



## PATIENT

Stella Mervyn

## SPECIES

Canine

## BREED

French Bulldog

## SEX

Spayed Female

## AGE

4 Years

## WEIGHT

10 kg

## INTERPRETED BY

Greg Kuhlman, DVM,  
DACVIM (SAIM)

## IMAGING PERFORMED BY

Dr. Goeres

## HOSPITAL NAME

Kelowna Veterinary  
Hospital

## REFERRING VET

Dr. Waldie

## INVOICE

75160

## DATE

5/14/26

## PRESENTING CLINICAL SIGNS

PRESENTED FOR: vomiting multiple times. Acting normally. Friday AM vomit by bed. Dark but no blood. Ate normally, drank more than normal, normal demeanor, Sat PM vomited on couch. Monday afternoon vomited, and again tuesday PM and overnight. Defecation normal. Vomit different each time, sometimes contains food. No bile or blood or mucous. On Purina hydrolyzed (hx allergies). Has not had previous GI problems - treats: cucumbers, celery, no meats, blueberries. current tx: sucralfate. owner declined maropitant. Hx on phenobarbital, owner thinks seizures were related to historic maropitant administration 18 months ago. No seizures since. Historic mildly increased liver enzymes (likely related to Pheno)

Abnormal PE/Chem/CBC/UA Results: Lean BCS BAR no abdominal pain PE unremarkable BW 5/15/26: ALP 255, otherwise all WNL Rads unremarkable except stomach is a little fluid-distended and pt had been fasted.

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

The left kidney presents normal size (4.3 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

### Adrenal Glands

The right adrenal gland is not seen.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The caudal pole measures 6.0 mm in width. The cranial pole measures 5.0 mm in width.

### Spleen

The spleen is normal in size (1.2 cm in width), 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 stomach and intestines have normal wall layering and thickness. Stomach wall is 4.0 mm in width. Jejunum wall measures 2.7 mm in width. Ileal wall measures 2.1 mm in width. Duodenum wall measures



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3.7 mm in width. The colon is subjectively mildly diffusely thickened, otherwise normal appearance, measuring 1.8 mm in width. The visible colon is currently empty.

**Pancreas**

The pancreas is normal in size and mildly diffusely hypoechoic with no surrounding hyperechoic fat. Mildly prominent pancreatic duct noted.

**Free Abdomen**

Mildly prominent mesenteric lymph nodes are present. A representative node measures 1.6 mm in width, which is normal. No free abdominal fluid is seen.

**ULTRASONOGRAPHIC FINDINGS**

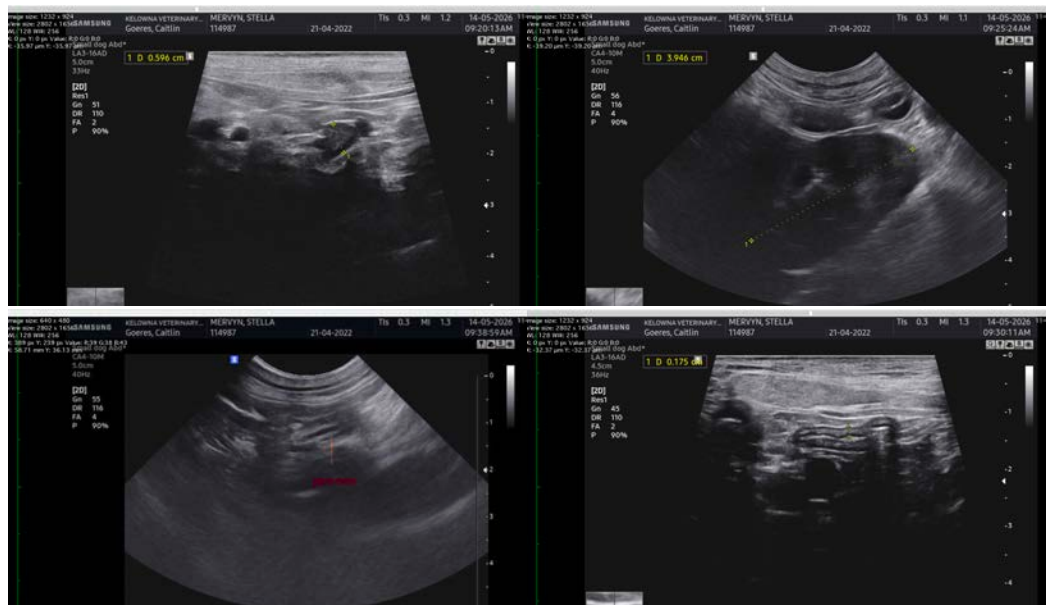
- Mildly hypoechoic pancreas.
- Mildly prominent mesenteric lymph nodes.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The patient may have mild colitis. Recommend submitting fecal pathogen PCR testing.

The mesenteric lymph nodes may be mildly reactive. It is very unlikely that they are prominent due to a neoplastic cause.

If not already performed, recommend submitting cPLI to screen the patient further for clinically significant pancreatic disease. If present, treat supportively and switch to a strict ultra low-fat diet.





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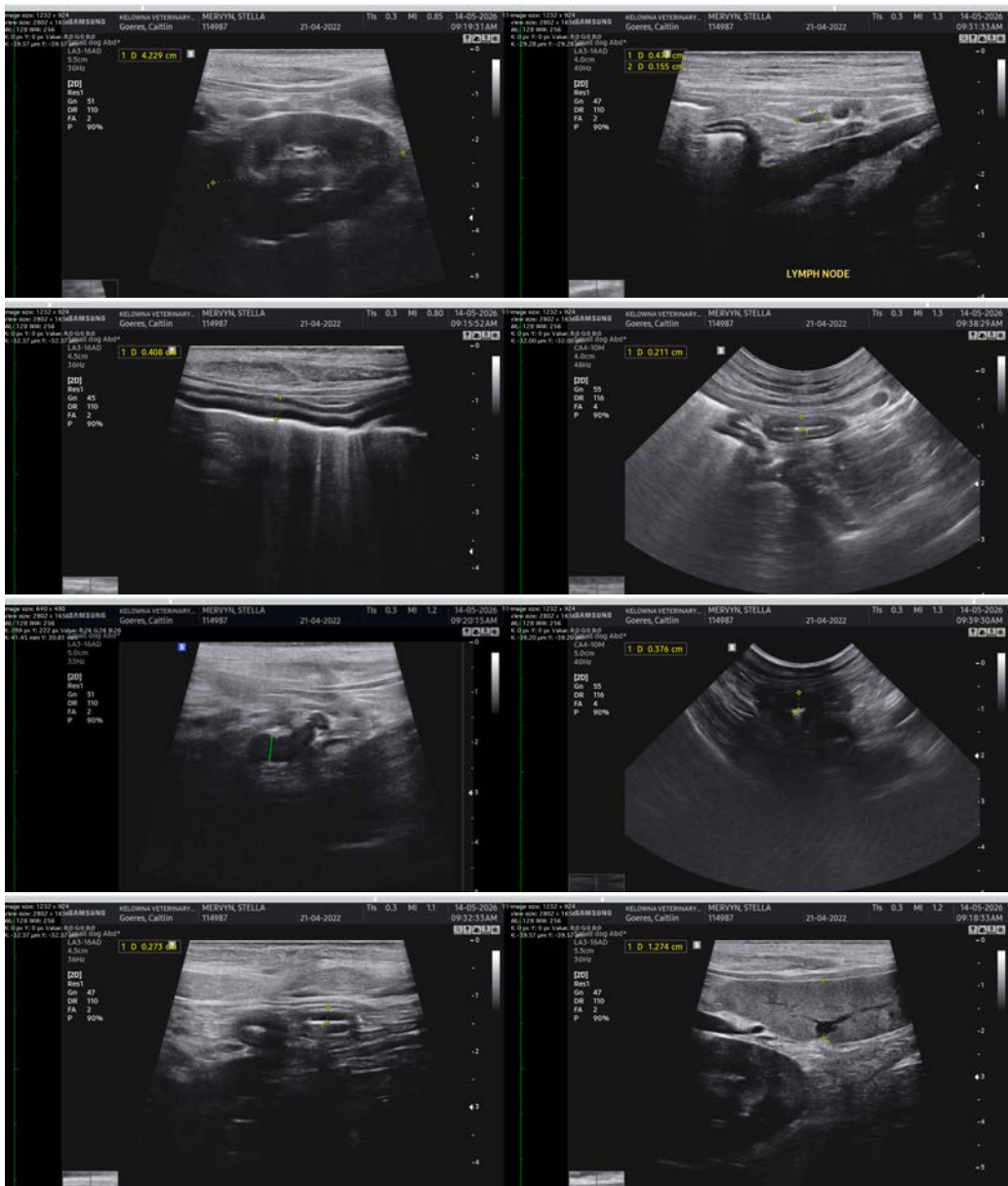
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

[info@SonoPath.com](mailto:info@SonoPath.com)