

PATIENT

Little Mac Houpt

SPECIES

Canine

BREED

West Highland White
Terrier Mix

SEX

Neutered Male

AGE

3 Years

WEIGHT

15.4 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Mary Pearce

HOSPITAL NAME

Chambersburg Animal
Hospital

REFERRING VET

Dr. Dawn Eckert

INVOICE

16322

DATE

05/18/26

PRESENTING CLINICAL SIGNS

Chronic/recurrent vomiting since 2024. On RC low fat diet, supplemented occasionally w/ turkey & rice. Previously on omeprazole d/t suspicion for low-level pancreatitis. Tends to worsen when o is away, leading o to suspect anxiety component, has been on trazodone previously. Nonfasted chem/CBC/cPL/cortisol screen 09-2025 showed minor triglyceride elevation (244, range 20-150), cPL wnl, cortisol slightly low (1.6, range 2-6), otherwise wnl. ACTH stim test 10-2025 not consistent w/ Addison's. GI panel 10-2025 wnl. At annual exam 02-2026 o reported vomiting controlled as long as pt received omeprazole & food at specific times, otherwise would vomit, omeprazole becoming less effective. O weaned of omeprazole, now on famotidine. Rx diet trial for allergies +/- sucralfate has been recommended, intestinal biopsies have been discussed, neither pursued thus far.

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 3.8 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 3.6 cm in length.

Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 4.3 mm and the caudal pole measures 5.3 mm.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 5.2 mm and the caudal pole measures 4.6 mm.

Spleen

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

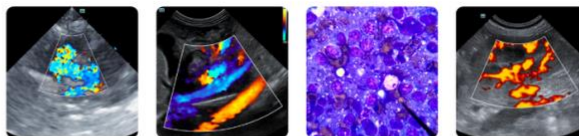
Liver

Liver is subjectively enlarged with mildly irregular margins. Parenchyma is heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. 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 intestines have normal wall layering and thickness. Colon contains normal contents with normal wall thickness.



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There is a hypoechoic focal area of the fundus of the stomach that is thickened that measures 8.7 mm in width that has complete loss of layering and measures approximately 33.6 mm in length. The remainder of the gastric wall is normal measures approximately 2.5 mm in width and has normal layering. This focal area of thickening is concerning for a possible neoplastic process sorry within the stomach such as adenocarcinoma, leiomyosarcoma, lymphoma, possibly a benign leiomyoma. A benign etiology such as a gastric ulcer and associated hematoma seems unlikely based on the appearance of this focal area of thickening.

Pancreas

The visible pancreas is normal in size with normal echogenic parenchyma and surrounded by normal peri-pancreatic mesentery.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

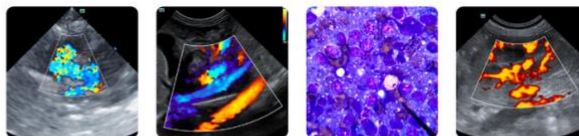
- Focally thickened gastric fundus.
- Heteroechoic liver.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend the patient has gastric biopsies either surgically or endoscopically. Endoscopically are preferred as more minimally invasive, however full thickness gastric biopsies may be necessary to obtain a definitive diagnosis as to the cause of this thickened area of stomach. The patient's clinical signs are most likely attributed to this focal area of thickening within the gastric wall.

Given the appearance of the liver, if recent lab work has not been performed, recommend serum chemistry to evaluate liver enzymes to determine if possible hepatopathy is present or if the appearance of the patient's liver is a normal variation.





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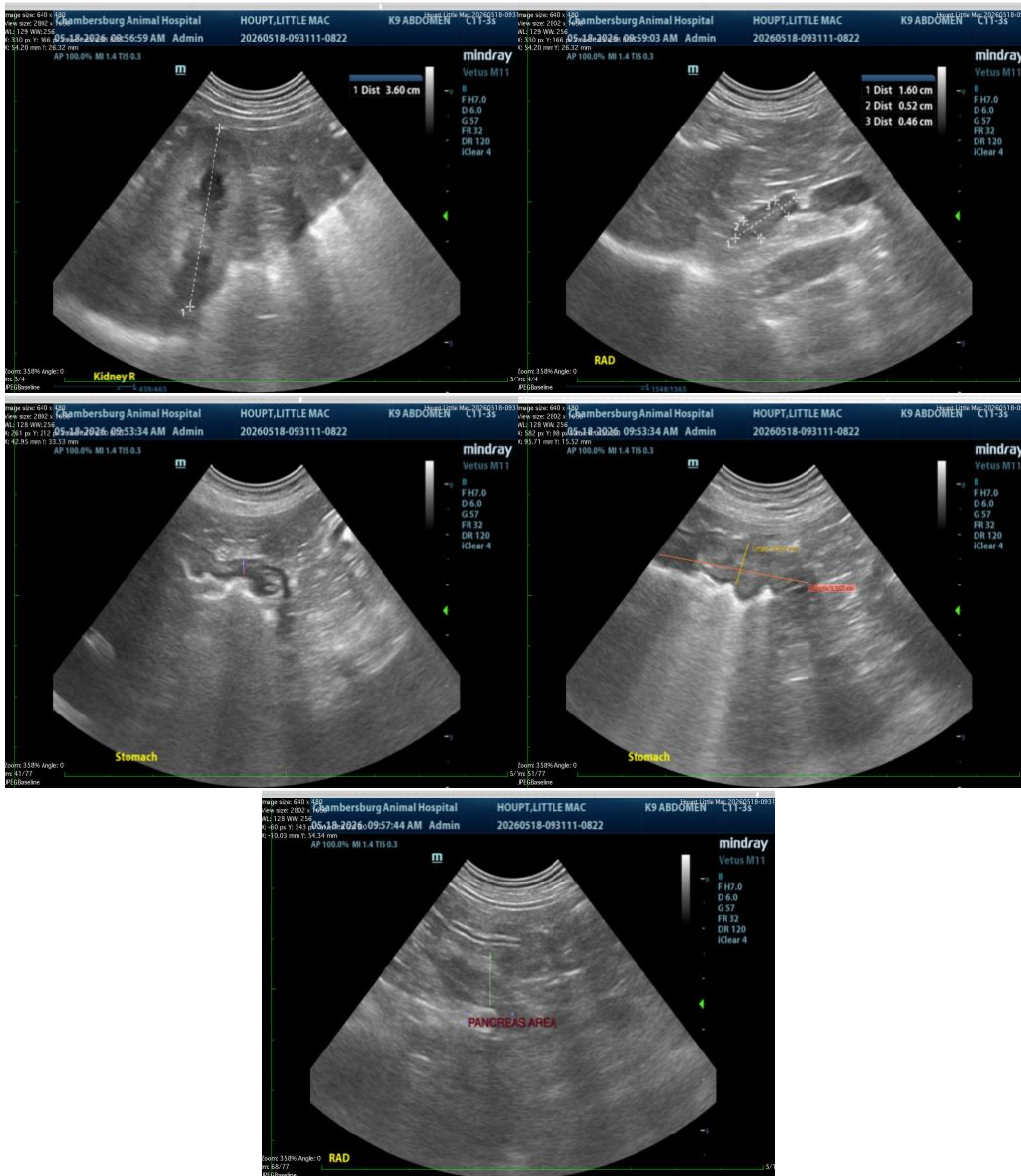
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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