

PATIENT

Louis Robertson

SPECIES

Canine

BREED

Yorkie Poo

SEX

Neutered Male

AGE

14 Years 3 Months

WEIGHT

11.4 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Animal Hospital of
Boone

REFERRING VET

Dr. Shutt

INVOICE

16239

DATE

06/01/26

PRESENTING CLINICAL SIGNS

P presented for not eating or drinking, melena, painful in rear end. Treated with Gabapentin, Cerenia, SQ fluids, still not eating

Abnormal PE/Chem/CBC/UA Results: HCT 72%, BUN mild elevation

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 omental fat in the area of the urinary bladder appears mildly hypoechoic.

The prostate measures 1.4 cm width.

The left kidney is overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. The left kidney measures 3.7 cm.

The right kidney presents normal size with normal shape and architecture. Moderate loss of corticomedullary distinction. Mild renal pelvic dilation measuring 1.6 mm width. The right kidney measured X cm in length.

Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 5.2 mm and the caudal pole measures 6.1 mm.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 4.9 mm and the caudal pole measures 5.1 mm.

Spleen

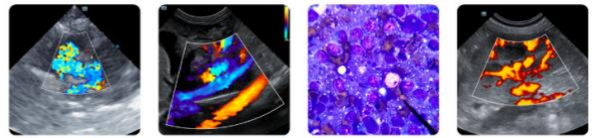
The spleen is normal in size, shape, margination and echogenicity. No masses are seen.

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 mildly overdistended with a moderate amount of non-dependent, mildly aggregated/inspissated sludge. Hypo to anechoic cystic areas are noted between the gallbladder sludge and luminal wall. The wall is otherwise smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion.

Gastrointestinal



PATIENT

Louis Robertson

SPECIES

Canine

BREED

Yorkie Poo

SEX

Neutered Male

AGE

14 Years 3 Months

WEIGHT

11.4 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Animal Hospital of
Boone

REFERRING VET

Dr. Shutt

INVOICE

16239

DATE

06/01/26

The stomach diffusely appears normal, however it does contain a moderate amount of hypoechoic fluid. Colon contains normal contents with normal wall thickness. The jejunum is normal in thickness and layering and measures approximately 3.9 mm width. The duodenum is at the upper end of normal in thickness measuring 4.1 mm and does have normal layering.

Pancreas

The visible pancreas appears hypoechoic without significant surrounding hypoechoic fat.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

- Bilateral renal changes.
- Hypoechoic pancreas.
- Mild gastritis pattern, possibly due to pancreatitis.
- Emerging gallbladder mucocele.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given that the patient has bilateral renal changes on ultrasound and renal pelvic dilation of the right kidney, recommend full staging, monitoring, and managing per IRIS guidelines. Renal pelvic dilation may be due to pyelonephritis. Recommend submitting a urine culture. The mild renal pelvic dilation may be due to polyuria/polydipsia. Potentially discuss with the owner, patient's water intake habits.

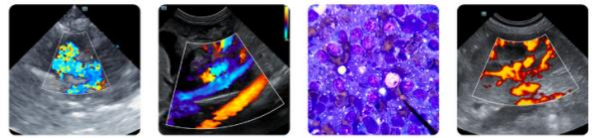
The patient appears to potentially have clinically significant pancreatitis. Recommend cPLI to further evaluate patient for possible clinically significant pancreatitis.

Recommend supportive care with antiemetic and prokinetic medications, such as either Metoclopramide or Rondomycin. If a GI panel has not been performed, recommend GI panel that includes the before mentioned cPLI and a TLI, cobalamin, and folate to screen the patient for possible occult GI disease.

Given that liver values are reportedly normal, the finding of the early gallbladder mucocele, is most likely clinically incidental. Recommend starting ursodiol 15 mg/kg by mouth, split into two daily doses.

No specific cause for this scene may be due to patient suspected pancreatitis. Evidence of hemorrhagic gastroenteritis is not clearly seen on this exam. Suspect the patient's clinical signs may be due to pancreatitis.

To confirm, recommend treating supportively as described. Possible administration of Panoquel at 0.4 mg/kg once a day for three days. Also, recommend switching patient to ultra low-fat diet if patient is not already eating this diet.



PATIENT

Louis Robertson

SPECIES

Canine

BREED

Yorkie Poo

SEX

Neutered Male

AGE

14 Years 3 Months

WEIGHT

11.4 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
 DACVIM (SAIM)

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Animal Hospital of
 Boone

REFERRING VET

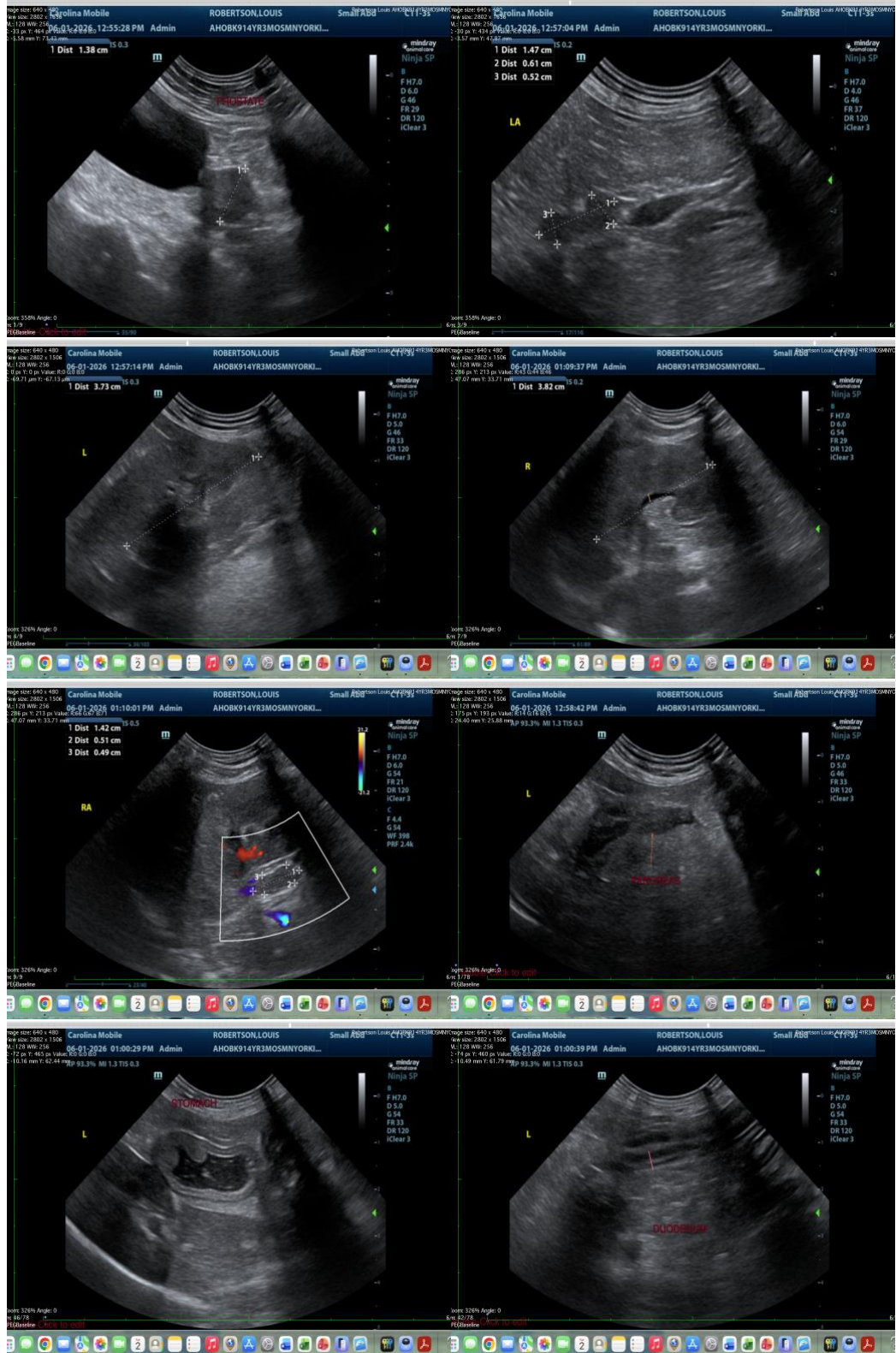
Dr. Shutt

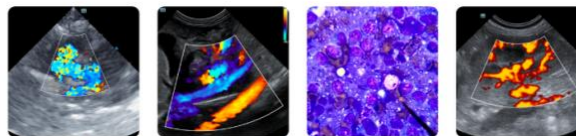
INVOICE

16239

DATE

06/01/26





PATIENT

Louis Robertson

SPECIES

Canine

BREED

Yorkie Poo

SEX

Neutered Male

AGE

14 Years 3 Months

WEIGHT

11.4 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Animal Hospital of
Boone

REFERRING VET

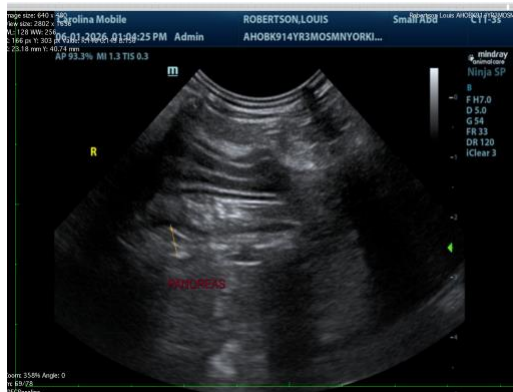
Dr. Shutt

INVOICE

16239

DATE

06/01/26



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
info@SonoPath.com