



**PATIENT**

Finley Gordon

**SPECIES**

Canine

**BREED**

West Highland Terrier

**SEX**

Neutered Male

**AGE**

10 Months

**WEIGHT**

18.2 lbs

**INTERPRETED BY**

Greg Kuhlman, DVM,  
DACVIM (SAIM)

**IMAGING PERFORMED BY**

Vincent Ravancho, CVT

**HOSPITAL NAME**

St. Georges Veterinary  
Hospital

**REFERRING VET**

Dr. Smith

**INVOICE**

74353

**DATE**

4/9/26

**PRESENTING CLINICAL SIGNS**

Vomiting/Elevated ALT. Tense abd palpation, dehydration (6%), responsive to cerenia/SCF  
Current medications - Proviabile

Abnormal PE/Chem/CBC/UA Results: 3/27 - ALT 748, K+ 3.2, Plt 130, MPV 14

**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 papillae seen.

The prostate appears normal, measuring 7.4 mm in width.

The right kidney presents normal size (4.8 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (4.5 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 measures 5.6 mm and the caudal pole measures 3.6 mm.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 3.4 mm and the caudal pole measures 4.8 mm.

**Spleen**

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

**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.



**PATIENT**

Finley Gordon

The small bowel appears to have normal thickness and layering. No obvious mechanical obstruction seen. However, diffusely the small bowel is moderately distended with ingesta. Colon contains normal contents with normal wall thickness.

**SPECIES**

Canine

**Pancreas**

The right pancreas appears normal, no evidence of pancreatic disease.

**BREED**

West Highland Terrier

**Free Abdomen**

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

**SEX**

Neutered Male

- Ingesta throughout the GI tract, unremarkable abdomen otherwise.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**AGE**

10 Months

If the patient was appropriately fasted for this exam, it appears the patient has functional ileus. Recommend treating supportively.

**WEIGHT**

18.2 lbs

No specific cause for the patient's vomiting and dehydration seen on this exam. No cause for the elevated ALT. Elevated ALT may be due to patient's current illness and dehydration. Recommend rechecking ALT in two weeks to determine if it has normalized. If it is persistently elevated, consider liver biopsies.

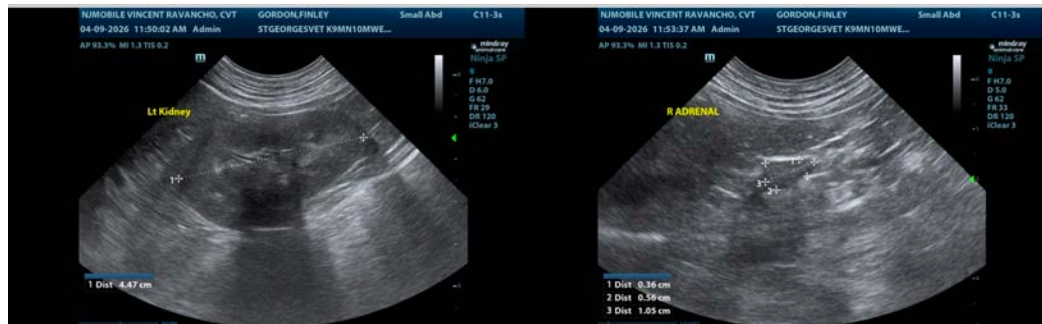
**INTERPRETED BY**

Greg Kuhlman, DVM, DACVIM (SAIM)

Regarding the patient's vomiting, recommend supportive care and evaluating for secondary causes such as hyperadrenocorticism. Recommend resting cortisol be submitted. Also recommend fecal pathogen PCR to rule out parasitism. If the patient is not responding to supportive care and no secondary cause for the vomiting is identified, recommend reimaging to evaluate for mechanical obstruction, which was not seen on this exam but may not have been easily seen, given the amount of food material present throughout the patient's GI tract.

**IMAGING PERFORMED BY**

Vincent Ravancho, CVT



**HOSPITAL NAME**

St. Georges Veterinary Hospital

**REFERRING VET**

Dr. Smith

**INVOICE**

74353

**DATE**

4/9/26



**PATIENT**

Finley Gordon

**SPECIES**

Canine

**BREED**

West Highland Terrier

**SEX**

Neutered Male

**AGE**

10 Months

**WEIGHT**

18.2 lbs

**INTERPRETED BY**

Greg Kuhlman, DVM,  
 DACVIM (SAIM)

**IMAGING PERFORMED BY**

Vincent Ravancho, CVT

**HOSPITAL NAME**

St. Georges Veterinary  
 Hospital

**REFERRING VET**

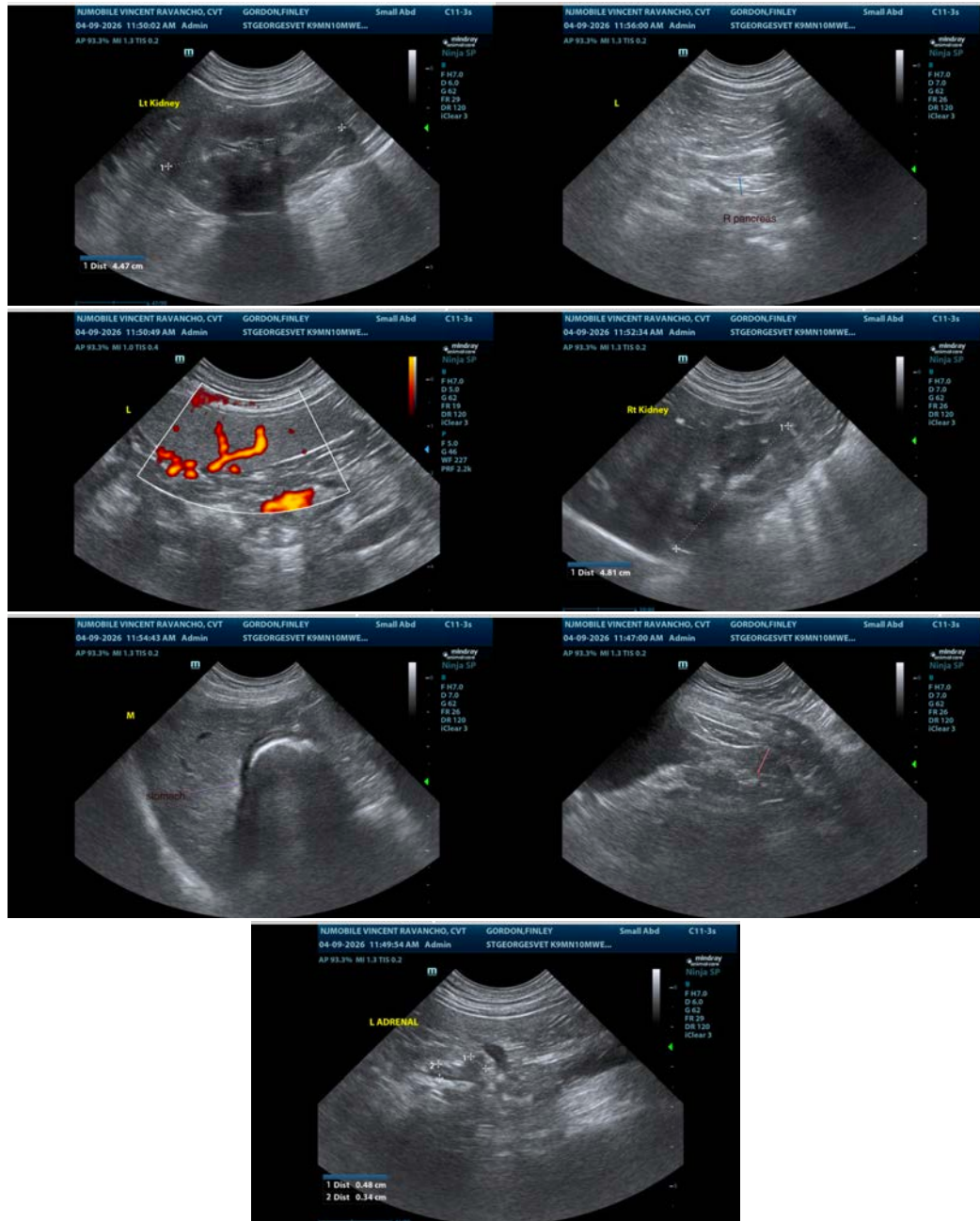
Dr. Smith

**INVOICE**

74353

**DATE**

4/9/26



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](mailto:info@SonoPath.com)