



PATIENT

Coral Zuniga

SPECIES

Canine

BREED

Mini Golden Doodle

SEX

Spayed Female

AGE

1 Year

WEIGHT

12.74 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Mayra Sanchez

HOSPITAL NAME

Sunset Animal Hospital

REFERRING VET

Dr. Cristina Polit

INVOICE

72866

DATE

2/10/26

PRESENTING CLINICAL SIGNS

Began vomiting 1/22/26 after ingesting 2 palm seeds (vomited the seeds up). Symptoms improved with medication. Today, presented for diarrhea - 1 episode on Sunday and 1 today. 1 episode of vomiting while here.

Abnormal PE/Chem/CBC/UA Results: PE: Hx of MPL and R hip subluxation; soft non-painful abdomen; fecal score 7 with mucous Fecal scan: NPS cPL: Normal Radiographs: Gas filled colon with no obvious masses or SI obstruction seen

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.

What is suspected to be the right kidney measures 5.1 cm in length. The kidney appears overall normal.

What is suspected to be the left kidney measures 3.6 cm in length. In the cranial pole of what is thought to be the left kidney, there is a 4.5 mm in diameter cystic lesion present that appears benign. In the caudal pole of what is suspected to be the left kidney there is a 5.0 mm in diameter cystic lesion present.

Adrenal Glands

The right adrenal gland is not visualized on this exam.

What appears to be the cranial pole of the left adrenal gland measures 5.8 mm in width. The caudal pole of the left adrenal gland is not seen.

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.

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

Gastrointestinal

The stomach is moderately to markedly filled with partially digested food material. No gastric foreign material is seen on this exam.

The small intestines are normal in thickness and layering. No evidence of a mechanical obstruction is seen on this ultrasound.

The colon contains a moderate amount of stool. Colon wall is normal in thickness and layering.



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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

- Moderately to markedly food distended stomach, and soft stool within the patient's colon.
- Benign cystic lesions at both poles of what is suspected to be the left kidney.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend that the patient have recheck ultrasound or abdominal radiographs in 12-24 hours. If the food material in the patient's stomach has not moved at that time, then recommend either referring patient for endoscopy to evaluate for gastric foreign material, or, if endoscopy is not available, consider gastrotomy to further evaluate the contents of the patient's stomach.

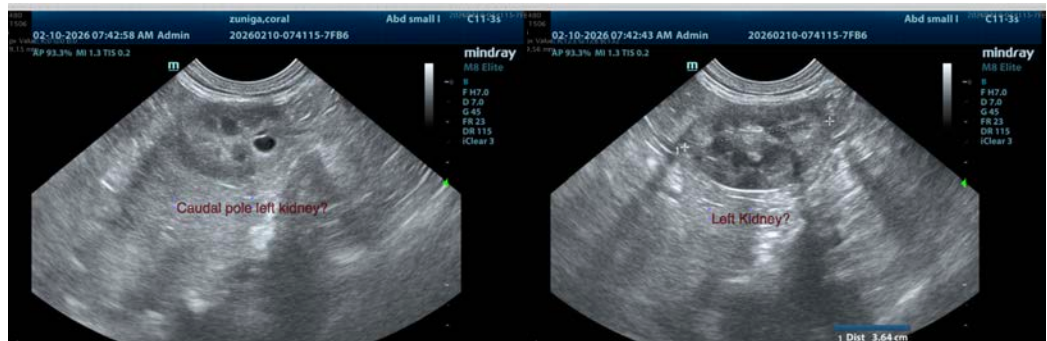
Recommend treating the patient supportively with anti-nausea medication such as Cerenia (1mg/kg by mouth once daily).

I would also recommend (if not already performed) to start a prokinetic medication such as erythromycin, which should be used at a dosage of 0.5-1.0 mg/kg every 8 hours either by mouth or intravenously.

Regarding the patient's diarrhea, recommend treating supportively. Continue a fiber additive such as Metamucil to bulk up the patient's stool.

If patient's diarrhea does not improve with supportive care, then recommend submitting a fecal pathogen PCR to screen the patient for parasitism as a cause of the diarrhea, although at this time I suspect that the patient's GI signs are most likely due to the recent reported dietary indiscretion, and with supportive care alone it is highly likely that the patient will make a full recovery.

The remainder of the exam appears normal and the patient's prognosis appears good at this time.





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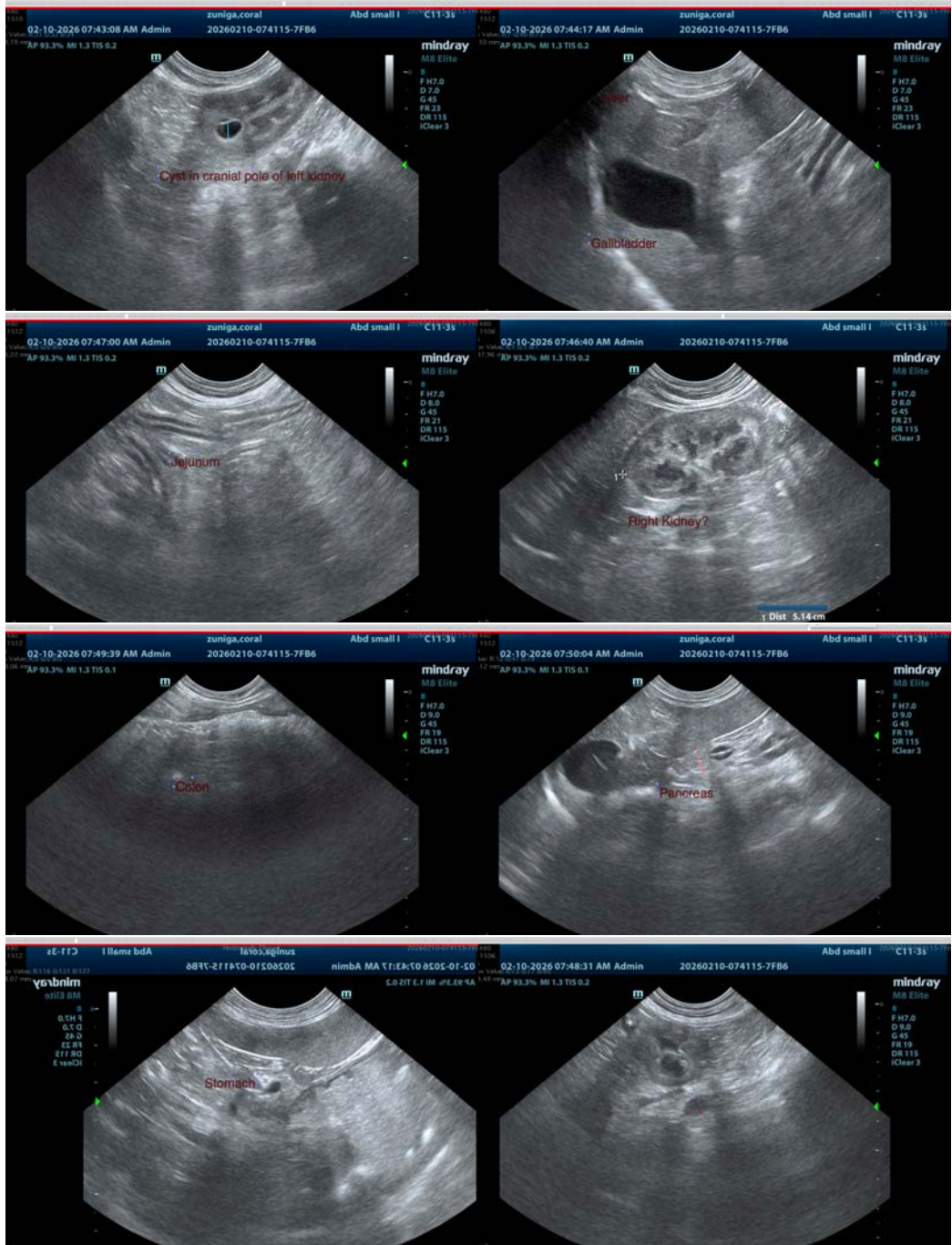
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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