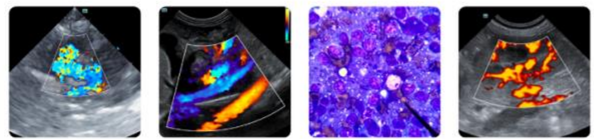


PATIENT
Onyx Croom

SPECIES
Canine

BREED
Goldendoodle

SEX
Male

AGE
5 Years

WEIGHT
34.2 Pounds

INTERPRETED BY
Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY
Dr. Casper

HOSPITAL NAME
Hometown AH Florida

REFERRING VET
Dr. Gavin Casper

INVOICE
37002

DATE
5/8/26

PRESENTING CLINICAL SIGNS

History of low BCS (4/9). P presented 5/04 for vomiting and diarrhea. Tense abd otherwise exam nsf. Young canine bloodwork WNL, 4dx neg, Fecal NPS, Abd rads - nonspecific gastroenteritis. Sent with GI diet and omeprazole. P improved but relapsed 5/07 with similar symptoms.

Abnormal PE/Chem/CBC/UA Results: 5/07 - Tense abdomen. Lytes - normal. cPLI - normal. Cortisol - low, 0.58 ACTH stim- pending Continuing supportive care meds - maropitant, omeprazole, GI low fat+HP diet.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Mild debris was present in the urinary bladder. The bladder wall is normal in appearance and thickness. No masses are seen.

The prostate appears normal with uniform echotexture, measuring 3.1 cm width. Small cystic lesions were noted within the prostate that appear to be most likely benign prostatic cysts (unlikely to be prostatic abscesses).

The right testicle appears normal. The left testicle appears normal.

The right kidney presents normal size (5.8 cm in length) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (5.4 cm in length) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

Adrenal Glands

The right adrenal gland was not seen.

The left 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 6.0 mm.

Spleen

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

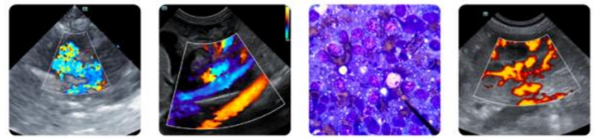
Liver

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 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



SonoPath.com info@sonopath.com 1.800.838.4268

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

The jejunum appears normal in thickness and layering, measuring 4.7 mm in width.

The colon contains normal contents with normal wall thickness.

Pancreas

The visible pancreas is diffusely hypoechoic without surrounding steatitis. However, patient's CPLI is reported to be normal. Therefore, the appearance of the patient's pancreas is most likely normal variation.

Free Abdomen

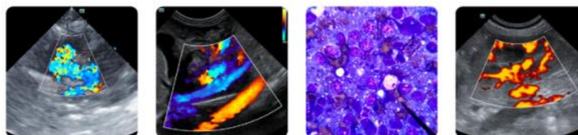
There are no enlarged abdominal lymph nodes seen on this exam. No free abdominal fluid is seen.

ULTRASONOGRAPHIC FINDINGS

- Prostatic cysts
- Mild gallbladder debris
- Diffusely hypoechoic pancreas without surrounding steatitis
- Full stomach

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If ACTH stimulation test rules out hypoadrenocorticism, then consider submitting a GI panel to screen the patient for possible occult gastrointestinal disease (not identified on this ultrasound). If a GI panel does confirm chronic GI disease, consider diet trial with a strict hydrolyzed diet. If patient fails diet trial, then recommend GI biopsies surgically or endoscopically. Endoscopically is recommended given endoscopy is more minimally invasive.



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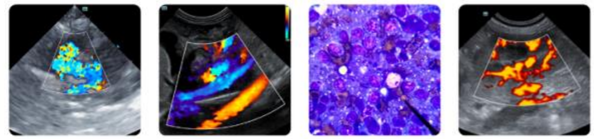
The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



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Veterinary Internal Medicine Specialist
info@SonoPath.com