

PATIENT

Sadie Sulkowski

SPECIES

Canine

BREED

Doodle

SEX

Spayed Female

AGE

12 Years

WEIGHT

20.1 kg

INTERPRETED BY

Greg Kuhlman, DVM,
 DACVIM (SAIM)

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Main Street AH

REFERRING VET

Dr. Murphy

INVOICE

37416

DATE

6/8/26

PRESENTING CLINICAL SIGNS

History: Seen May 26/26. Hx: Vomited undigested food once May 24th night. Panting, not eating/drinking or moving all day on May 25th. Seemed perkier/had good night May 25th. Morning of May 26th, almost back to normal, ate breakfast and walking but feet slipping out from under her. Hx of eating period products and have visitors the past weekend. Exam: WNL other than slight delayed postural reflexes on LH. Wellness 2 + Spec PLI add-on sent to Idexx. May 28/26 - BW results reported to O. Rec'd further imaging preferably U/S and consider supportive care (IV fluids, antibiotics). O noted Sadie doing really well and seems back to normal (eating, drinking, active). O agreed to U/S and rechecking liver values at time of U/S.

Current Medications: Proin 50mg 1/2T PO BID, Thyro-tabs 0.4mg 1T PO BID

Abnormal PE/Chem/CBC/UA Results: See attached BW Primary Question to Be Answered in This Exam R/o neoplasia with potential abdominal bleed, infectious, inflammatory i.e. chronic hepatitis, secondary to pancreatitis (but alt markedly elevated), toxin, trauma etc.

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 marked 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.

The right kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The right kidney measured 6.0 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 5.8 cm in length.

Adrenal Glands

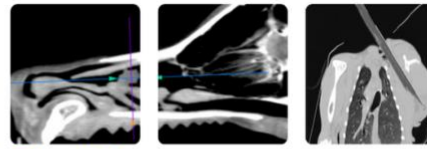
The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 3.6 mm and the caudal pole measures 5.0 mm.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 3.8 mm and the caudal pole measures 5.0 mm.

Spleen

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

Liver



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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.

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

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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.

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Free Abdomen

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

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ULTRASONOGRAPHIC FINDINGS

- Marked amount of urinary bladder debris
- In the images provided, the liver and gallbladder appear normal.

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DACVIM (SAIM)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The urinary bladder debris appears pathologic. Recommend urinalysis and if active urine sediment, recommend urine culture and sensitivity.

IMAGING PERFORMED BY

Amanda Stewart

No obvious cause for patient's elevated liver values is seen. Recommend screening the patient for possible infiltrative hepatic neoplasia such as lymphoma or mast cell disease. It is known these diseases can be present within the liver without obvious ultrasonographic evidence of liver changes. Recommend fine needle aspirate of liver submission for cytology. Consider screening for infectious disease such as leptospirosis. If these recommended tests do not return definitive diagnosis as to the cause of the liver disease, and liver values remain persistently elevated over the next 1-2 weeks, recommend liver biopsy. It's possible, although unlikely, that a bacterial hepatitis may potentially be the cause of the patient's elevated liver values.

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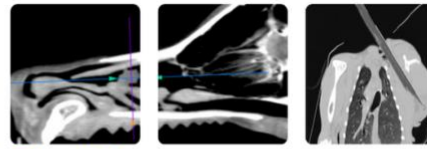
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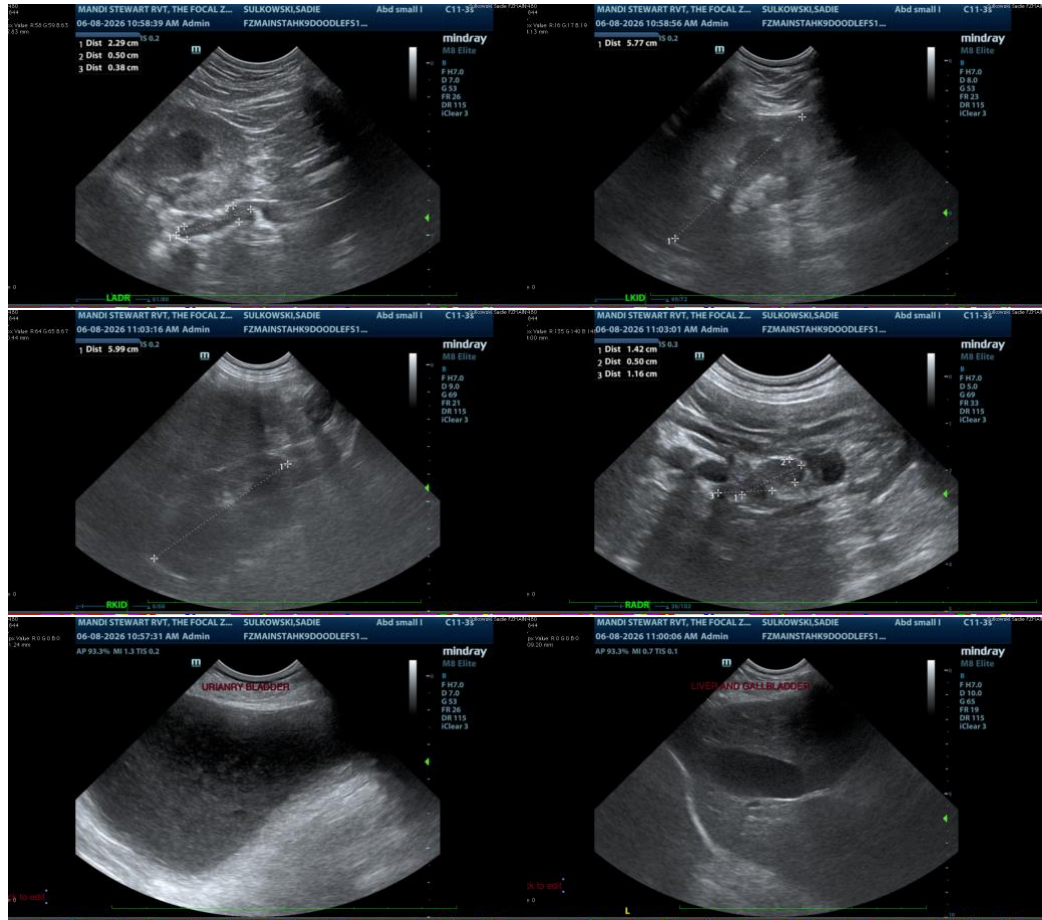
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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