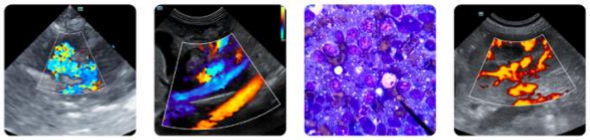

PATIENT

Mocha Cintron

SPECIES

Canine

BREED

Boxer

SEX

Spayed Female

AGE

3 Years

WEIGHT

60 pounds

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Sreenivasa Maddieni

HOSPITAL NAME

West Babylon Animal Hospital

REFERRING VET

Dr. Sreenivasa Maddieni

INVOICE

15473

DATE

04/26/26

PRESENTING CLINICAL SIGNS

Inappetence, nausea, drooling, mucous and discolored loose stool.

Abnormal PE/Chem/CBC/UA Results: Bw from 1/2026 attached.

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. No papilla is seen.

The left kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured 5.0 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 5.6 cm in length.

Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 4.5 mm and the caudal pole measures 6.6 mm.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 5.4 mm and the caudal pole measures 4.4 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 visible stomach wall is normal in thickness and layering. The stomach is moderately distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. If patient was appropriately fasted, delayed gastric emptying could be considered. Non-shadowing foreign material is considered less likely but cannot be definitively ruled out. If clinical signs are consistent (vomiting, etc.), recommendations include supportive medical care, 24 hours fasting and re-image.

The intestines have normal wall layering and thickness. Colon contains soft stool with normal wall thickness.

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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

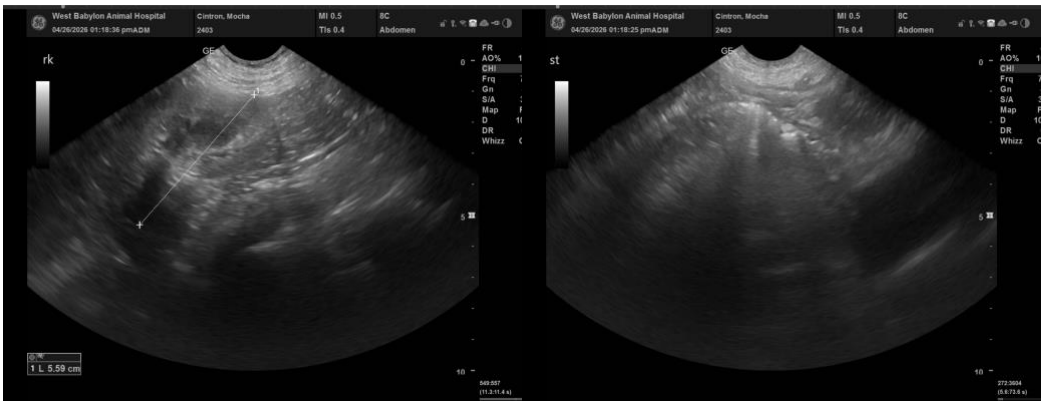
- Full stomach.
- Soft stool in colon.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

After reviewing lab work, patient appears to have a lack of a stress leukogram. Consider screening patient for hypoadrenocorticism. No cause for the patient's inappetence. Apparent nausea is seen on this exam.

Other than the patient's stomach is full, no evidence of mechanical obstruction is seen within the stomach at this time. As previously recommended, consider fasting patient for 24 hours and re-imaging to verify gastric emptying. If gastric emptying not present, consider either endoscopic exam of stomach to evaluate for a mechanical obstruction not seen on this ultrasound or to obtain biopsies if no mechanical obstruction is seen.

If endoscopy is not available, consider surgical exploration. I would recommend testing for hypoadrenocorticism before any anesthetized procedure is performed. Also because of the loose stool, which was seen on this ultrasound, consider full screening for fecal parasite to fecal pathogen PCR testing prior to any anesthetized procedure.



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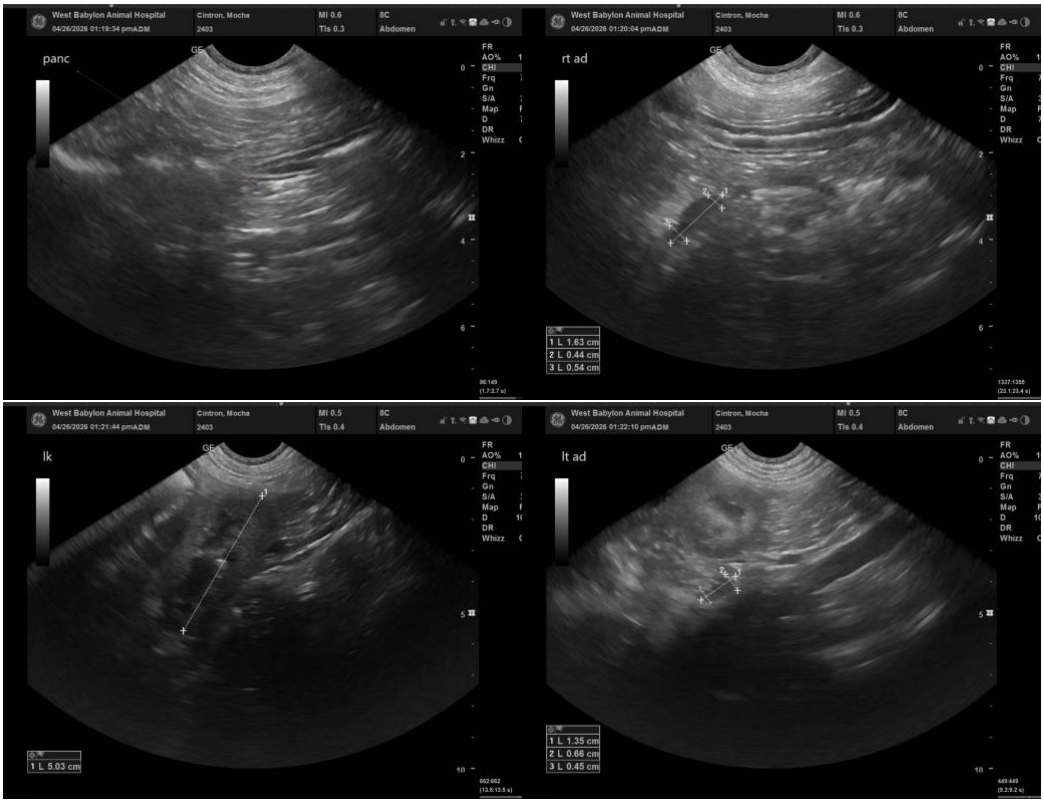

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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