

PATIENT

Sherlock Newmark

PRESENTING CLINICAL SIGNS

P presented ADR, not eating, whining when moving, and not wanting to walk

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Mixed Breed

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with echogenic non-shadowing debris, most consistent with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can present with echogenic debris. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

SEX

Neutered Male

The prostate is normal and measures 1.1 cm width symmetrical uniform echogenicity.

AGE

6 Years 4 Months

The left kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured 4.9 cm in length.

WEIGHT

31 lbs

The right kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The right kidney measured 4.7 cm in length.

INTERPRETED BY

Greg Kuhlman, DVM,
 DACVIM (SAIM)

Adrenal Glands

The left adrenal gland presents at the low end of normal. The cranial pole measures 3.4 mm and the caudal pole measures 4.6 mm.

The right adrenal gland presents with a caudal pole at the low ends of normal. The cranial pole measures 9.3 mm and the caudal pole measures 4.0 mm.

IMAGING PERFORMED BY

Kathleen Byrnes

Spleen

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

HOSPITAL NAME

Animal Hospital of
 Boone

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 portal vein / caudal vena cava ratio was 1:1. No evidence of portosystemic shunting.

REFERRING VET

Dr. Chesnutt

INVOICE

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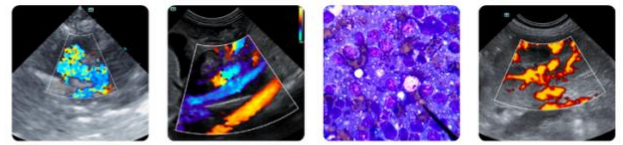
The gallbladder presents normal size with anechoic contents. Normal gallbladder wall. No evidence of bile duct distention or obstruction.

DATE

05/08/26

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 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



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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 intestines have normal wall layering and thickness. Colon contains normal contents with normal wall thickness.

Pancreas

Diffusely, the pancreas is heteroechoic. There is no significant surrounding steatitis and measures 1.3 cm width. The appearance of the pancreas is consistent with possible chronic pancreatitis. The hyperechoic areas of the pancreas are suggestive of pancreatic fibrosis caused by chronic intermittent pancreatitis.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

- Heteroechoic pancreas.
- Adrenals at the low ends of normal.
- Urinary bladder debris.
- Full stomach.

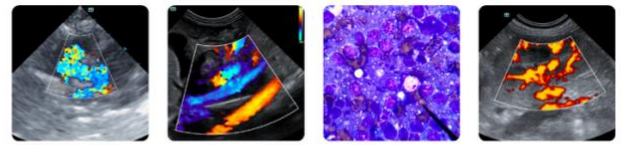
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend submitting cPLI to screen patient further for clinically significant pancreatitis. Consider chronic management such as ultra-low-fat diet.

Given the small sizes seen with both adrenal glands, consider screening patient for hypoadrenocorticism. Submit resting cortisol if less than 2.0. Follow up with ACTH stimulation test to rule out hypoadrenocorticism.

If urinalysis has not been performed, recommend urinalysis. If active urine sediment, recommend urine culture antibiotic sensitivity.

Patient's clinical signs may be attributed to pancreatitis. Given the patient's stomach is full, recommend fasting patient for longer. Recheck stomach either by ultrasound or radiographs. If stomach remains full, recommend exploratory laparotomy or endoscopy to evaluate for possible gastric obstructive foreign material not seen on this exam.



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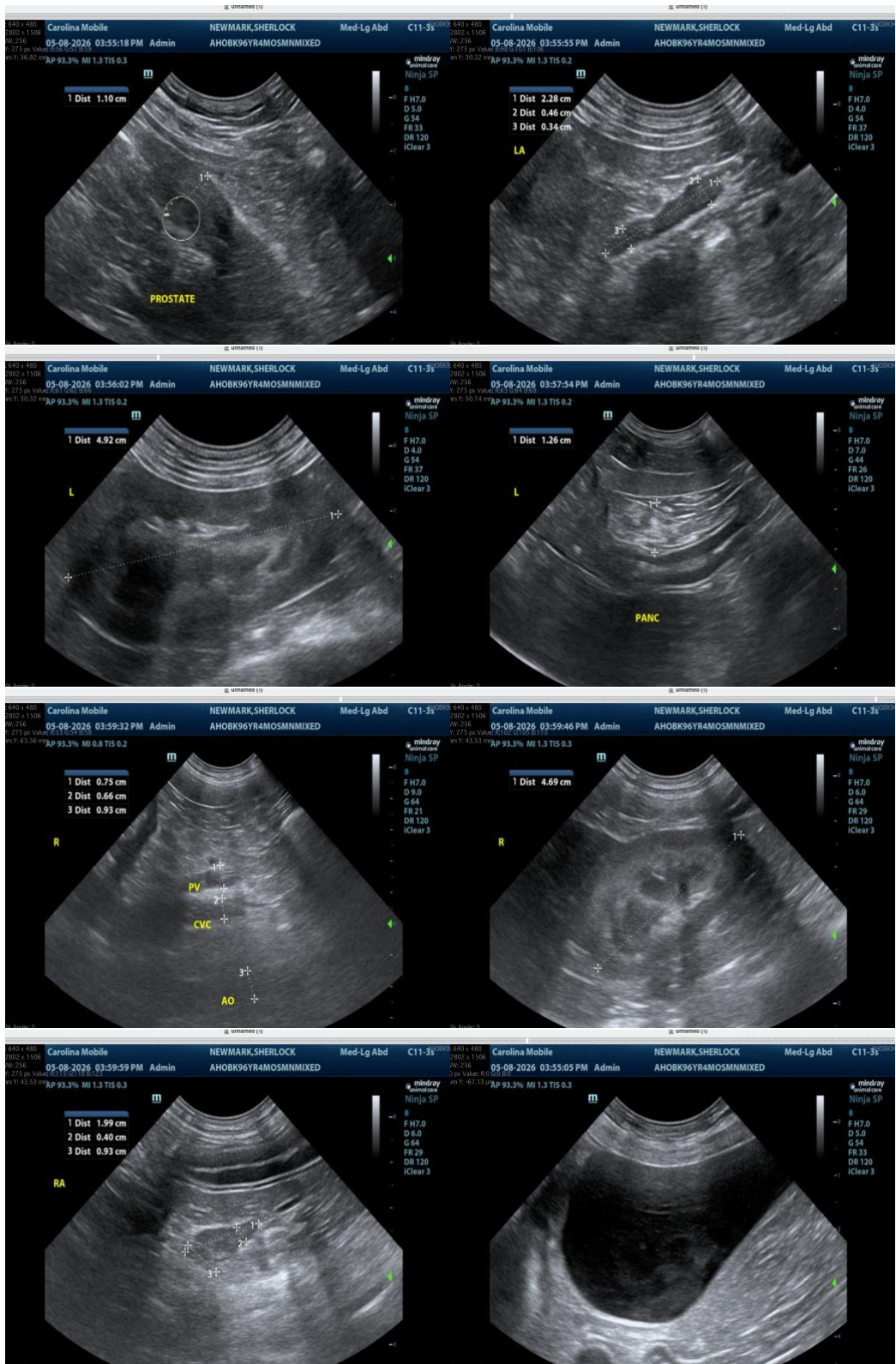
Dr. Chesnutt

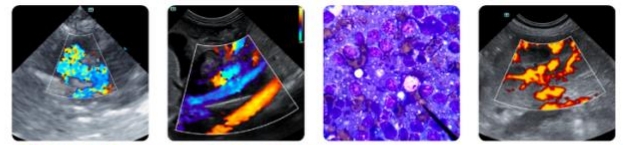
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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Canine

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.

BREED

Mixed Breed

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Veterinary Internal Medicine Specialist
info@SonoPath.com

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