

PATIENT

Tulip Kalivoda

SPECIES

Canine

BREED

Chihuahua

SEX

Spayed Female

AGE

14 Years

WEIGHT

5 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

**IMAGING
PERFORMED BY**

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

MountainView Animal
Hospital

REFERRING VET

Dr. Sarah Kalivoda

INVOICE

15993

DATE

05/08/26

PRESENTING CLINICAL SIGNS

Received butorphanol and gabapentin. Images were obtained with the patient standing, in sternal recumbency, and in lateral recumbency while supported in the technician's arms. Pollakiuria but appears to have improved. Recommend evaluation of the urinary system. Collapsed mainstem bronchi and right sided cardiac changes noted; currently being monitored by cardiology.

Abnormal PE/Chem/CBC/UA Results: LABS attached

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder is moderately distended with virtually no urine at the time of the sonogram. No uroliths are seen. The bladder wall is normal in appearance and thickness. No masses are seen.

The left kidney presents normal size with normal shape and architecture. Mild loss of corticomedullary distinction. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted. The left kidney measured 3.0 cm in length.

The right kidney presents normal size with normal shape and architecture. Mild loss of corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The right kidney measured 3.3 cm in length.

Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole is not seen and the caudal pole measures 2.5 mm.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 4.6 mm and the caudal pole measures 4.8 mm.

Spleen

The spleen is normal in shape and size and measures 8.6 mm width. The spleen is diffusely subjectively mildly hypoechoic and may be a normal variant, less likely due to infiltrative neoplasia such as lymphoma or mast cell. In a later video clip, there's a hypoechoic lesion that measures 2.4 mm in width in the cranial pole that is not capsule displacing and most likely benign myelolipoma.

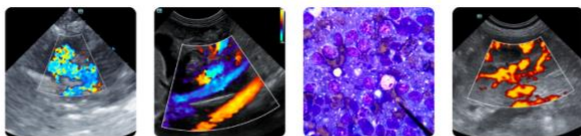
Liver

Liver is relatively normal in size and contour. Parenchyma is mildly heterogenous and coarse with mild likely age-related parenchymal remodeling noted. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

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

Gastrointestinal

The stomach and intestines have normal wall layering and thickness. Colon contains normal contents with normal wall thickness. The stomach wall measures 1.2 mm in width. There is retained fluid within



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the stomach consistent with possible mild gastric ileus. No mechanical obstruction is seen within the gastric lumen. The small bowel wall measures 3.7 mm width.

Pancreas

Diffusely, the pancreas is markedly heteroechoic. There is no surrounding hyperechoic fat. The hyperechoic striations throughout the pancreas are consistent with chronic intermittent pancreatitis causing pancreatic fibrosis.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

- Chronic kidney disease.
- Heteroechoic pancreas.
- Hypoechoic spleen with benign myelolipoma.
- Possible mild gastric ileus.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If clinically warranted, aspirate spleen and submit for cytology to rule out neoplasia.

Recommend cPLI be submitted if not already performed and if patient is not eating an ultra-low-fat diet, consider switching patient to either commercially available low-fat diet such as Royal Canin GI low-fat or Hill's ID low-fat or consider home cooked diet recipes. These can be obtained through the website balanceit.com

The patient appears to have possible chronic kidney disease. Recommend full staging, monitoring and managing patient for international renal interest society guidelines.

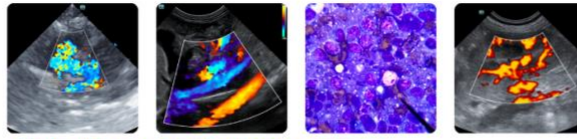
Consider treating patients supportively with prokinetics, anti-emetics and appetite stimulants if necessary. No specific cause for gastric ileus is seen.



Imaging performed by



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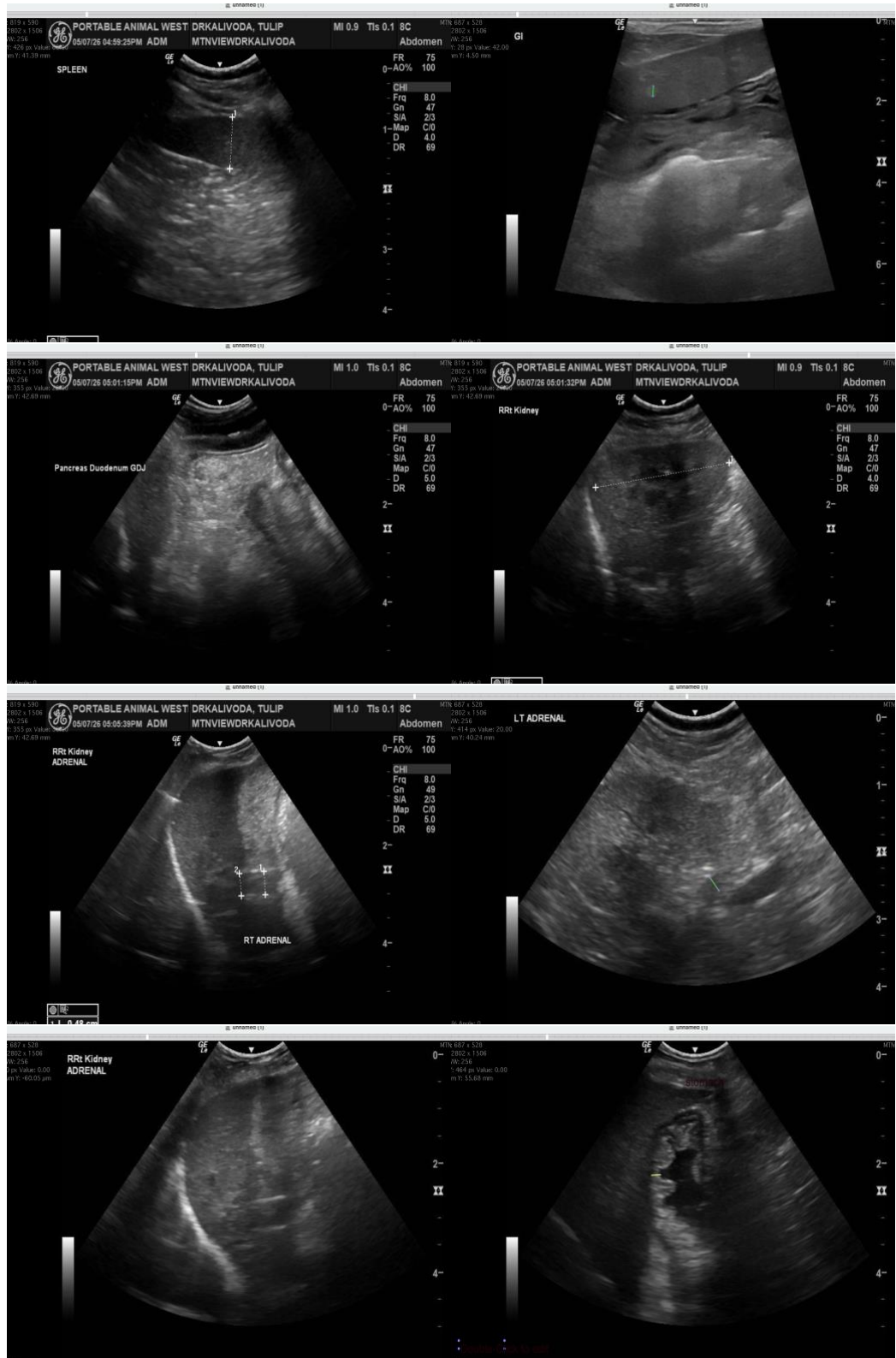
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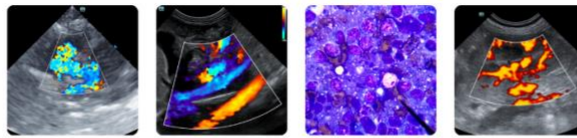
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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
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