



PATIENT

Leilani Serrano

SPECIES

Canine

BREED

Labrador Retriever

SEX

Intact Female

AGE

5 Months

WEIGHT

29.1 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Rivera

HOSPITAL NAME

DPC Veterinary
Hospital

REFERRING VET

Dr. Feldt

INVOICE

73244

DATE

2/24/26

PRESENTING CLINICAL SIGNS

P WAS TREATED FOR KENNEL COUGH ON 2/10. PRESENTED ON 2/13 FOR PERSISTENT VOMITING AFTER D/C DOXYCYCLINE. CONCERN FOR FOREIGN BODY INGESTION

Abnormal PE/Chem/CBC/UA Results: Abd/GI: Soft, non-painful. No masses or fluid wave palpated. 1) CBC: HGB 12.4 (13.1-20.5), RETIC 219.7 (10.0-110.0), EOS 1.43 (0.06-1.23) 2) CHEM: SDMA 21 (0-16) 3) pancreatic lipase: 43 (0-200) 4) Cortisol 1.6 (2.0-6.0) RADIOGRAPHIC DIAGNOSIS • Fluid distended stomach INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS The fluid distended stomach is indicative for gastric emptying disorder – such as gastritis or (intermittent) mechanical obstruction.

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 right kidney presents normal size (5.7 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (5.7 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

Adrenal Glands

The right adrenal gland is not clearly visualized on this exam.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 4.0 mm and the caudal pole measures 3.3 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 anechoic contents. Normal gallbladder wall. No evidence of bile duct distention or obstruction.

Gastrointestinal

The stomach appears empty of food or fluid at this time. Diffusely, the gastric wall has normal layering and thickness, measuring 2.4 mm in width. No evidence of a mechanical obstruction is seen on this exam. The intestines have normal wall layering and thickness (4.4 mm in width). There are no luminal contents, and a mechanical obstruction is not seen or suspected within the small bowel. 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.

The uterus is seen and is hypoechoic and non-fluid filled, measuring 4.5 mm in width. It is otherwise normal.

ULTRASONOGRAPHIC FINDINGS

- There are no significant findings on this exam.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The GI tract appears normal. There is no evidence of a mechanical obstruction. Given the patient's clinical signs, it is recommended to treat the patient supportively for their vomiting. Consider Cerenia at 1 mg/kg by mouth once daily and add a prokinetic such as erythromycin at a prokinetic dose of 0.5-1.0 mg/kg by mouth every 8 hours. If the patient fails supportive care and continues to vomit, consider endoscopic evaluation of the stomach and obtain gastric biopsies. Patient's prognosis appears good to make a full recovery.





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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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