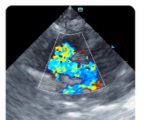
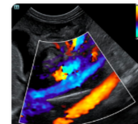
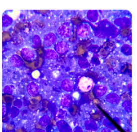
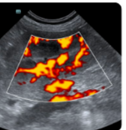
Imaging performed by

pawsonography@gmail.com
530-786-8340

PATIENT

Haku Eckert

SPECIES

Canine

BREED

Lab Ret

SEX

MN

AGE

2 years

WEIGHT

40 kg

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Alpine Animal Hospital

REFERRING VET

Dr. Lindsy S

INVOICE

12047

DATE

6/1/2026

PRESENTING CLINICAL SIGNS

Patient was examined 10/2025 for vomiting for a month. It happens a lot after exercise and is always twice in a row. There are true abdominal contractions, so regurgitation was deemed less likely. Patient will vomit other times when he has not exercised as well. Sometimes it's after a meal and sometimes it's just bile. All different times of day. Client also noted he feels Patient tires more easily than he should. Client says he has always had a sensitive stomach. On Hills GI Biome. Physical exam unremarkable. Previously scheduled abdominal ultrasound and radiographs in October were cancelled because the client started feeding 3 times a day and the vomiting stopped. Ultrasound scheduled today because according to client nothing has changed in the clinical signs and he has still been vomiting

Abnormal PE/Chem/CBC/UA Results: Working diagnosis EPI. atypical addisons, Myasthenia Gravis 10/2/25: Not fasted CBC: All values are normal, but there is a lack of a stress leukogram with lymphocytes and eosinophil levels being higher than neutrophils and monocytes Chem: CHOLESTEROL 413 mg/dl (92 - 324) TRIGLYCERIDE 755 mg/dL (29 - 291) T4: WNL at 2 UA: USG 1020 Baseline cortisol: 2 (1-5) Fecal O+P: Negative Cobalamin and Folate: WNL PLI: WNL TLI: 7.7 (10.9 – 50.)

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.

Prostate is normal in size (1.0 cm in width), echotexture, and echogenicity for a neutered male.

The left kidney presents normal size with normal shape and architecture. There is a mild decrease in corticomedullary distinction. Renal pelvic dilation noted measuring 3.4 mm in width. No pyelectasia or nephrolithiasis.

The right kidney presents normal size with normal shape and architecture. There is a mild decrease in corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma but is mildly small in size. The phrenic vasculature is unremarkable. The cranial pole measures 4.5 mm in width, and the caudal pole measures 5.1 mm in width.

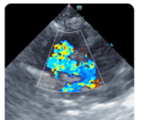
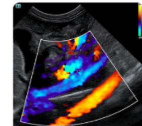
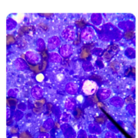
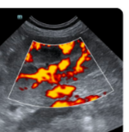
The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 5.7 mm and the caudal pole measures 6.9 mm.

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.

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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.

Pancreas

The visible pancreas is normal in size with normal echogenic parenchyma and surrounded by normal peri-pancreatic mesentery.

Free Abdomen

There is mild right iliac lymphadenopathy measuring 8.9 mm x 26.8 mm and left iliac lymphadenopathy measuring 6.0 mm in width x 14.7 mm in length. Diffuse, moderate mesenteric lymphadenopathy with two representative nodes measuring 8.0 mm x 34.0 mm in size, and 7.9 mm x 52.0 mm in size. An enlarged portal lymph node is visualized measuring 12.1 mm x 28.3 mm.

No free abdominal fluid is seen.

Other

Cardiac image provided and appeared normal.

ULTRASONOGRAPHIC FINDINGS

- Iliac, mesenteric and portal lymphadenopathy. These appears reactive and less likely neoplastic.
- Age related kidney changes in both kidneys with left sided renal pelvic dilation.
- Mildly small left adrenal gland.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If not already performed, recommend submission of a urine culture to rule out pyelonephritis.

Recommend full staging, monitoring, and managing the patient per International Renal Interest Society (IRIS) guidelines for possible chronic kidney disease. Due to the appearance of the patients kidneys given their young age there is some concern for possible mild renal dysplasia, however, it is not reported that the patient has been azotemic, making renal dysplasia less likely. It does appear that labs have not been performed since October of 2025. If this is accurate then recommend repeating labs at this time to screen for possible azotemia.

Due to the small size of the left adrenal gland, recommend screening patient for hypoadrenocorticism. Recommend submission of an ACTH stimulation test.

The cause of the reactive lymphadenopathy is not clearly visualized on today's exam; however, consideration should be given to renal disease and possibly pyelonephritis.

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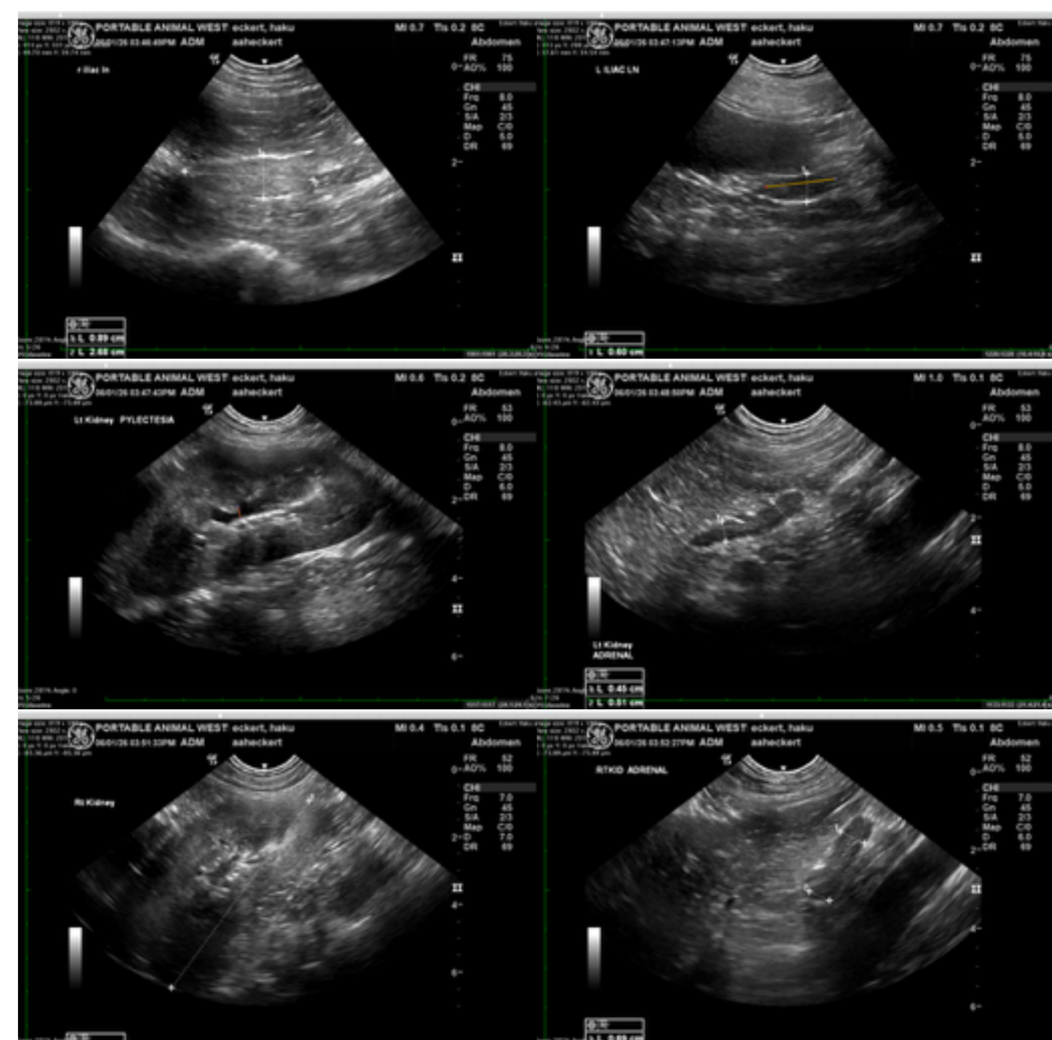
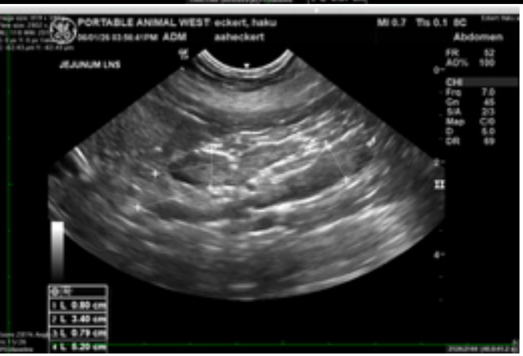
There is some concern for possible exocrine pancreatic insufficiency given that the patient's TLI is mildly low at 7.7. This value is not diagnostic for EPI, therefore, recommend rechecking a TLI in 30 days to determine whether or not it's trending downward.





The information and recommendations provided are based on the images presented by the referring

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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
info@SonoPath.com