

PATIENT

Murphy Hansen

SPECIES

Canine

BREED

Labradoodle

SEX

Neutered Male

AGE

9 Years

WEIGHT

11.6 kg

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Sarah Barthelemy

HOSPITAL NAME

Britannia Kingsland Vet
Clinic

REFERRING VET

Dr. Radcliffe

INVOICE

15891

DATE

05/07/26

PRESENTING CLINICAL SIGNS

ADR, hyporexia for a few days. Was vomiting and that resolved after a dose of maropitant.

Abnormal PE/Chem/CBC/UA Results: Mild monocytosis Mildly elevated cPL

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 papilla is seen. The urethra is normal and is visible to a depth of 1.0 mm width.

The prostate is normal and measures 7.0 mm in width with symmetrical uniform echogenicity.

An enlarged iliac lymph node was present measuring 5.7 x 20.4 mm. The lymph node appears reactive and less likely to be neoplastic.

The left kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured 4.8 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 5.2 cm in length.

Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 4.1 mm and the caudal pole measures 5.8 mm.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 4.9 mm and the caudal pole measures 4.9 mm.

Spleen

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

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 with a moderate amount of dependent hyperechoic debris present within lumen. Gallbladder does not currently appear obstructed.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The stomach is moderately distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no



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evidence of obstruction, foreign material or infiltrative disease. If patient was appropriately fasted, delayed gastric emptying could be considered. Non-shadowing foreign material is considered less likely but cannot be definitively ruled out. If clinical signs are consistent (vomiting, etc.), recommendations include supportive medical care, 24 hours fasting and re-image.

Colon contains normal contents with diffusely normal wall thickness. The colon wall measures 2.4 mm width. The jejunum diffusely has normal thickness and layering measuring 3.2 mm width. The pylorus appears patent at this time. The duodenum is moderately distended with ingesta. The duodenal wall appears normal in thickness and layering. The duodenum appears to have decreased motility consistent with functional ileus. No mechanical obstruction is seen within the small bowel.

Pancreas

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

Free Abdomen

There is multiple mildly enlarged mesenteric lymph nodes with a representative node measuring 2.9 by 17.2 mm in size. These nodes appear reactive and less likely to be enlarged due to a neoplastic cause.

ULTRASONOGRAPHIC FINDINGS

- Full stomach.
- Mildly enlarged mesenteric lymphadenopathy.
- Enlarged medial iliac lymph node.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No mechanical obstruction is seen within the patient's GI tract at this time, given that the stomach is currently filled with ingesta. No obvious foreign material is seen within the stomach. As previously recommended, fast patient for an additional 24 hours, recheck ultrasound or radiographs to determine if stomach remains full.

If stomach continues to remain full after a longer fasting, then consider exploratory laparotomy to evaluate stomach contents for foreign material. If stomach does appear to empty normally after a longer fast, then suspect patient has a benign enteropathy due to possible dietary indiscretion or possibly parasitism.

If patient continues to have clinical signs, recommend submitting fecal pathogen PCR. If patient has not been screened for hypoadrenocorticism and clinical signs persist after providing supportive care, recommend submitting fasting cortisol.

No evidence of pancreatitis is seen on this exam. The prognosis appears good for the patient to make a full recovery. Most likely patient's GI signs are benign in nature.



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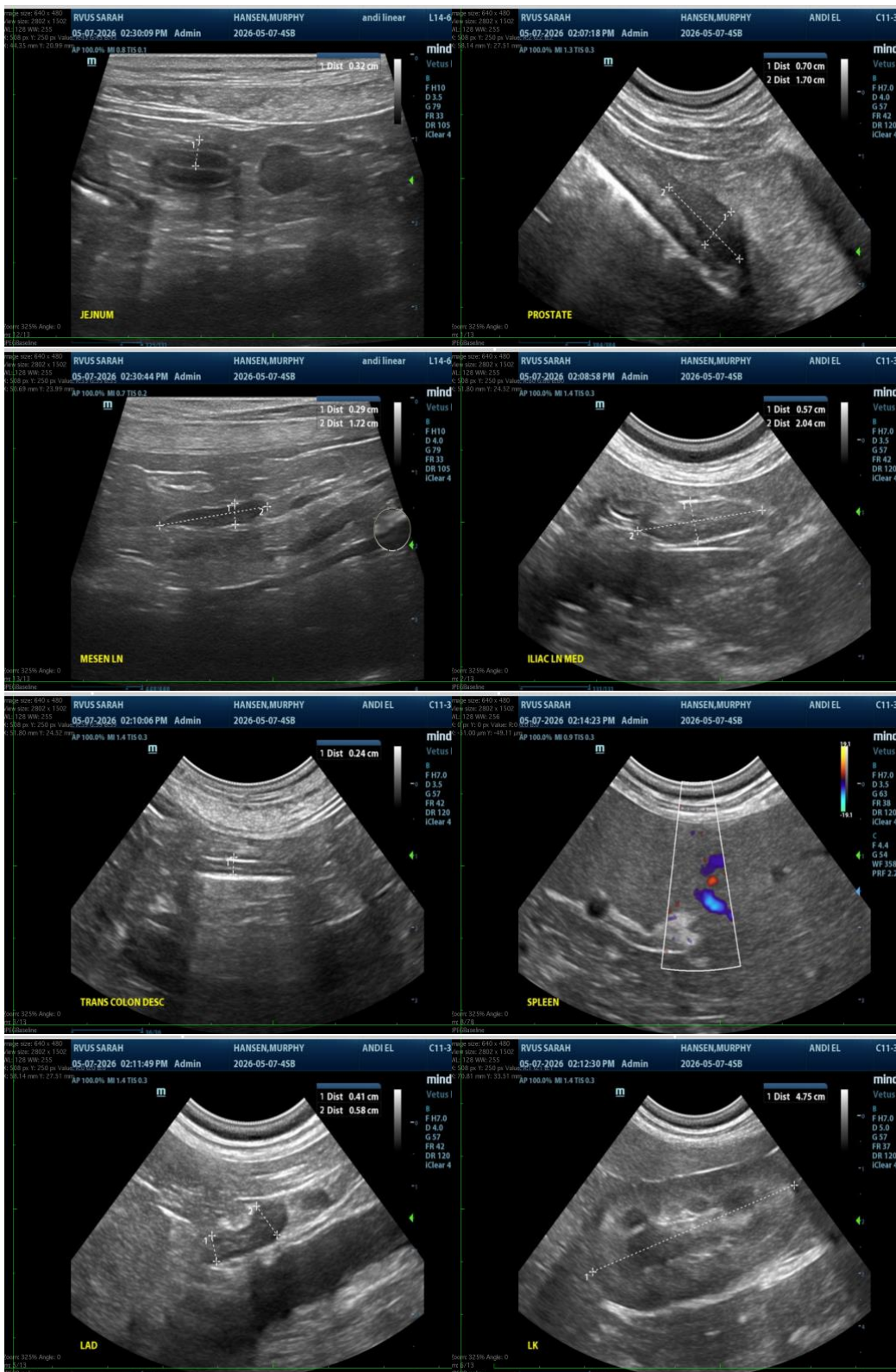
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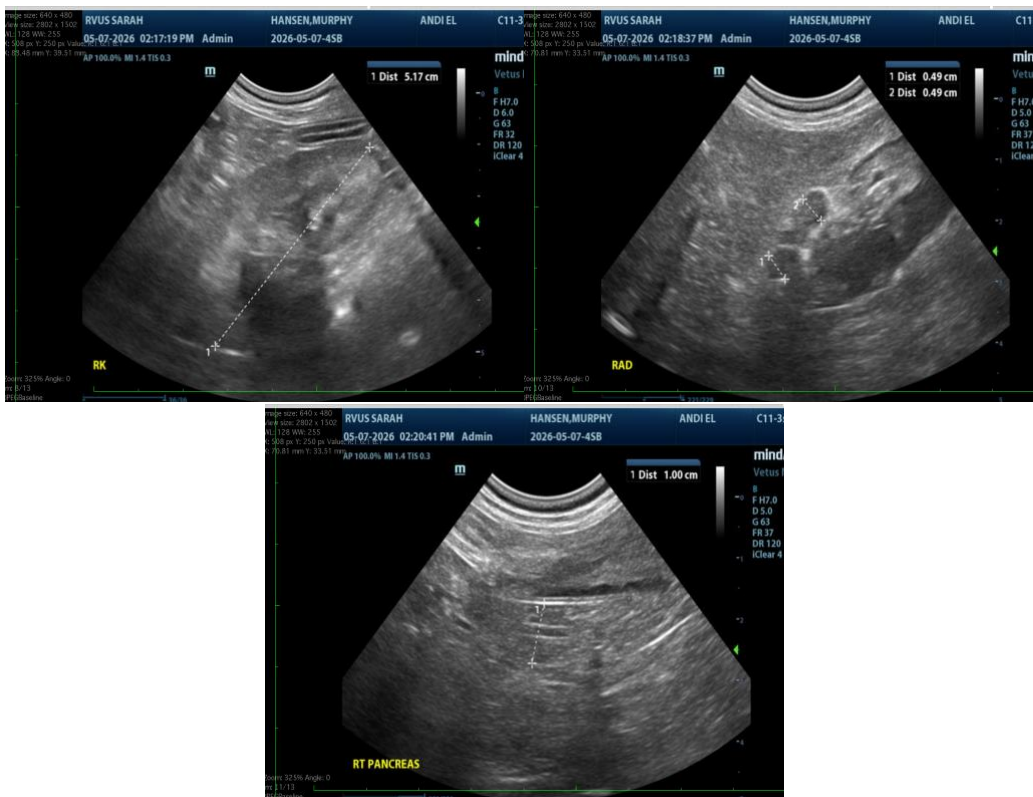
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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