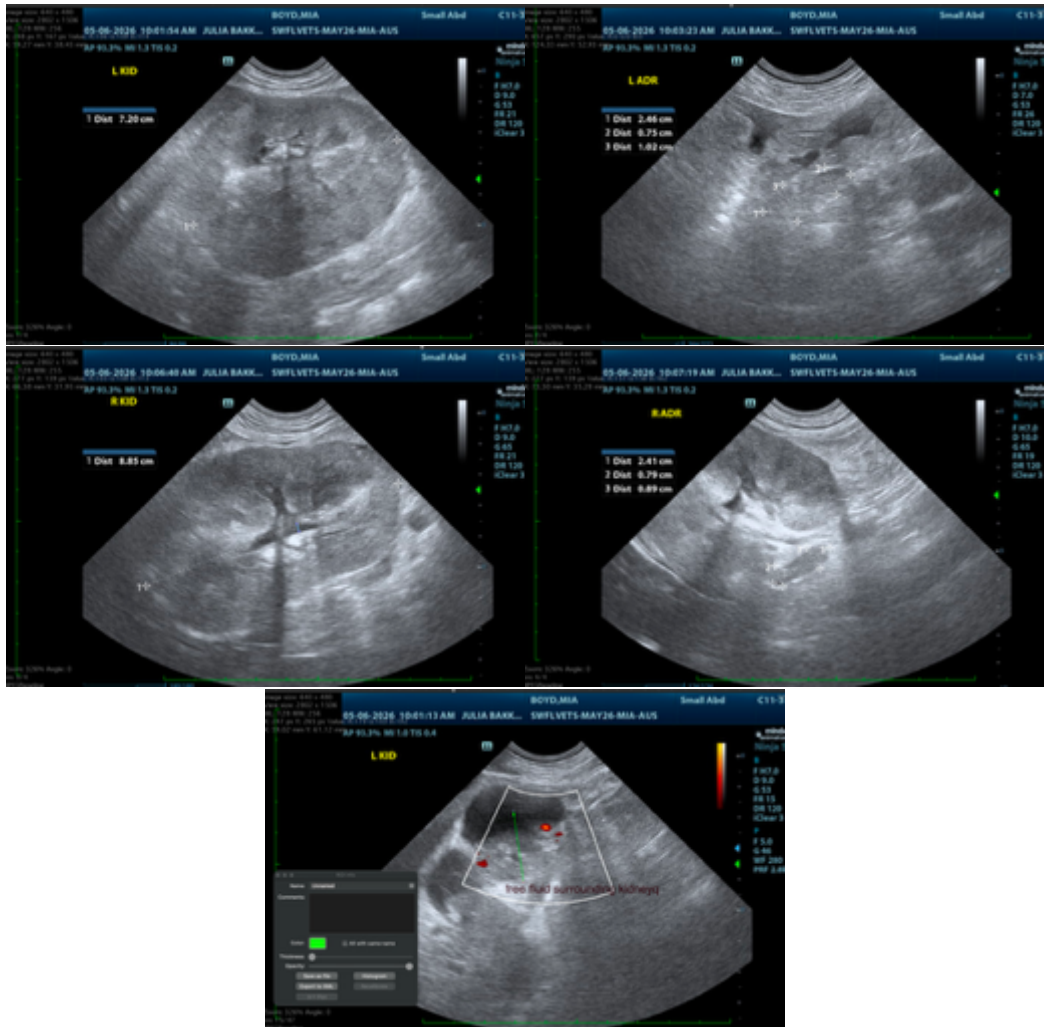
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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