



PATIENT

Aspen Oakley

SPECIES

Canine

BREED

Golden

SEX

Neutered Male

AGE

5

WEIGHT

59

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Isabel Plourde

HOSPITAL NAME

Riverbend Veterinary
PetCare Hospital

REFERRING VET

Dr. Isabel Plourde

INVOICE

14131

DATE

03/06/26

PRESENTING CLINICAL SIGNS

- Pt has had softer stool and intermittent vomiting over the last month. Os have never seen the vomiting, so unclear if vomiting or regurg. It is bile that Os are finding. He has also become progressively more lethargic. He typically is very bubbly and playful, but for the last week pt has not been wanting to play fetch or jump on the bed. He is still eating and drinking fine.

Abnormal PE/Chem/CBC/UA Results: Slightly tense on abd palp. Mild third eyelid elevation. HR of 70 bpm. X-rays- possible gastric foreign body/food- repeat rads after 20 hours show an empty stomach; chest rads- NSF- not suggestive of a megaesophagus. BW- WNL Resting cortisol >2

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 prostate was not clearly seen.

The left kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. Several pinpoint hyperechoic foci in renal pelvis consistent with benign nephrocalcinosis. No obvious nephroliths are seen. The left kidney measured 6.1 cm in length.

The right kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. Several pinpoint hyperechoic foci in renal pelvis consistent with benign nephrocalcinosis. No obvious nephroliths are seen. The right kidney measured 6.7 cm in length. No renal pelvic dilation is seen bilaterally.

Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 4.4 mm and the caudal pole measures 3.8 mm.

The right adrenal gland is not seen.

Spleen

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

Gastrointestinal



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The stomach and intestines have diffusely normal wall layering and thickness. Colon contains normal contents with normal wall thickness. No gastric lesions are seen. The gastric wall measured 3.4 mm width. The stomach contained a small amount of retained fluid consistent with possible mild gastritis. No pyloric outflow tract obstruction is seen. No evidence of foreign material is seen within the stomach. No mechanical obstruction is seen within the small bowel. There are segments of small bowel that have a mild amount of fluid within. Normal progressive motility appears to be decreased.

Pancreas

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

Free Abdomen

A mesenteric lymph node is identified that measures 3 mm in width, which is normal for a patient of this size.

ULTRASONOGRAPHIC FINDINGS

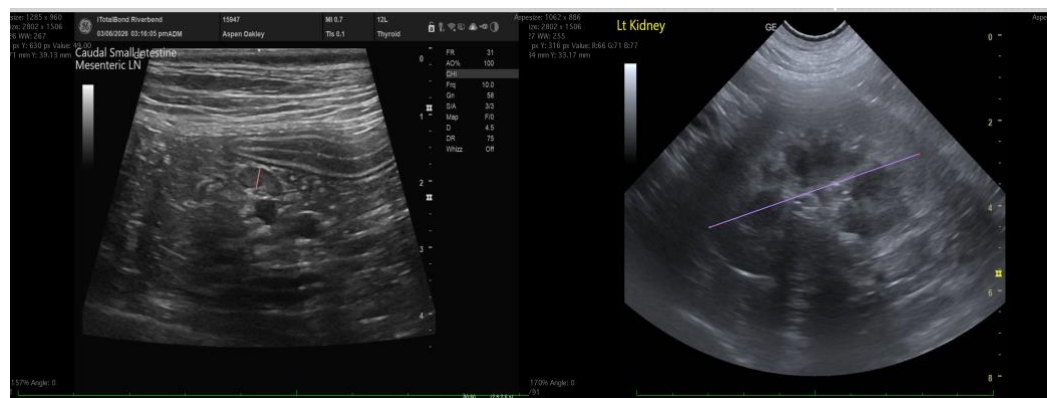
- Fluid retention within the stomach.
- Fluid filled segments of small bowel with decreased progressive motility.
- Mesenteric lymph node.
- Bilateral renal pelvis foci.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Patient appears to have functional gastroenteritis. No mechanical obstruction seen. Recommendations would be to screen patient for either occult pancreatic disease or possibly chronic gastrointestinal disease by submitting a Texas A&M GI panel.

Recommend screening patient for fecal parasites via fecal pathogen PCR. If vector-borne disease testing has not been performed, recommend performing vector-borne disease testing. Consider diet trial with either hydrolyzed or novel protein diet.

If no cause for the patient's gastrointestinal disease is seen and the diet trial has failed and patient's clinical signs continue or worsen, consider GI biopsies either surgically or endoscopically. Prefer endoscopically as less invasive.





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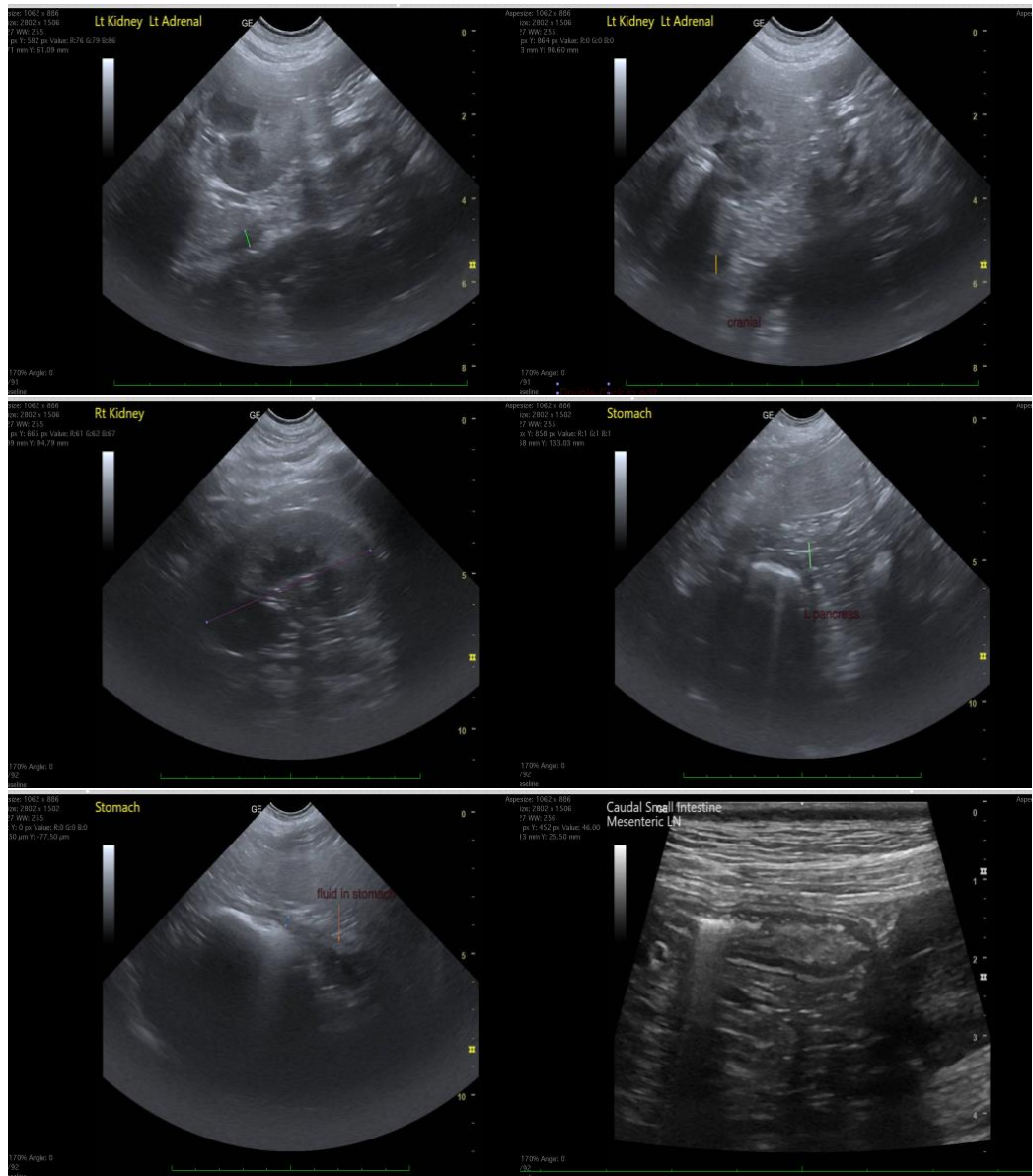
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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