



## PATIENT

Mimi Santos

## SPECIES

Canine

## BREED

Miniature Schnauzer x  
Toy Poodle

## SEX

Spayed Female

## AGE

4 Years

## WEIGHT

10 lbs

## INTERPRETED BY

Greg Kuhlman, DVM,  
DACVIM (SAIM)

## IMAGING PERFORMED BY

Dr. Jeremiah Gabriel

## HOSPITAL NAME

Central Jersey Animal  
Hospital

## REFERRING VET

Dr. Jeremiah Gabriel

## INVOICE

73208

## DATE

2/24/26

## PRESENTING CLINICAL SIGNS

Vomiting, anorexia.

Abnormal PE/Chem/CBC/UA Results: Not performed as it was done 2 weeks ago and was WNL

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder is empty. The bladder wall appears uniformly normal in thickness. No bladder stones or obvious masses are seen.

The right kidney presents normal size (3.3 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (4.0 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

### *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 2.8 mm and the caudal pole measures 3.9 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 is markedly filled with anechoic bile. However, the gallbladder wall appears normal in thickness. Contents appear normal. No obvious obstruction is seen on this exam. There is no free fluid surrounding the gallbladder, nor is there any hyperechoic fat surrounding it.

### *Gastrointestinal*

The stomach is moderately fluid filled. No obvious pyloric outflow tract obstruction is seen. The gastric wall is diffusely normal in thickness at 2.7 mm in width. The gastric wall appears to have normal layering. No cause for the patient's fluid filled stomach is seen on this exam. The intestines have normal wall layering and thickness. Colon contains normal contents with normal wall thickness.

### *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.



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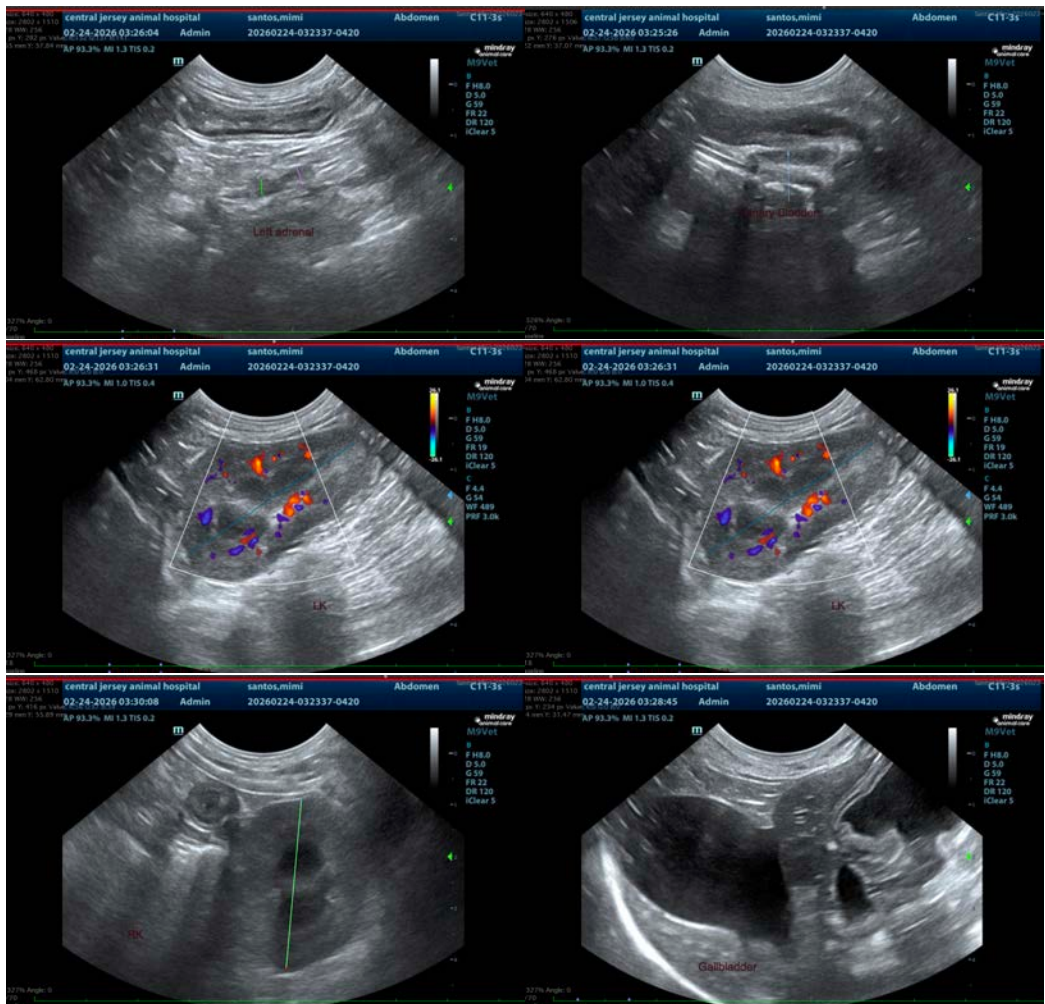
## ULTRASONOGRAPHIC FINDINGS

- Moderately fluid-filled stomach without obvious pyloric outflow tract obstruction.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient appears to have severe gastric ileus of unknown etiology. Recommend supportive care including antiemetics such as Cerenia or similar. Recommend a prokinetic such as erythromycin. Erythromycin should be used at prokinetic dose of 0.50-1.0 mg/kg given by mouth or IV every 8 hours, or, if you prefer, use Metoclopramide. If patient's clinical signs do not improve, or if they worsen with supportive care, recommend gastric biopsies either surgically or endoscopically (preferably endoscopically, give this is minimally invasive).

If the patient is showing any signs of lower urinary tract disease, recommend recheck ultrasound when urinary bladder is full of urine to verify there are no urinary bladder abnormalities.





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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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