



PATIENT

Daisy Wallis

SPECIES

Canine

BREED

Vizsla

SEX

Spayed Female

AGE

3 Years

WEIGHT

17 kg

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Catherine Alexander
LVT

HOSPITAL NAME

NorthStar Veterinary
Sonography PLLC

REFERRING VET

Dr. Me

INVOICE

14346

DATE

03/15/26

PRESENTING CLINICAL SIGNS

- Presented for acute discomfort and pain involving the hind limbs with intermittent muscle spasms. The owner reports Daisy is not acting like herself and has been unable to get comfortable, pacing and frequently repositioning while keeping her haunches elevated while lying on her abdomen. Daisy also has a decreased appetite.

Abnormal PE/Chem/CBC/UA Results: cPL was abnormal Abdominal rad report from 3/15 from around 6pm stated possible foreign body in the mid abdomen, possibly small intestinal vs colon.

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 ureteral papilla was seen and appear normal.

The left kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured 6.0 cm in length.

The right kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The right kidney measured 6.3 cm in length.

Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 6.3 mm and the caudal pole measures 6.7 mm.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 5.3 mm and the caudal pole measures 4.8 mm.

Spleen

The spleen is normal in size, shape, margination and echogenicity. No masses are seen. Normal blood flow was evident.

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



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The stomach has normal wall layering and thickness. The stomach contains a mild amount of gas with a wall width of 3.3 mm. The descending colon contains a intraluminal hyperechoic object present that is causing hard shadowing. The stomach also contains a small amount of fluid in the antrum. No pyloric outflow obstruction is seen. The duodenum diffusely has normal wall layering present in thickness and contains a mild amount of fluid and appears to have mild decreased motility. Diffusely, the jejunum has normal thickness and layering. There are several segments that have mild fluid retention.

Pancreas

The visible pancreas is normal in size with normal echogenic parenchyma and surrounded by normal peri-pancreatic mesentery.

Free Abdomen

There are several enlarged mesenteric lymph nodes present. A representative node measures 9.7 mm x 36.1 mm. The nodes appear to be reactive and most likely enlarged due to a neoplastic cause.

ULTRASONOGRAPHIC FINDINGS

- Suspected colonic foreign body- will most likely defecate on their own.
- Enlarged mesenteric lymph nodes.
- Mildly diffusely fluid filled small intestine and stomach.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

It appears patient has mild functional gastric and enteric ileus. Recommend treating supportively with antiemetics and prokinetics. The cause of patient's gastric and enteric ileus is most likely the foreign material seen within the colon that has passed through both the stomach and small bowel and has most likely caused the ileus.

Recommend owners monitor patient's defecation to identify foreign material. Suspect the patient will respond well to supportive care and may need analgesia as well such as gabapentin for the next two or three days.

Patient's prognosis appears good at this time to make full recovery.





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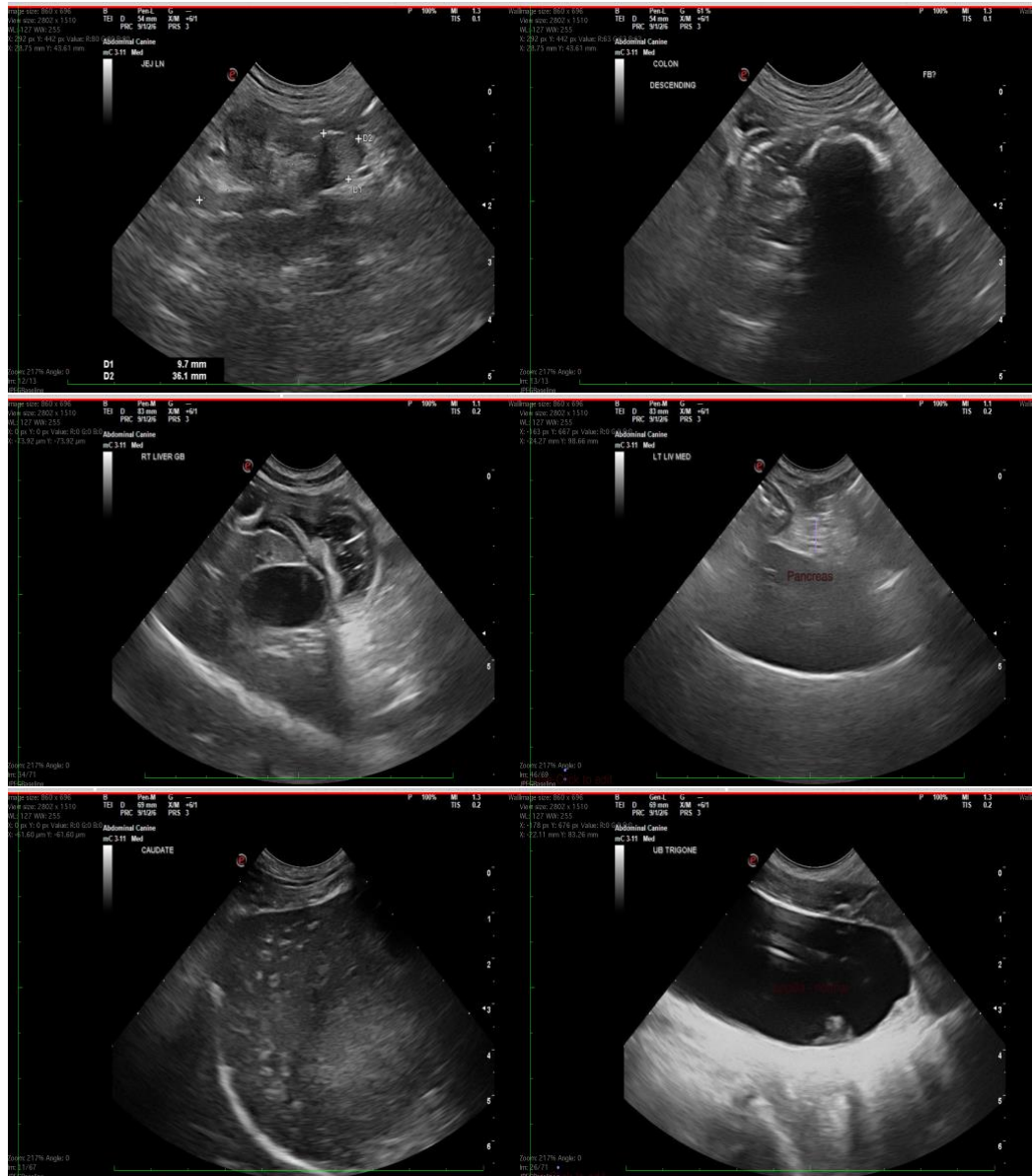
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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