

**PATIENT**

Bella Gonzalez

**SPECIES**

Canine

**BREED**

Cane Corso X

**SEX**

Intact Female

**AGE**

4 Years

**WEIGHT**

41 kg

**INTERPRETED BY**

Greg Kuhlman, DVM,  
 DACVIM (SAIM)

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Beattie PH Stoney  
 Creek

**REFERRING VET**

Dr. Salib

**INVOICE**

37419

**DATE**

6/8/26

**PRESENTING CLINICAL SIGNS**

History: HX:acute onset of lethargy, weakness, and suspected pain. The owner reports that since this morning, Bella has been unwilling to get out of bed and required assistance to go outside to urinate. She is exhibiting significant weakness, particularly in the hind end, and seems painful in her rear legs. Not eating today. Intact female, last heat unclear. The patient is ambulatory and able to walk without assistance. There is no ataxia or knuckling observed. Conscious proprioception was tested and found to be intact in all four limbs. The patient ambulates well, placing full weight on all four limbs. No lameness was observed. There was no pain elicited on palpation of the lumbar spine.

Current Medications: Simplecef, Metacam, Gabapentin

Abnormal PE/Chem/CBC/UA Results: • Complete Blood Count: • Mild leukocytosis (17.1 x10<sup>9</sup>/L; reference 5-16.7) characterized by: • Mild neutrophilia (13.1 x10<sup>9</sup>/L; reference 2.9-11.6) • Mild monocytosis • Red blood cell parameters are within normal limits. • Serum Chemistry Profile: • Mild hyperproteinemia with hyperglobulinemia. • Electrolytes (including potassium), renal function (creatinine, urea), and hepatic enzymes are within normal limits. • Urine Drug Test: Negative.

**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 left ovary was normal, measuring 1.3 cm in length. The right ovary was not clearly visualized. No evidence of pyometra is seen on this exam.

The right kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The right kidney measured 7.9 cm in length.

The left kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured 7.6 cm in length.

**Adrenal Glands**

The right adrenal gland was not visualized.

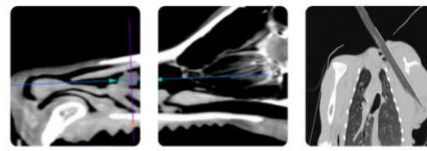
The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 7.4 mm and the caudal pole measures 6.6 mm.

**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.



**PATIENT**

Normal vascular pattern.

Bella Gonzalez

The gallbladder presents normal size with anechoic contents. Normal gallbladder wall. No evidence of bile duct distention or obstruction.

**SPECIES**

**Gastrointestinal**

Canine

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

**BREED**

**Pancreas**

Cane Corso X

**SEX**

The area of the left and right pancreas is seen; no pathology is noted. No evidence of pancreatitis is seen on this exam.

Intact Female

**Free Abdomen**

**AGE**

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

4 Years

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

- Apparently normal abdominal ultrasound

41 kg

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

No cause for the patient's clinical signs is seen. If vector borne disease testing has not been performed, consider this testing. Also, if not already performed, consider three view chest radiographs to evaluate further for other areas where disease may be present. If the patient continues to show signs of generalized weakness, consider testing for myasthenia gravis with an acetylcholine receptor antibody test.

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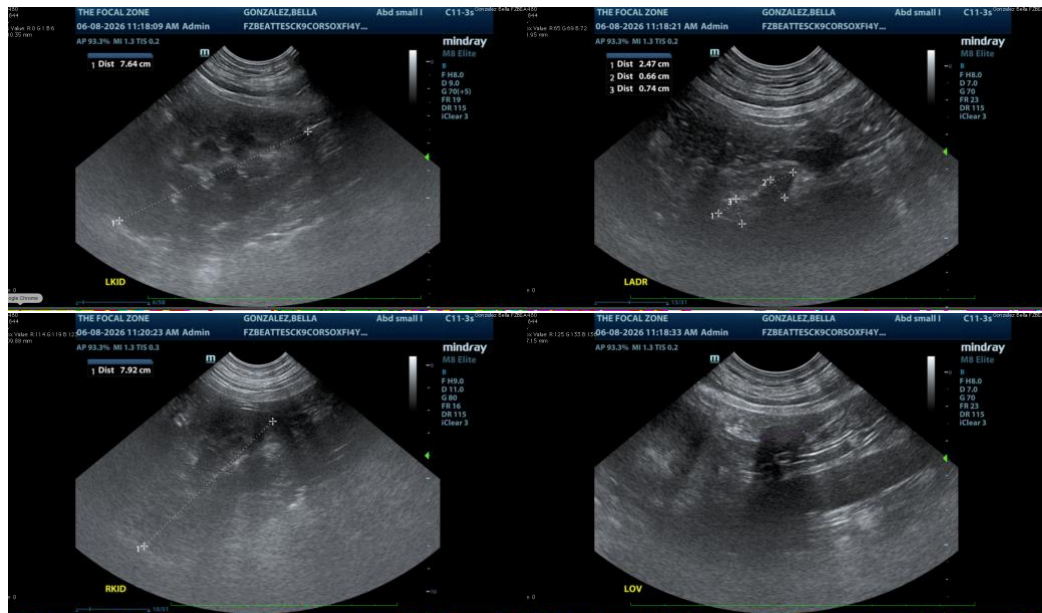
Dr. Salib

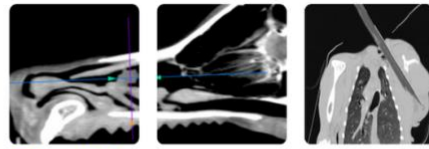
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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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