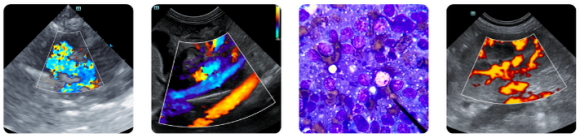


PATIENT

Suzuki Rini

SPECIES

Canine

BREED

Husky Mix

SEX

MN

AGE

4 years 4 months

WEIGHT

27.8 kg

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Kathleen Byrnes

HOSPITAL NAME

Pet Care Clinic of the High Country

REFERRING VET

Dr. Watson

INVOICE

11428

DATE

3/9/2026

PRESENTING CLINICAL SIGNS

- P presented to ER clinic in January (weighed 26.7kg) for vomiting and diarrhea, Bloodwork unremarkable, treated supportively and with GI biome diet.
- P presented to rdvm on Friday requesting Abd US due to conitnued V and D, decreased appetite, increased defecation going on for over a month and a half.
- US today- gave torb IV initially but needed additional dexdomitor for RA.

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. Ureteral papillae is not visualized.

The prostate is symmetrical, and normal in size (1.3 cm in width), and has uniform echogenicity.

The left kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured 6.14 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 4.7 mm and the caudal pole measures 6.5 mm.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 5.0 mm and the caudal pole measures 6.1 mm.

Spleen

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

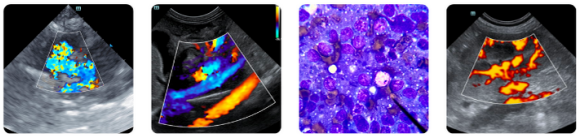
Liver

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.

Gastrointestinal

The body of the stomach contains a mild amount of retained ingesta. Within the ingesta there is a single, hypoechoic non-shadowing object present measuring 5.3 mm in width. Pylorus visualized and the pyloric wall appears diffuse normal in thickness and layering. The pyloric wall measures 1.9 mm in width. There is no pyloric outflow tract obstruction observed. The small intestines have normal wall



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layering and thickness. Colon contains normal contents with normal wall thickness, and measures 1.2 mm in width.

Pancreas

The right limb of the pancreas is hypoechoic. It is normal in size measuring 6.9 mm in width. There is no surrounding hyperechoic fat. The left limb of the pancreas appears normal.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

- Hypoechoic right limb of the pancreas without any surrounding hyperechoic fat.
- Retained ingesta within the stomach – No mechanic obstruction is visualized, suspect functional gastroenteritis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend submission of GI Panel to Texas A&M for a qualitative TLI/PLI, cobalamin, folate, and cortisol, to determine the extent of pancreatic inflammation present and to determine of occult gastrointestinal disease may be present. The retained ingesta within the patient's stomach may be due to the patient being non-fasted for this exam or may indicate delayed gastric emptying. A definitive gastric foreign body is not observed on today's exam.

Recommend continued supportive treatment including antinausea (Cerenia) and prokinetics (consider either Erythromycin at a prokinetic dose at 0.5-1.0 mg/kg TID, or metoclopramide.) Recommend full GI parasite screening via Fecal PCR. Consider a diet trial for 2-weeks to determine if diet trial is resolving the patient's vomiting. IF this is unsuccessful and no other cause for the patient's continued vomiting is identified, then recommend GI biopsies (endoscopically or surgically.) Endoscopic biopsies would be preferred as it is minimally invasive and could provide opportunity to evaluate patient's stomach for any gastric foreign bodies present that were not observed on today's exam. Gastric foreign body as the cause of patient's vomiting is not highly likely. Prognosis appears good at this time.

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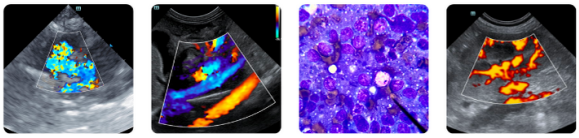

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Educational Teleconsultation Services™

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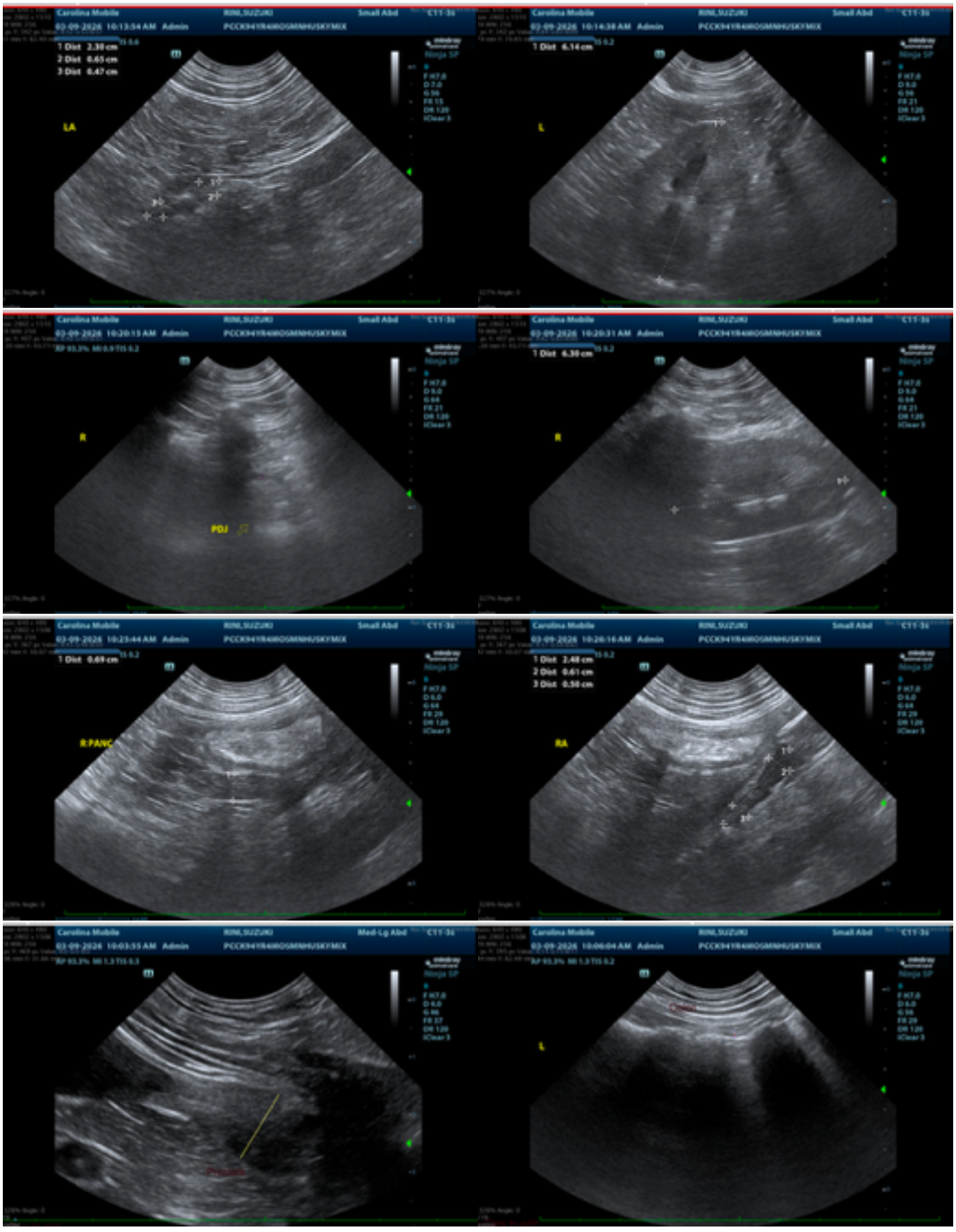

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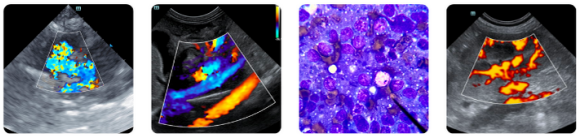

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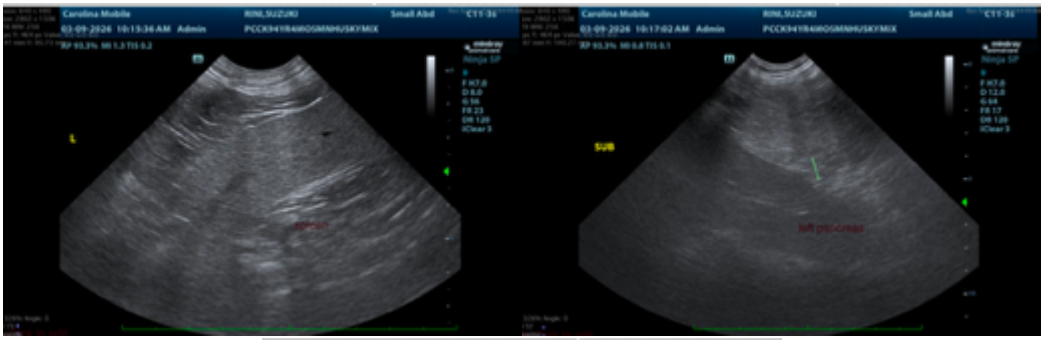

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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