



PATIENT

Echo Choi

SPECIES

Canine

BREED

Jindo

SEX

Male

AGE

1 Year

WEIGHT

22 pounds

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Byron Cabrera

HOSPITAL NAME

All Creatures Great &
Small Denville

REFERRING VET

Dr. Silas Ashmore

INVOICE

13744

DATE

02/13/26

PRESENTING CLINICAL SIGNS

- Frequent Vomiting.
- Diarrhea
- Possible foreign body ingestion.

Abnormal PE/Chem/CBC/UA Results: Pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder is empty at this time. The bladder wall appears diffusely thickened and measures 6.1 mm in width.

The prostate is normal in size for an intact male dog and measures 1.1 cm in width. The prostate does appear symmetrical with normal uniform normal echogenicity. No evidence of hyperechoic fat seen surrounding the prostate. Prostatitis is not suspected at this time.

The right kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The right kidney measured 5.3 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 5.3 cm in length.

Adrenal Glands

The right adrenal gland is not seen on this exam.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 3.4 mm and the caudal pole measures 4.0 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. Normal vascular pattern.

The gallbladder presents normal size with a mild amount of gravity dependent echogenic debris that appears insignificant at this time. Normal gallbladder wall. No evidence of bile duct distention or obstruction.

Gastrointestinal

The stomach wall has normal layering and thickness diffusely throughout the body and the pylorus. The stomach contains a moderate amount of gas and fluid. There is a small amount of what appears to



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be partially digested food within the stomach. No pyloric outflow tract obstruction is seen on this exam. No evidence of mechanical gastrointestinal obstruction is seen on this exam.

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

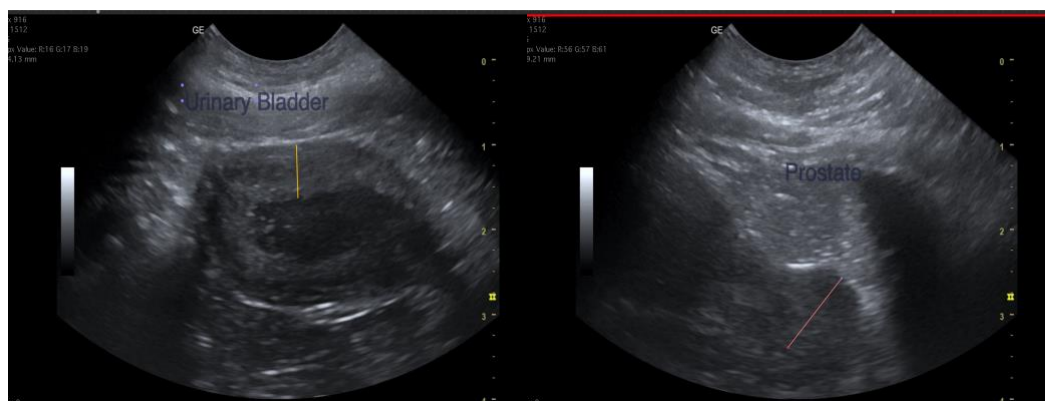
- Thickened/empty urinary bladder.
- Uniform prostate.
- Suspect gastritis pattern- likely due to dietary indiscretion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If the patient is having any signs of lower urinary tract disease, I recommend rechecking the urinary bladder. When the patient is more full of urine and the urinary bladder still appears thickened, I would recommend submitting a urinalysis and urine culture.

Recommend treating supportively for gastritis with Cerenia at 1.0 mg/kg by mouth once a day until clinical signs resolve. Additionally, recommend adding a prokinetic such as Erythromycin at 0.50 to 1.0 mg/kg given every eight hours either by mouth or intravenously to help facilitate gastric motility. Recommend feeding the patient a bland GI diet such as Royal Canin GI low-fat or Hillside D low-fat as patient is recovering.

Ultimately, if the patient fails to improve with supportive care, recommend obtaining GI biopsies either surgically or preferably endoscopically as they are more minimally invasive, however, I think that there is a strong likelihood that the patient should respond to supportive care.





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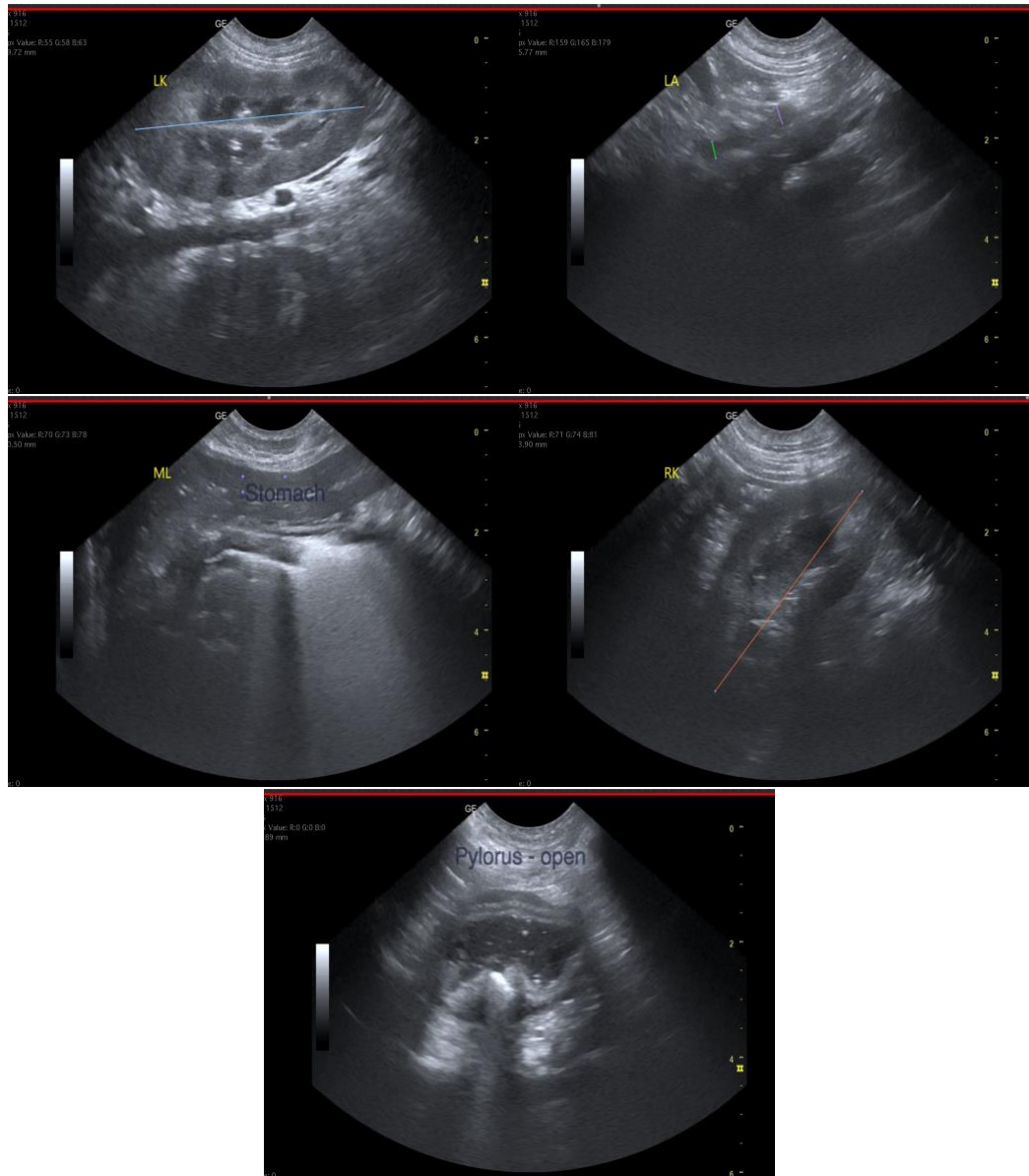
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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