



PATIENT

Ella Thomas

SPECIES

Canine

BREED

Shepherd x

SEX

Spayed Female

AGE

10 Years

WEIGHT

81 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
 DACVIM (SAIM)

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Dog and Cat Clinic of
 Niagara

REFERRING VET

Dr. Nick Snieder

INVOICE

73301

DATE

2/26/26

PRESENTING CLINICAL SIGNS

Vomited one time on the weekend, undigested food, no further vomiting. No change in activity level, still walks twice a day and plays in the yard. No change with Metronidazole. Very liquid stools, owner reports several times per day. Passing a lot of gas with BMs. Only one BM accident indoors since starting Metronidazole. Eating a bit less. Was seen playing with a dead rat the other day but not known to have ingested it. No pain on palpation, HR 110, no HM, MM pale and tacky, T 38.7C, LNs WNL

Abnormal PE/Chem/CBC/UA Results: Please see attached lab results

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 (7.7 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (7.2 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

Adrenal Glands

The right adrenal gland is not seen.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 9.1 mm and the caudal pole measures 6.9 mm.

Spleen

Within the tail of the spleen there is a hypoechoic mildly capsule displacing lesion that is not cavitated, measuring 4.2 cm x 2.7 cm.

Liver

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

Gastrointestinal

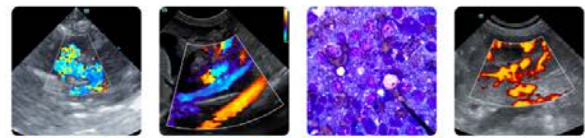
The stomach has normal wall layering and thickness. There are segments of jejunum that have marked loss of normal layering where it appears that the mucosa may be sloughing. These abnormal sections of jejunum are mildly thickened at 6.7 mm in width. The remaining segments of jejunum appear to have normal layering and thickness, measuring approximately 5.0 mm in width. Colon contains normal contents with normal wall thickness.

Pancreas

The pancreas is not specifically seen on this exam.

Free Abdomen

There are no enlarged abdominal lymph nodes seen on this exam.



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There are scant pockets of free fluid present cranial and dorsal to the urinary bladder and surrounding the spleen.

ULTRASONOGRAPHIC FINDINGS

- Segmental marked gastrointestinal disease with segments of jejunum that have marked loss of layering with apparent sloughing of the mucosa. These segments are also thickened. Differentials include severe inflammatory bowel disease versus infiltrative neoplasia such as infiltrative lymphoma, less likely but possibly infectious disease such as bacterial protozoal or parasitic disease.
- Splenic nodule.
- Scant pockets of free fluid.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend submitting a fecal pathogen PCR to rule out infectious enteritis. Also recommend a resting cortisol to rule out Addison's disease. If infectious enteritis and Addison's are rule out, then recommend GI biopsies (either surgical or endoscopy, preferably endoscopic given that the patient is hypoalbuminemic). Surgical biopsies have a higher risk for dehiscence.

A diet trial to screen the patient for food hypersensitivity could be considered. However, given the severity of the changes seen on ultrasound, a food hypersensitivity seems unlikely. If owners wish to pursue a diet trial, recommend a full hypoallergenic diet be fed strictly for at least two weeks. If no improvement is seen in two weeks, then recommend proceeding to GI biopsy.





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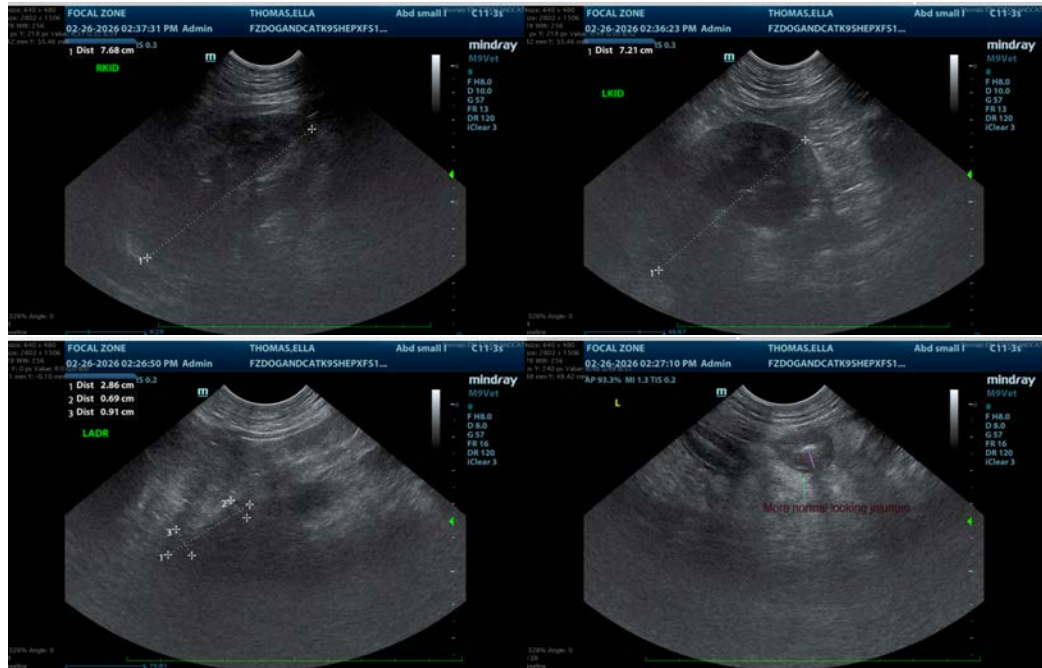
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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