



## PATIENT

Sugar Gray

## SPECIES

Canine

## BREED

Shih-Poo

## SEX

Spayed Female

## AGE

8

## WEIGHT

15.8 lbs

## INTERPRETED BY

Greg Kuhlman, DVM,  
DACVIM (SAIM)

## IMAGING PERFORMED BY

Dr. Jones

## HOSPITAL NAME

Northwind Animal  
Hospital

## REFERRING VET

Dr. Lentz

## INVOICE

73054

## DATE

2/18/26

## PRESENTING CLINICAL SIGNS

Vomited twice last week. Was clinically normal for vaccination on 2/12/26. Began vomiting 2/13/26. Was treated with diphenhydramine and dexamethasone SP. Vomited over the weekend and was not holding food down, came in for supportive care on Monday, is on Ondansetron, proviable, and omeprazole.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The bladder is moderately distended with anechoic urine. The urine does contain a moderate amount of aggregating hyperechoic debris that is not gravity dependent. The bladder wall is normal in appearance and thickness. No masses are seen.

The right kidney presents normal size (3.4 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (3.8 cm) with normal shape and architecture. Normal corticomedullary distinction. There are mild hyperechoic foci in the renal pelvis, consistent with mild nephrocalcinosis. No renal pelvic dilation is seen.

### Adrenal Glands

The right adrenal gland is not seen on this exam.

The cranial pole of the left adrenal gland is visualized and measures 2.6 mm in width. It appears normal. The caudal pole 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. There is a mild amount of gravity dependent echogenic debris, which appears to be an incidental finding. Normal gallbladder wall. No evidence of bile duct distention or obstruction.

### Gastrointestinal

The stomach is moderately to markedly fluid filled. Diffusely, the gastric wall appears mildly thickened at 4.9 mm in width. Diffusely, the gastric wall appears to have normal layering present. The pylorus is visualized and appears open. The pyloric wall appears to have similar layering appearance and thickness to the remainder of the stomach. Diffusely, the small intestines have normal wall layering and thickness and appear empty. Small intestines measure 3.7 mm in width. No evidence of a mechanical obstruction is seen within the small intestines. 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.

## Free Abdomen

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

## ULTRASONOGRAPHIC FINDINGS

- Moderately to markedly fluid dilated stomach with mild diffuse gastric wall thickening – Differentials include dietary indiscretion versus inflammatory disease process such as inflammatory bowel disease, less likely an infiltrative neoplastic cause such as lymphoma.
- Echogenic debris within the urinary bladder – Differentials include either pyuria from a urinary tract infection or possible crystalluria.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No mechanical obstruction is seen as a cause for the appearance of the patient's stomach. The patient appears to have functional gastritis of unknown etiology. If not performed, recommend submitting a urinalysis. If the patient has an active urine sediment, then recommend submitting a urine culture and antibiotic sensitivity. Recommend treating the patient supportively for their gastric disease. Recommend Cerenia at 1mg/kg by mouth once daily and erythromycin and a prokinetic at 0.5-1.0 mg/kg given either by mouth or intravenously every 8 hours.

If the patient fails supportive care and continues to vomit, then recommend performing endoscopic gastric biopsy (preferred, as it is minimally invasive) versus surgical gastric biopsy, with submission for histopathology.

Currently the patient's prognosis appears fair to good pending response to treatment.





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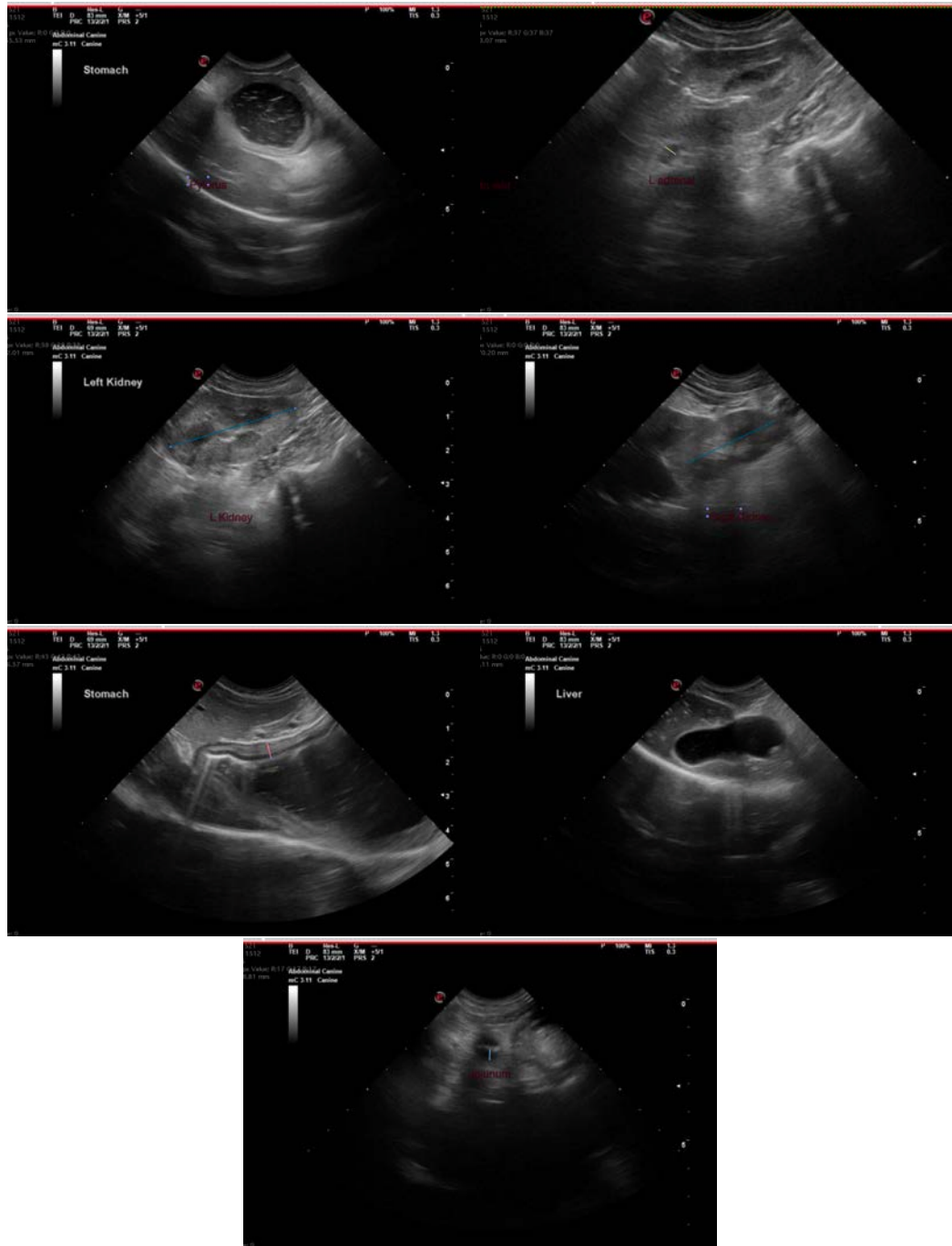
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
[info@SonoPath.com](mailto:info@SonoPath.com)