



PATIENT

Paige Williams

SPECIES

Canine

BREED

Samoyed

SEX

Spayed Female

AGE

9 Years

WEIGHT

67.3 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Jocelyn Hollway

HOSPITAL NAME

Valley Green
Veterinary Hospital

REFERRING VET

Dr. Oberer-Gerger

INVOICE

16463

DATE

06/08/26

PRESENTING CLINICAL SIGNS

Known diabetic on 15u Vetsulin SQ BID. Has been having intermittent D+. No C/S. E/D/U all WNL. 6/8/26 PT/PTT = NSF Resting Cortisol = 1.6 (2-6) LOW --> ACTH STIM completed today = pending FASTED GI Panel = NSF 6/4/26 CBC = NSF. BG = 506 HIGH. CI = 106 LOW CHOL = 329 hiGH. t4= 1.9 NSF. free Catch UA 1.041 6.5pH (-) protein. 1000 glucose (-) ketones10 WBC/HPF. 5/18/26 CBC: NSF. CHEMISTRY: BG = 277 HIGH (known diabetic) Lytes: NSF T4 = 2.1 normal Pancreatic Lipase = 42 (0-200) Urinalysis sample collected via: free catch USG = >1.050 6.5pH glucose = 1000 ketones = NEG Parvo = NEG Fecal/Giardia = Neg

Abnormal PE/Chem/CBC/UA Results: BAR. TTP - would not allow deep palpation. No obvious HM but panting. Lungs auscultated clear bilaterally; trachea clear -- panting. BCS 7/9, normal ambulation HX: Seemed stiff/intermittently lame on the RH in the exam room but when asked to walk in the lobby/hallway no lameness noted. Owner reports that Patient is not limping at home. Hx Bilateral decreased ROM hind limbs @ hips, mild now that off of carprofen. Thick coat, quiet today w/out lick staining RH; multiple seb adenomas. Mature cataracts OU, Patient is poorly visual vs non-visual. Grade 2 dental disease. ACTH STIM = pending

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 kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted. The left kidney measured 7.8 cm in length.

The right kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted. The right kidney measured 5.0 cm in length.

Adrenal Glands

The adrenal glands were not clearly seen.

Spleen

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

Liver is subjectively enlarged (swollen contour) without disruption of architecture. It has a normal homogenous echotexture. Parenchyma is diffusely hyperechoic characterized by less prominent than normal portal vein walls and increased echogenicity relative to the spleen and falciform fat. 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 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



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The intestines have normal wall layering and thickness. Colon is empty. Colon wall is mildly thickened and hypoechoic and measures 3.8 mm width. It was reported that parasitism has been rolled out. Consider other inflammatory processes such as possibly food hypersensitivity or possible inflammatory bowel disease.

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.

Pancreas

The visible left 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.

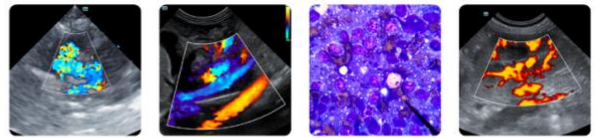
ULTRASONOGRAPHIC FINDINGS

- Bilateral renal mineralizations.
- Full stomach.
- Hyperechoic hepatomegaly.
- Mild gallbladder debris- does not appear clinically significant.
- Colonic wall thickening.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Mild hyperechoic hepatomegaly is consistent with patient's history of diabetes mellitus causing a vacuolar hepatopathy. If a diet trial does not resolve the patient's diarrhea, consider endoscopic colonic biopsies.





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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