

PATIENT

Baboone Marks

SPECIES

Canine

BREED

Brittany Spaniel

SEX

Neutered Male

AGE

10 Years

WEIGHT

39.2 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

MountainView Animal
Hospital

REFERRING VET

Dr. Pablo Mendoza

INVOICE

75721

DATE

6/5/26

PRESENTING CLINICAL SIGNS

Appx 1wk ago noted vomiting, diarrhea, acting off. Sedation Gabapentin/Trazadone- Added 0.05ml Dextrometor due to tense abdomen & nervous MEDS-appx 1wk ago noted vomiting, diarrhea, acting off

Abnormal PE/Chem/CBC/UA Results: ALP too high to read, GGT 29, ALT 207, CPL neg Pet is atypical addisons (lytes have been WNL) LABS attached

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 prostate is normal, measuring 1.4 cm in width.

The right kidney presents normal size (6.3 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

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

Adrenal Glands

The right adrenal gland is not clearly visualized.

The left adrenal gland is small, measuring 2.3 mm at the cranial pole and 1.5 mm at the caudal pole.

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

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 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.



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

Pancreas

The observed pancreas appears appropriately isoechoic to surrounding omental fat. The capsule is mildly irregular in shape. Parenchyma is mildly heterogenous and coarse. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

Prominent iliac lymph nodes present. A representative node measures 4.6 mm in width. Most likely reactive, unlikely to be neoplastic.

Multiple moderately enlarged mesenteric lymph nodes were present. A representative node measures 5.7 mm in width. Most likely reactive to patient's gallbladder disease.

No free abdominal fluid is seen.

The cardiac image provided appears normal.

ULTRASONOGRAPHIC FINDINGS

- Small adrenal glands.
- Emerging gallbladder mucocele.
- Full stomach.
- Age related pancreatic remodeling.
- Prominent iliac lymph nodes.
- Multiple enlarged mesenteric lymph nodes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small left adrenal gland and non-visualized right adrenal gland are consistent with patient's diagnosis of atypical hypoadrenocorticism.

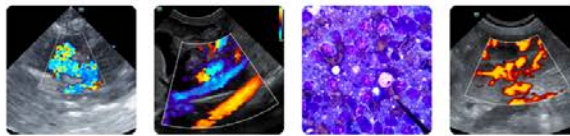
The patient's clinical signs are most likely attributed to the early gallbladder mucocele. One important thing to note is that the patient's bilirubin is elevating. On previous bloodwork bilirubin was 1.0, and on recent lab work it was 0.5. Given that other liver values are markedly elevated at the patient is showing clinical signs, cholecystectomy should be considered. Medical management is unlikely to be highly successful but could be attempted if owners elect not to pursue surgery. Consider starting Ursodiol at 15 mg/kg by mouth split into two daily doses and starting an antibiotic such as Amoxicillin, and rechecking lab work and reimaging the gallbladder every 2-4 weeks to determine if medical management is resolving the elevated liver values and improving the appearance of the gallbladder, and also if the patient is improving clinically. If no improvement is seen and the patient shows signs of decompensating further, then cholecystectomy would be recommended.

Given that the patient's stomach is full on this exam, no obvious mechanical obstruction is seen. It seems unlikely that a gastric foreign object is the cause of the patient's clinical signs. However, if an extended fast does not decrease the amount of food present within the patient's stomach, consider the possibility of a gastric foreign body not clearly seen on this exam.

Imaging performed by



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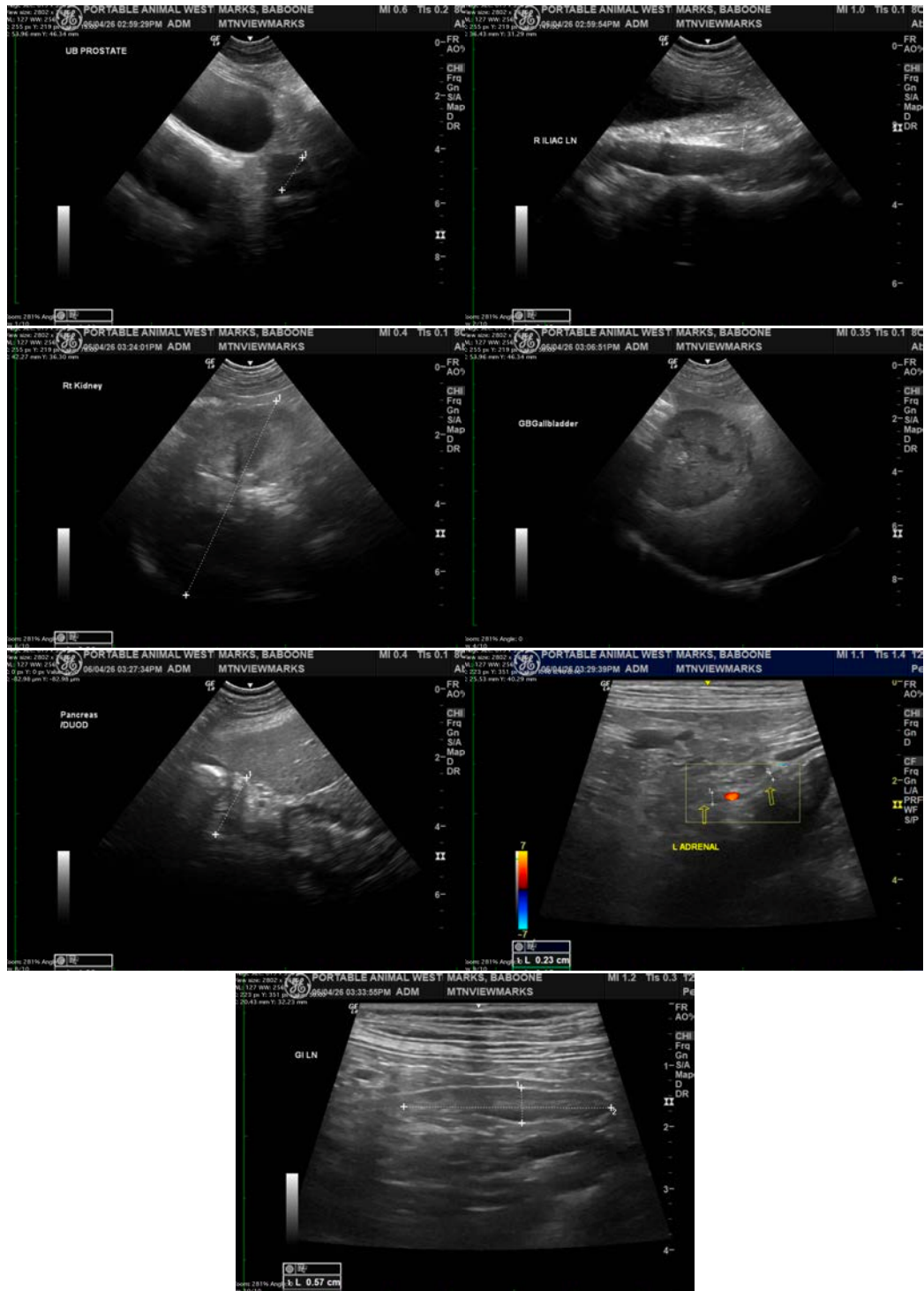
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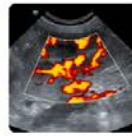
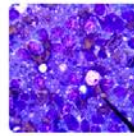
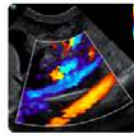
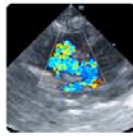
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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