



PATIENT

Churro Fan

SPECIES

Canine

BREED

Dachshund

SEX

Spayed Female

AGE

4 Years

WEIGHT

10 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Shen Li

HOSPITAL NAME

Dr. Shen Li Veterinary
Service

REFERRING VET

Dr. Shen Li

INVOICE

73328

DATE

2/27/26

PRESENTING CLINICAL SIGNS

Churro is presented for abdominal ultrasound evaluation following a recent anaphylactic episode over the weekend. Relevant History: Prior allergic reaction in 2025. History of three previous pancreatitis episodes. UTI December 2025 (rods identified; treated with Clavamox)

Recent ER Event: Acute vomiting and diarrhea progressing to hematochezia. Presented to ER in shock: Tachycardia (~180 bpm), Hypovolemia, Gallbladder edema, SANS sign noted. Markedly elevated liver enzymes

Treated with: Epinephrine, Diphenhydramine, Dexamethasone, IV fluids with BP monitoring. Recovered overnight. Liver values improved next day. Discharged after 48 hours

Post-discharge: Developed hematuria and hematochezia. Returned to primary vet. Urinalysis: trace blood, rare rods. Brief bladder ultrasound performed

Current medications: Denamarin, Diphenhydramine, Provable, Cerenia discontinued (no longer vomiting).

Abnormal PE/Chem/CBC/UA Results: Trace blood Rare rod in UA. In ER has liver enzyme elevated above 1000 has decreased on recheck but still mildly elevated.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Diffusely the urinary bladder wall appears normal in thickness. It measures 1.7 mm in width. Within the anechoic urine there is a moderate amount of suspended aggregating echogenic debris.

The right kidney presents normal size (4.6 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (3.7 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

Adrenal Glands

The adrenal glands were not seen on this exam.

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.



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Gastrointestinal

The stomach and 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

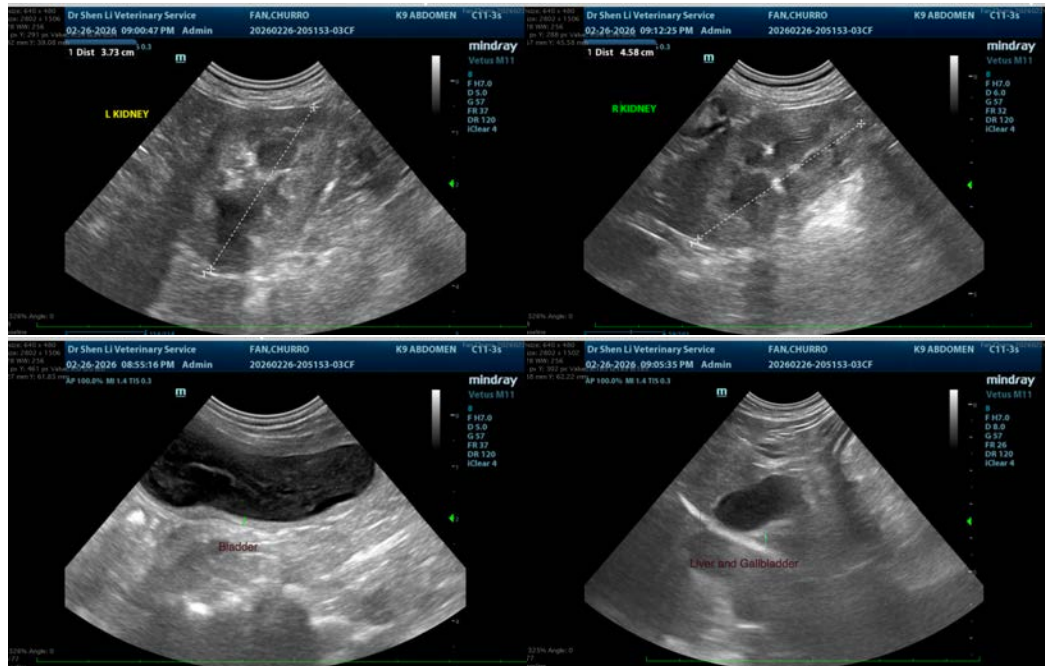
There are no enlarged abdominal lymph nodes seen on this exam. No free abdominal fluid is seen.

ULTRASONOGRAPHIC FINDINGS

- Urinary bladder debris – Consistent with patient’s reported diagnosis of a urinary tract infection. I suspect the debris is most likely inflammatory debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no evidence of any type of anaphylactic reaction seen on this ultrasound. At this time the patient’s gallbladder appears normal. There is no free fluid in the abdomen. Recommend treatment for urinary tract infection. It is suspected that the patient’s improving liver values will most likely normalize over the next 1-2 weeks. Recommend recheck of liver values in two weeks to verify they have resolved after the patient’s reported anaphylactic reaction. The reaction is most likely the cause of the patient’s elevated liver values.





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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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