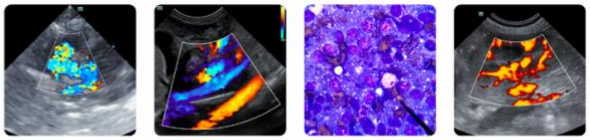


PATIENT

Iker Rosa

SPECIES

Canine

BREED

Schnauzer

SEX

Neutered Male

AGE

10

WEIGHT

22.1

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Sheila Vega

HOSPITAL NAME

Animalis VG

REFERRING VET

Dr. Sheila Vega

INVOICE

37400

DATE

6/6/26

PRESENTING CLINICAL SIGNS

History: P presented 4/20/26 due to vomit, diagnosed with pancreatitis. At 5/22/26 P came in for dental cleaning since was doing great at home. After bloodwork, we decided to do further evaluation. O state P may be having PU/PD, mild enlarged abdomen. Eating well, no vomit or diarrhea. Left side of abdomen r/o mass growing closed to kidney area, painful at palpation.

Abnormal PE/Chem/CBC/UA Results: 4/20/26 ALT 150 (10-125), ALKP 1,609 (23-212), lipase 1,009 (0-200) 5/22/26 ALT 174 (10-125), ALKP 1,659 (23-212).

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 appears normal, measuring 7.0 mm width.

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 or infarcts observed. The left kidney measures 4.0 cm. The right kidney measures 4.6 cm. Mild non-obstructive nephrolithiasis was noted in the right kidney.

Adrenal Glands

The caudal pole of the right adrenal gland seen, measuring 5.1 mm in width. The cranial pole is not seen. The area of the left adrenal is seen; no pathology is observed.

Spleen

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

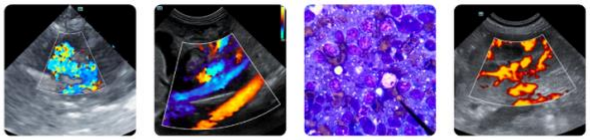
Liver

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.

Gallbladder is moderately distended with anechoic bile as well as marked 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 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



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definitively ruled out. If clinical signs are consistent (vomiting, etc.), recommendations include supportive medical care, 24 hours fasting and re-image.

The intestines have normal wall layering and thickness.

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

ULTRASONOGRAPHIC FINDINGS

- Marked gallbladder debris
- Age-related renal changes with mild non-obstructive right nephrolithiasis
- Age-related hepatic changes
- Full stomach

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient's elevated alkaline phosphatase and ALT may be due to cholangitis. Recommend starting ursodiol for 6-8 weeks, rechecking liver values, and also rechecking appearance of gallbladder via ultrasound to determine if this treatment is helping resolve these abnormal findings.

Given the results of the ACTH stimulation test being in the gray area considered for hyperadrenocorticism, recommend performing low-dose dexamethasone suppression test to rule out hyperadrenocorticism.

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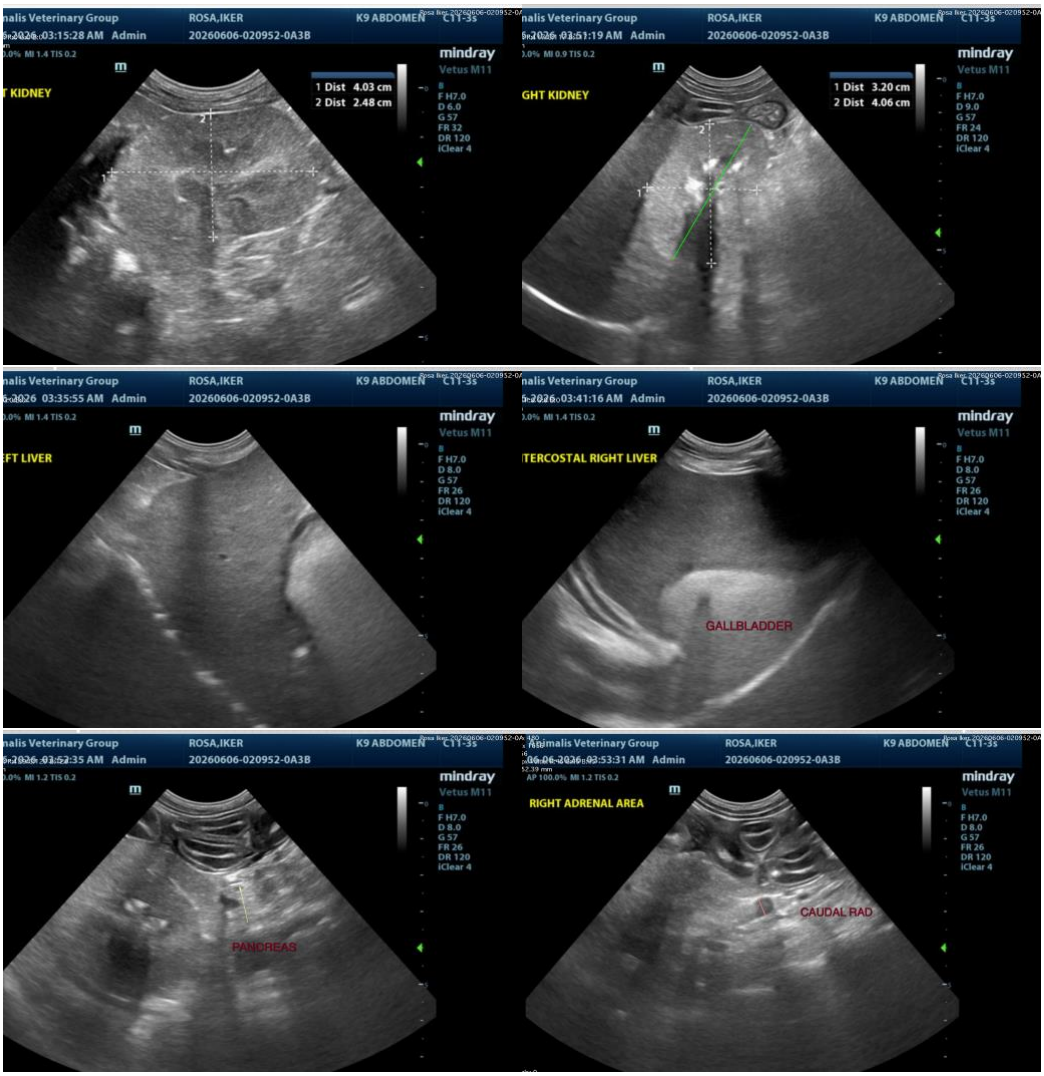

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com