



PATIENT

Ivy Ioannides

SPECIES

Canine

BREED

Whippet

SEX

Spayed Female

AGE

9 Years

WEIGHT

30 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
 DACVIM (SAIM)

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Animal Hospital of
 Stoney Creek

REFERRING VET

Dr. Egbers

INVOICE

75726

DATE

6/5/26

PRESENTING CLINICAL SIGNS

Clinically normal, on blood prior to dental Low WBC 4.8, Low Albumin 22g/L, Urine Protein 3+ - UPC 3.1. Current Medications: on Simparica Trio year round- last dose June 2ns

Abnormal PE/Chem/CBC/UA Results: WBC 4.8 (5.8-16.2) Alb 22g/l (27-39) Urine - USG 1.035, Protein 3+ UPC- 3.1

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with a mild amount of 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.

Kidneys are 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. Left kidney measured 6.2 cm. Right kidney measured 5.6 cm.

Adrenal Glands

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 13.2 and the caudal pole measures 6.4 mm.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 5.9 mm and the caudal pole measures 4.8 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 moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

Gastrointestinal

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



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Pancreas

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

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

- Urinary bladder debris.
- Age related renal changes.
- Gallbladder debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gallbladder debris appears clinically incidental.

Regarding the patient's hypoalbuminemia and proteinuria, no particular cause was seen on this exam. Consider possible infectious etiology. Recommend screening comprehensively for vector borne diseases that may be the cause of the proteinuria. Recommend a systemic blood pressure to determine if hypertension may be the cause of the proteinuria, and metabolic diseases such as hyperadrenocorticism. Consider submitting a urine cortisol to creatinine ratio to determine if hyperadrenocorticism may be the cause of the proteinuria.

Regarding the leukopenia, no cause seen either. Recommend vector borne disease testing to determine if an infectious disease may be the cause. If infectious diseases are ruled out, recommend continued monitoring. If leukopenia persists, recommend more global evaluation that would include 3-view chest radiographs and possible blood cultures. Ultimately if no cause is identified for the leukopenia, bone marrow biopsy and aspirate may be necessary.





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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)

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