



PATIENT

Maya Chesmar

SPECIES

Canine

BREED

Hound x

SEX

Spayed Female

AGE

15 Years

WEIGHT

49.2 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Meaghan Godwin

HOSPITAL NAME

Wellesley Animal
Hospital

REFERRING VET

Dr. Meaghan Godwin

INVOICE

73349

DATE

3/3/26

PRESENTING CLINICAL SIGNS

The patient presents for an inability to keep food down, which started on 03/01/2026. The last meal the patient was able to retain was on the evening of 03/02/2026, after which she vomited throughout the night. The vomitus has contained leaves. The owner reports the patient is lethargic and has a decreased appetite. There is no known history of ingesting non-food objects. The patient has a past medical history of idiopathic vestibular disease, but the current clinical signs are dissimilar.

Abnormal PE/Chem/CBC/UA Results: IH CBC/chem17 -- elevated liver enzymes (marked) (ALT, ALP, GGT, bilirubin), mild elevated globulins ALT: 1,610 U/L ALP: 469 U/L GGT: 15 Bilirubin (T): 1.3

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 (6.0 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 presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measured 6.0 mm. The caudal pole was not seen.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The caudal pole measured 6.0 mm. The cranial pole was not seen.

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. The gallbladder contains a moderate amount of aggregating, both gravity dependent and non-dependent, echogenic debris. Some of the debris appears to be entering into the common bile duct, most likely causing some mild to moderate cholestasis as confirmed by patient's recent lab work. Normal gallbladder wall. No free fluid or hyperechoic fat seen surrounding the gallbladder at this time.

Gastrointestinal

The stomach and intestines have normal wall layering and thickness. The small bowel is fluid filled and has decreased motility, consistent with functional ileus. Colon contains normal contents with normal wall thickness. No mechanical obstruction noted within the GI tract.



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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.

ULTRASONOGRAPHIC FINDINGS

- Distended gallbladder containing a moderate amount of hyperechoic debris.
- Ileus within the small bowel that appears functional and not mechanical.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend obtaining a bile sample via ultrasound guided cholecystitis. Submit bile for aerobic and anaerobic bacterial culture and cytology. I suspect patient's cholangitis may be bacterial in origin. If bacterial cause for the cholangitis is confirmed, recommend treating with an appropriate antibiotic for approximately 6 weeks and reassess lab work at that time. Also reassess gallbladder via ultrasound at that time to evaluate for decrease in amount of gallbladder debris present.

Suspect liver enzyme elevations are due to gallbladder disease. However, recommend ultrasound guided liver aspirate for cytology to rule out infiltrative neoplasia (lymphoma vs mast cell disease) as the cause of liver enzyme elevations. If cytology rules out these diseases within the liver then recommend medical management as described for gallbladder disease. If patient fails medical management then recommend cholecystectomy with liver biopsy.

Also recommend treating the gallbladder disease with Ursodiol as well as at 15 mg/kg split into two daily doses given by mouth.

Regarding the small bowel ileus, recommend treating the patient supportively. Use anti-nausea medication such as Cerenia on an as-needed basis. Recommend adding a prokinetic such as erythromycin at a prokinetic dose of 0.5-1.0 mg/kg given by mouth or intravenously every 8 hours.

If patient fails supportive care and continues to show signs of illness or becomes more ill, recommend cholecystectomy at that time. If cholecystectomy is performed, recommend obtaining liver and GI biopsies at the time of surgery for histopathology.

Patient's prognosis appears fair at this time to make a full recovery with medical management.



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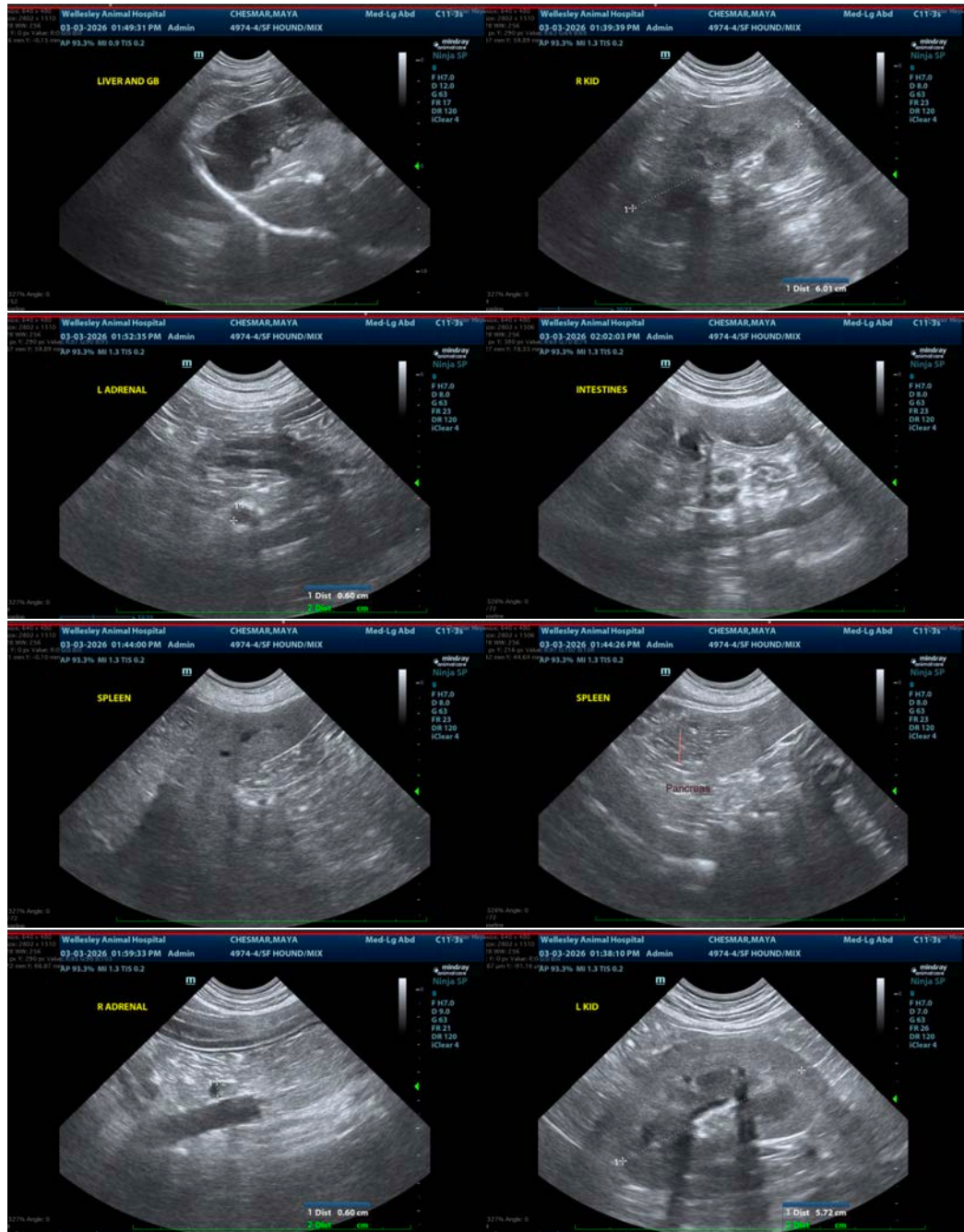
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com