



## PATIENT

Chewie Gemmell

## SPECIES

Canine

## BREED

Mini Schnauzer

## SEX

Neutered Male

## AGE

5 Years

## WEIGHT

7 kg

## INTERPRETED BY

Greg Kuhlman, DVM,  
DACVIM (SAIM)

## IMAGING PERFORMED BY

Dr. Goeres

## HOSPITAL NAME

Kelowna Veterinary  
Hospital

## REFERRING VET

Dr. Nicklassen

## INVOICE

75176

## DATE

5/14/26

## PRESENTING CLINICAL SIGNS

Hx of on/off GI upset, allergies, uroliths. Cystotomy in 2023, then was put on c/d. owner has not been compliant with c/d due to GI issues, now owner is feeding pork-based home cooked diet. no uroliths on recent recheck rads. 6 weeks of intermittent vomiting, eating grass, yellow stool, abdominal vs hind end discomfort. BW in April supportive of pancreatitis

Abnormal PE/Chem/CBC/UA Results: PE unremarkable 4/13/26 BW (see attached) CBC WNL Amylase 1514 Lipase 2564 Spec CPL 950 (0-200)

## 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 appeared normal measuring 6.7 mm in width. It is symmetrical in appearance with uniform echogenicity.

The right kidney presents normal size (3.7 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (3.8 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 4.7 mm and the caudal pole measures 4.9 mm.

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 5.2 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 appears normal. It does contain a mild amount of aggregating echogenic debris, yet appears clinically incidental. No gallbladder mucocele seen.

### Gastrointestinal

The stomach has normal wall layering and thickness. The stomach was mildly gas-filled. Stomach wall measured 2.2 mm in width. The pylorus is patent. The duodenum was mildly thickened at 6.3 mm in width. due to a prominent muscularis layer. The jejunum appears more normal in thickness at 3.0 mm in width with normal layering. The colon contains soft stool. Colon wall appears normal at 2.0 mm in width.



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## Pancreas

The visible pancreas is mildly hypoechoic. No significant surrounding steatitis.

## Free Abdomen

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

## ULTRASONOGRAPHIC FINDINGS

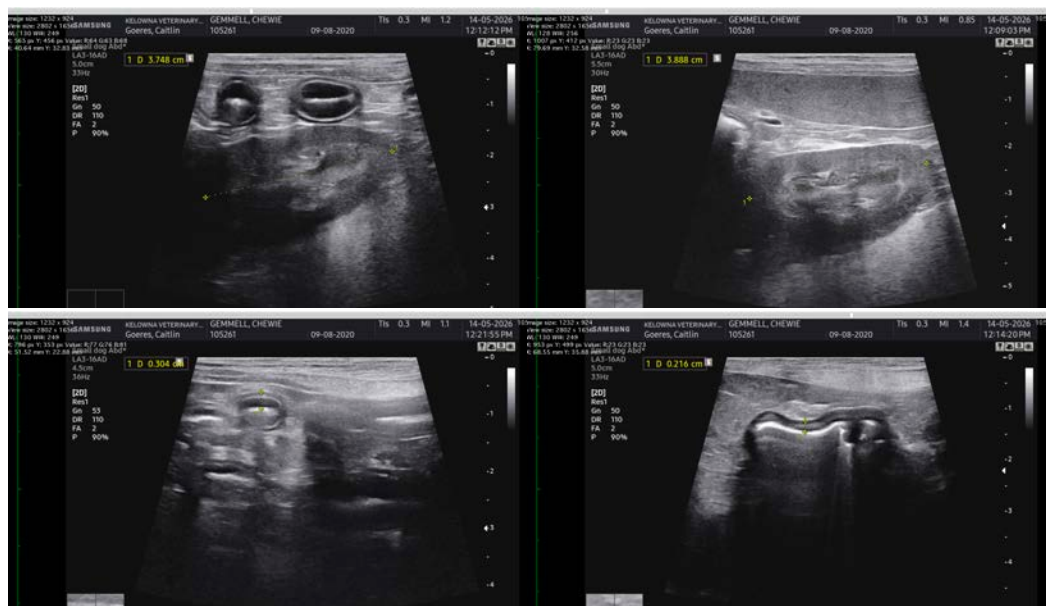
- Mild gallbladder debris.
- Gas-filled stomach.
- Mildly thickened duodenum.
- Mildly hypoechoic pancreas.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If not already done, recommend submitting a Texas A&M GI panel to screen patient for possible chronic enteropathy. If present, consider strict diet trial with hydrolyzed food, preferably low-fat given the patient's elevated cPLI. If the patient's GI signs do not resolve with a strict diet trial and chronic enteropathy is suspected based off the GI panel, at that time consider GI biopsies. Additional differentials may include possible inflammatory bowel disease, less likely an infectious etiology. If a fecal pathogen PCR test has not been performed to rule out parasitism, recommend at this time as first line diagnostic.

The appearance of the pancreas is consistent with mildly to moderately elevated cPLI reported.

Given the patient's breed, I would recommend screening for hypertriglyceridemia. Recommend submitting a fasted triglyceride. If patient is confirmed to have hypertriglyceridemia, switch to an ultra low-fat diet.





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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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