



## PATIENT

Zephyr Schmidt

## SPECIES

Canine

## BREED

Dalmation

## SEX

Spayed Female

## AGE

9 Years

## WEIGHT

59

## INTERPRETED BY

Greg Kuhlman, DVM,  
DACVIM (SAIM)

## IMAGING PERFORMED BY

Dr. Celia Galanti

## HOSPITAL NAME

Craig Road AH

## REFERRING VET

Dr. Celia Galanti

## INVOICE

36559

## DATE

4/12/26

## PRESENTING CLINICAL SIGNS

History: P is a 9yr 2mo FS dalmatian presenting for rock ingestion and possible exploratory surgery. P began vomiting late yesterday afternoon and vomited about 8 times. P last ate yesterday afternoon prior to onset of vomiting. O withheld food this morning. P was taken to LMAH this morning and began having diarrhea. Xrays showed concern for rock foreign body present in the pylorus vs proximal duodenum. Bloodwork was performed that showed rising liver values, neutrophilia and hypoalbuminemia (2.2).

P was obtained within the last year. P receives ursodiol for historic liver elevations. O reports Ps abdomen has been distended since obtaining. P has a history of trying to eat things she shouldn't. P always pants a lot and drinks a lot of water. P hair was slow to grow back after previous ultrasound.

## 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 (6.7 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (6.4 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

### *Adrenal Glands*

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The caudal pole measures 6.8 mm in width and the cranial pole measures 5.7 mm width.

The right adrenal gland was mildly enlarged, measuring 8.4 mm at the caudal pole and 8.4 mm at the cranial pole.

### *Spleen*

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

### *Liver*

Liver is subjectively enlarged (swollen contour) without disruption of architecture. It has a normal homogenous echotexture. Parenchyma is diffusely hyperechoic characterized by less prominent than normal portal vein walls and increased echogenicity relative to the spleen and falciform fat. Visible vasculature and biliary tree appear normal without distension or congestion. In the right caudal liver, there is a 1.0 cm in diameter, hypoechoic cyst present that appears benign. No mass was associated with this cyst. This is most likely clinically insignificant.

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

### *Gastrointestinal*



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The stomach is distended with a moderate amount of partially digested food. There is a hard shadowing object within the stomach, potentially could be a foreign object. The duodenum is diffusely fluid filled and has decreased motility. With the lumen of the duodenum, there is a linear object present, that is hard shadowing. This appears to be obstructing the upper GI tract. This is most likely the reported rock seen on radiographs, obstructing the upper GI tract. The rock does not appear to be within the stomach. It appears to be within the small intestine, specifically duodenum. 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

- The shadowing material within the duodenum is suspected to be a rock obstructing the upper GI.
- Possible second foreign object present within the stomach.
- Mildly enlarged right adrenal gland
- Enlarged hyperechoic liver consistent with a benign vacuolar hepatopathy
- Right liver cyst, appears benign

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Unfortunately, endoscopy to attempt to remove foreign material is not feasible. Surgical explore is recommended to further evaluate GI tract for obstructions.

Recommend screening patient for hyperadrenocorticism via low dose dexamethasone suppression test. This should be done after resolving the GI obstruction once the patient has recovered from surgery.



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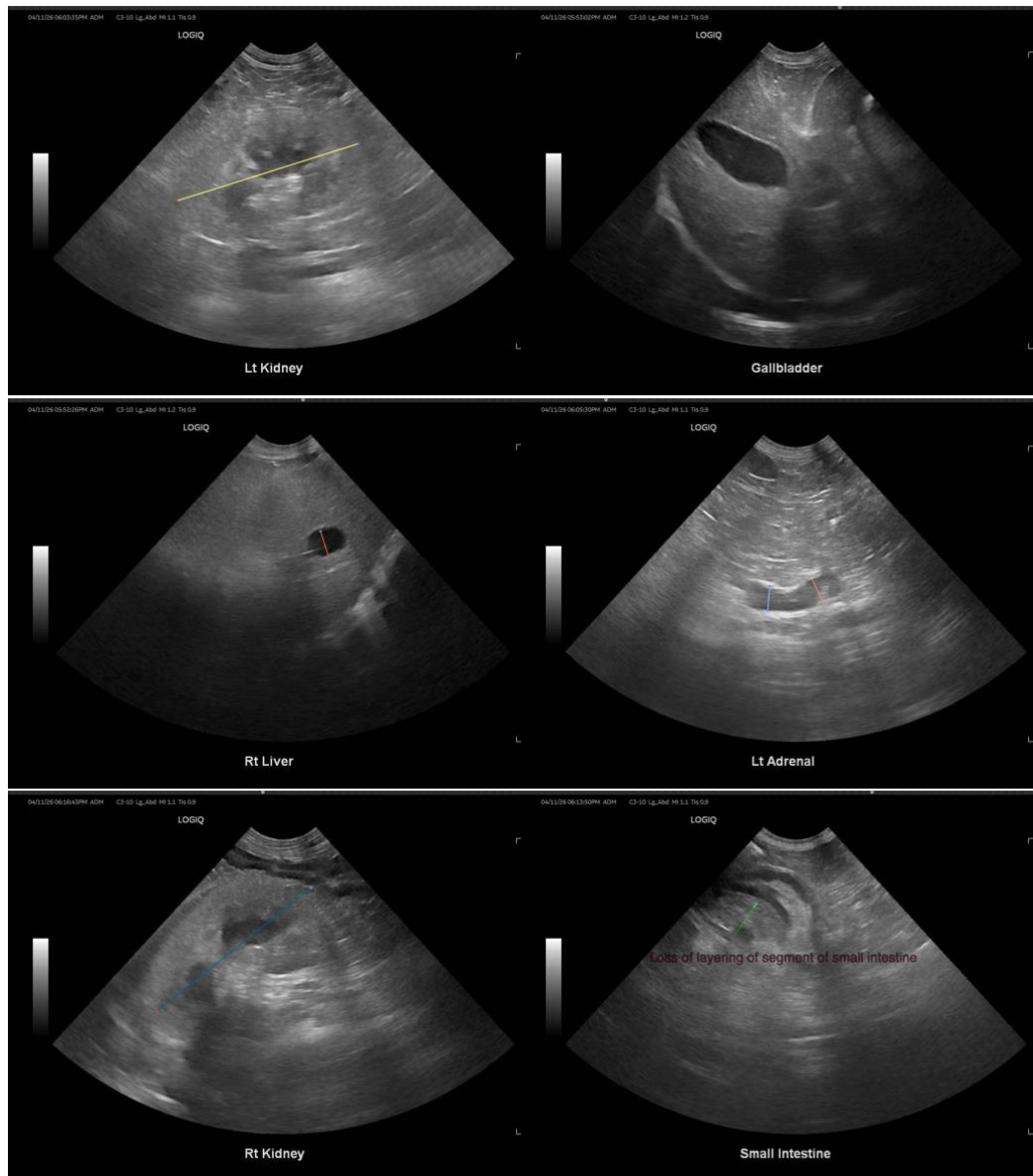
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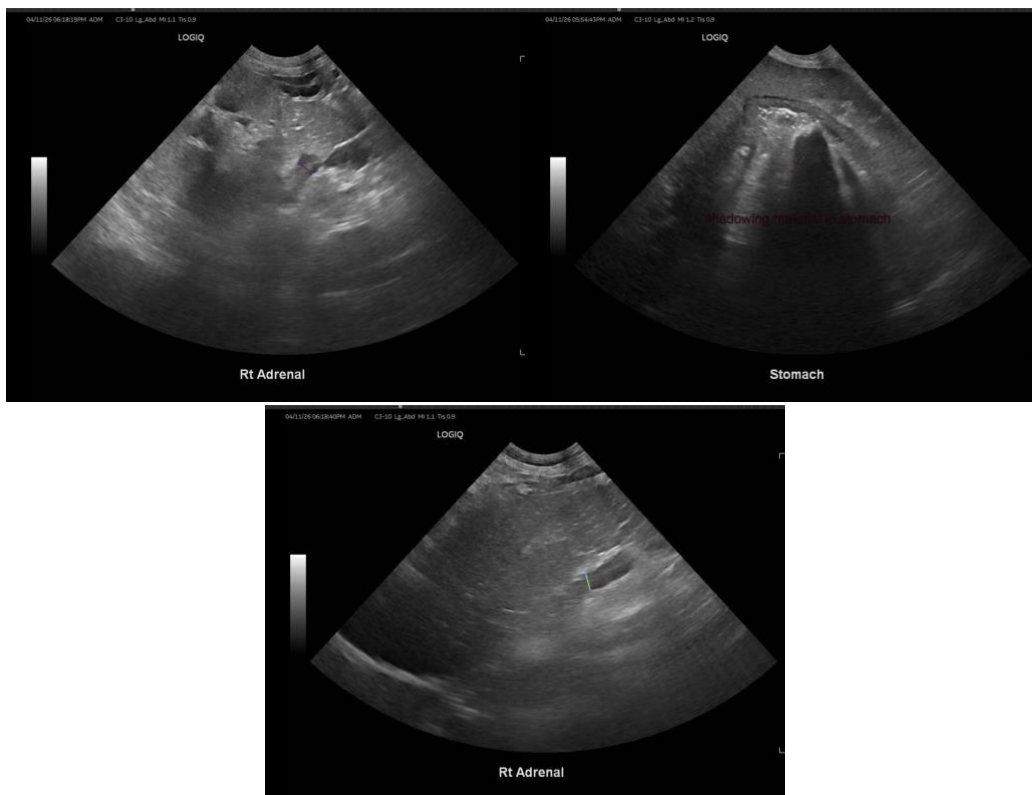
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)**

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