



PATIENT

Rory Steed

SPECIES

Canine

BREED

Mixed

SEX

Neutered Male

AGE

7 Years

WEIGHT

62 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Miranda Fritz

HOSPITAL NAME

Richmond Animal
Hospital

REFERRING VET

Dr. Miranda Fritz

INVOICE

75568

DATE

5/30/26

PRESENTING CLINICAL SIGNS

P presented 4/30 for and ongoing cough/gag over previous 4-6 weeks. O thought it was getting better and then came back. Always happens when p is laying down or when p is hugged, soft cough a few times and then with stand up and gag. Nothing comes up, cough is dry/soft. P's energy is great, normal app, but p is eating more grass and o thinks p is losing weight. Does not occur during exercise. Mostly when p laying down and before eating (4am or before dinner sometimes). No improvement with famotidine. Most improvement with sucralfate BID - TID. P previously diagnosed with IBD/food allergies and is on hydrolyzed protein food. However, o thinks episodes have been worse if o gives peanut butter (normally not a problem for p) or when p is on Apoquel. O has stopped Apoquel and we have switched to cytopoint injections.

Abnormal PE/Chem/CBC/UA Results: PE- nsf, TPR wnl CBC - wnl Chem - tBili 0.4 (H), all else wnl T4 - 1.4 ug/dL 4dx - neg x 4 Fecal - NOS Chest x-rays- nsf Texas A&M GI panel - pending

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 ureteral papilla is seen and appears normal.

The right kidney presents normal size (5.8 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (6.0 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

Adrenal Glands

The left adrenal gland is small in size, measuring 3.5 mm in width at the caudal pole and 2.6 mm in width at the cranial pole. It appears flattened.

The caudal pole of the right adrenal gland is seen, measuring 3.5 mm in width, which is small. The cranial pole is not visualized.

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 presents normal size with anechoic contents. Normal gallbladder wall. No evidence of bile duct distention or obstruction.



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Gastrointestinal

The visible stomach wall has normal layering and thickness, measuring 4.0 mm in width. The stomach contains a small amount of retained food. No obvious mechanical obstruction seen within the gastric lumen. The small intestines have normal layering and thickness. Colon contains normal contents with normal wall thickness.

Pancreas

The areas of the right and left pancreas are seen, no pathology noted.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

- Bilaterally small adrenal glands.
- Retained food in stomach.

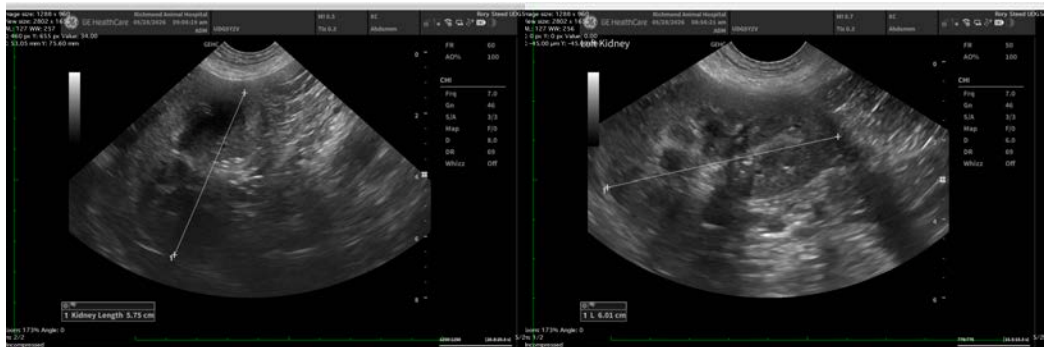
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient has bilaterally small adrenal glands. This may be a normal variation or may be consistent with possible hypoadrenocorticism. Recommend performing an ACTH stimulation test to rule out hypoadrenocorticism.

The patient may have not been fully fasted for the exam, or the small amount of food retained within the stomach may be consistent with gastric ileus. No causes seen. If the pending Texas AM& GI panel suggests a chronic enteropathy, consider GI biopsies either surgically or endoscopically (endoscopically preferred as less invasive).

If the cPLI, which is included in the pending GI panel, suggests possible pancreatitis, recommend treating the patient supportively for this disease. Recommend an ultra low-fat diet.

No other cause for the patient's clinical signs seen on this exam.





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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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