



PATIENT

Orca Jensen

SPECIES

Canine

BREED

Yorkie

SEX

Spayed Female

AGE

8

WEIGHT

2.7 kg

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Laura Field

HOSPITAL NAME

Westview Veterinary
Hospital

REFERRING VET

Dr. Laura Field

INVOICE

75208

DATE

5/16/26

PRESENTING CLINICAL SIGNS

Presented May 13 for vomiting and diarrhea, not really responding to oral meds, though o not giving them super consistently. Has been continuing to vomit at home. relatively bright and alert otherwise

Abnormal PE/Chem/CBC/UA Results: CBC normal besides mild increase neutrophils. Chem normal besides increased lipase- 2626 (200-1800) and Panc lipase elevation of 1657 (0-200) eats all kinds of fatty foods.

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

The left kidney presents normal size (2.8 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 5.0 mm and the caudal pole measures 4.4 mm.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 3.3 mm and the caudal pole measures 3.0 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 revealed moderate dependent debris, which appears clinically insignificant at this time.

Gastrointestinal

The stomach and intestines have normal wall layering and thickness. The stomach is moderately filled with fluid. No mechanical obstruction seen. The colon contains hypoechoic liquid stool. The colon wall diffusely appears normal in thickness. No colonic masses seen. Within the hypoechoic colonic fluid there is a marked amount of hyperechoic foci present potentially in the organic matter or potentially could be present due to parasitism.

Pancreas

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



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Free Abdomen

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

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ULTRASONOGRAPHIC FINDINGS

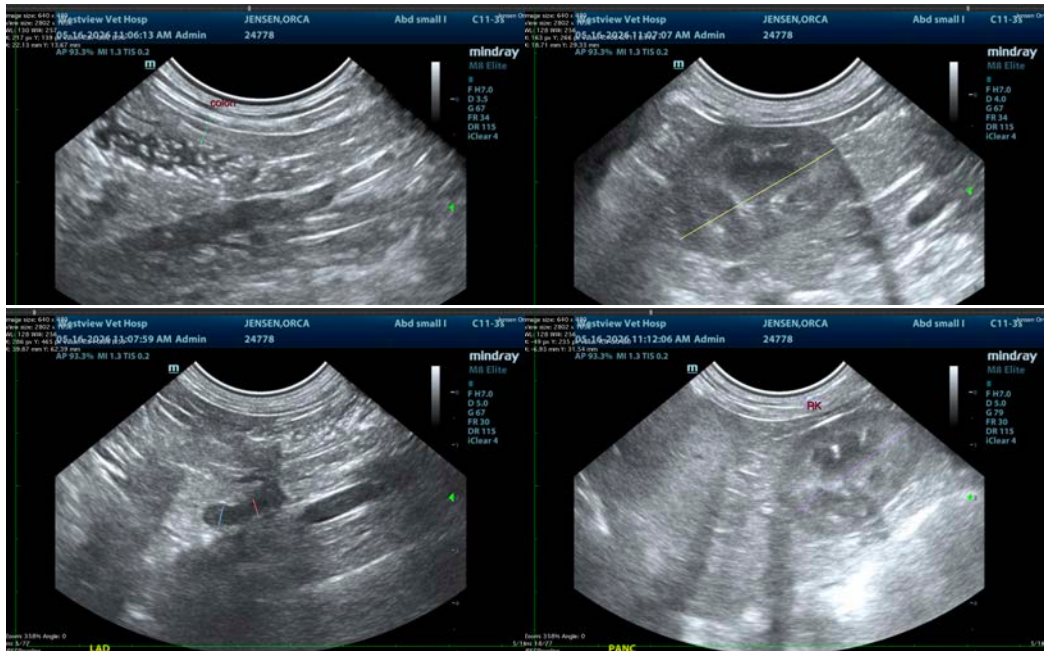
- Gallbladder debris.
- Gastric fluid.
- Liquid stool in colon.
- Mildly hypoechoic pancreas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the patient's clinical signs and lack of response to medications, recommend full fecal pathogen PCR testing to screen for parasitism.

The patient appears to have functional gastritis. Recommend treating supportively with antiemetics and prokinetic medication such as either Metoclopramide, or consider erythromycin which is an excellent prokinetic as well.

In addition to fecal pathogen PCR testing that was previously recommended, recommend submitting a Texas A&M GI panel+, which includes a cPLI to screen the patient for clinically significant pancreatic inflammation that may be the cause of the patient's clinical signs and may be the cause of the patient's apparent gastritis. The GI panel also contains resting cortisol to screen the patient for the possibility of hypoadrenocorticism.





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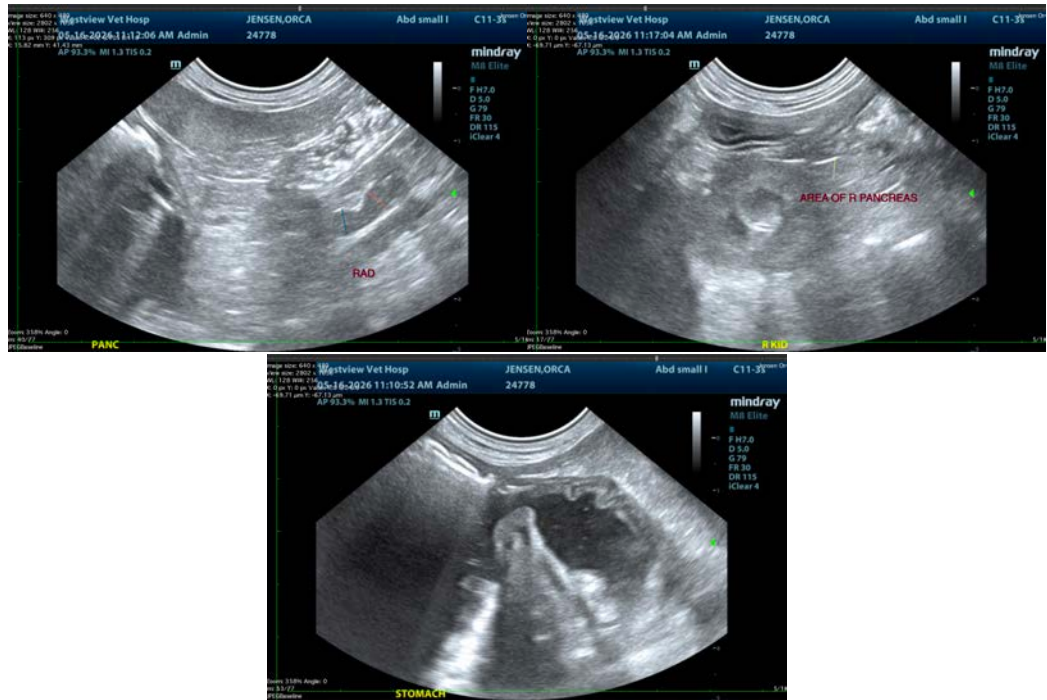
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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