



## PATIENT

Freya Foust

## SPECIES

Canine

## BREED

Pomeranian

## SEX

FS

## AGE

7.5 years

## WEIGHT

17

## INTERPRETED BY

Greg Kuhlman, DVM,  
DACVIM (SAIM)

## IMAGING PERFORMED BY

Arms

## HOSPITAL NAME

Gillbersville Veterinary  
Hospital

## REFERRING VET

Dr. Yiannis

## INVOICE

11670

## DATE

4/9/2026

## PRESENTING CLINICAL SIGNS

Acute onset vomit 4/2/26, painful abdomen, CPL >2000, alkp 285, lipase 5669. treated with cerenia , pepcid, fluids. AXR showed hepatomegaly, rounded spleen, possible material in small intestine. Owner says last meal was 5PM 4/9/26 other than a treat at 8PM on 4/9 and small cheese pieces at 7AM for calming medications. I took images throughout the day to see if stomach would empty.

## 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 left kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured 4.0 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 4.5 cm in length.

### Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The caudal pole measures 3.7 mm, and the cranial pole is not clearly seen.

The right adrenal gland was not seen.

### 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. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

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. Within the stomach there, near the antrum there is an intraluminal, hypoechoic non-shadowing object present that measures 8.8 mm in width. This is most



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likely not foreign material, and it does not appear to be a mass lesion as it does not communicate with the gastric wall in any views. However, this may be non-shadowing gastric foreign material.

If clinical signs are consistent (vomiting, etc.), recommendations include supportive medical care, 24 hours fasting and re-image.

intestines have normal wall layering and thickness. Colon contains normal contents with normal wall thickness.

### *Pancreas*

The visible pancreas is mildly hypoechoic without significant surrounding steatitis.

### *Free Abdomen*

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

## ULTRASONOGRAPHIC FINDINGS

- Gastric ingesta.
- Hyperechoic hepatomegaly – This appearance is non-specific and most consistent with a benign steroid (endocrine) or vacuolar hepatopathy or reactive or idiopathic hepatopathy. Inflammatory and/or infiltrative disease (such as round cell neoplasia) are also possible but considered less likely.
- Mildly hypoechoic pancreas.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend fasting patient for 24 hours and recheck imaging. Consider pancreatic inflammation potentially causing gastric ileus. If stomach remains full then recommend endoscopic evaluation of the stomach for gastric foreign material or recommend exploratory laparotomy and gastrotomy to further identify contents.

Patient appears to have a benign vacuolar hepatopathy. Appearance of the liver may be due to an extra hepatic biliary duct obstruction from the patient's suspected pancreatitis. Other causes for elevated alkaline phosphatase and a hyperechoic enlarged would potentially be hypertriglyceridemia versus hypothyroidism versus hyperadrenocorticism or possibly gastrointestinal disease.

Recommend treating patient for pancreatic inflammation and if liver values and the appearance of the liver do not resolve with treatment, then I recommend further workup to evaluate for secondary cause for the elevated alkaline phosphatase. The appearance of the liver is not highly concerning for an infiltrative neoplastic process such as lymphoma or mast cell disease. However, if no other cause is identified for the appearance of the liver and the elevated liver values, consider performing fine needle aspirate of the liver to rule out infiltrative neoplasia.

Patient does not appear to have severe pancreatitis. Based off this ultrasound, suspecting pancreatic inflammation is diagnosed off of the cPLI that was performed, should resolve with supportive care.



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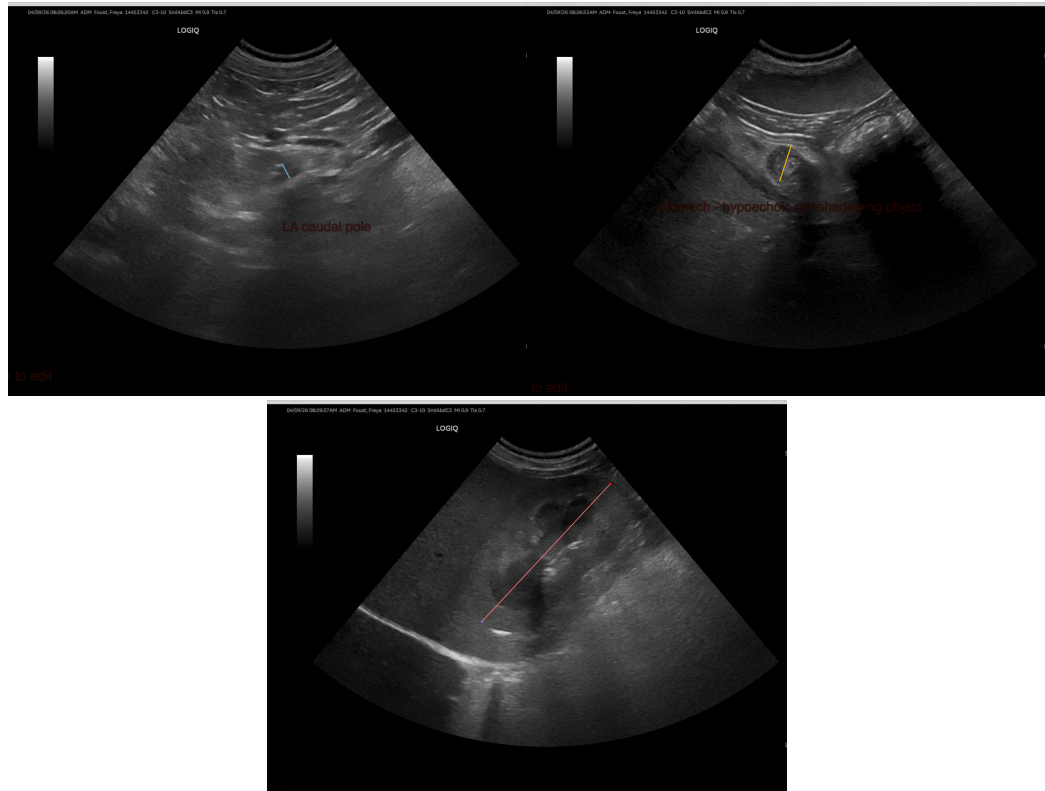
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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