

PATIENT

Miyu Messenger

SPECIES

Canine

BREED

Shih Poo

SEX

Spayed Female

AGE

5 Years

WEIGHT

8.4 kg

INTERPRETED BY

Greg Kuhlman, DVM,
 DACVIM (SAIM)

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Windrush Veterinary
 Services

REFERRING VET

Dr. Murdoch

INVOICE

16240

DATE

06/01/26

PRESENTING CLINICAL SIGNS

Presenting with a 2.5-week history of persistent diarrhea, intermittent vomiting, progressive lethargy, and decreased appetite. Clinical signs initially appeared acute but have failed to resolve with supportive care (Cerenia, famotidine, sucralfate, probiotics, bland diet) and have progressively worsened. Fecal parasite testing, including Giardia, was negative. Current Medications: Famotidine 10mg BID, Cerenia 16mg SID and Sulcrate 2ml BID

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 4.0 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 4.0 cm in length.

Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 4.5 mm and the caudal pole measures 7.3 mm.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 5.1 mm and the caudal pole measures 6.9 mm.

Spleen

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

Liver

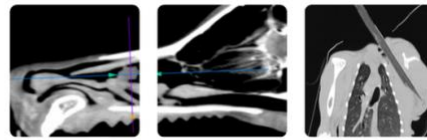
The liver presents normal size and shape with smooth lobar margins. The parenchyma has normal echogenicity with normal echotexture. No focal lesions are seen. Intrahepatic bile ducts are normal. Normal vascular pattern.

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

Gastrointestinal

The stomach has normal wall layering and thickness and appears mildly fluid filled. Colon contains normal contents with normal wall thickness. The appearance of the stomach is most likely due to patient's pancreatitis.

The visible small intestine demonstrates areas of moderately thick muscularis layer relative to mucosa (disruption of the normal 1:3 muscularis:mucosa ratio). Small intestinal submucosa is slightly irregular, thick and hyperechoic, without evident loss of layering appreciated. The lumen of the small intestine is



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mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction or foreign material noted.

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Pancreas

The visible pancreas is prominent (enlarged) in size, hypoechoic to surrounding tissue and irregular in shape with a swollen undulating contour. Enhanced hyperechoic ill-defined surrounding fat is noted.

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Free Abdomen

There are no enlarged abdominal lymph nodes seen on this exam. There is a scant pocket of free fluid cranial to the urinary bladder and an additional pocket of free fluid cranial to the liver. Additional pockets of free fluid were noted surrounding loops of bowel.

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ULTRASONOGRAPHIC FINDINGS

AGE

5 Years

- Scant pockets of free fluid.
- Moderate inflammatory bowel disease pattern.
- Acute pancreatitis.
- Fluid filled stomach.

WEIGHT

8.4 kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If possible, recommend ultrasound guided aspirate of the fluid. Submit for fluid analysis and cytology to help determine underlying cause of patient's current illness. The free fluid is suspected to be due to patient's pancreatitis.

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If GI panel has not already been submitted, recommend GI panel to screen the patient for their chronic enteropathy. Most likely, the patient's clinical signs are attributed to moderate to severe pancreatitis.

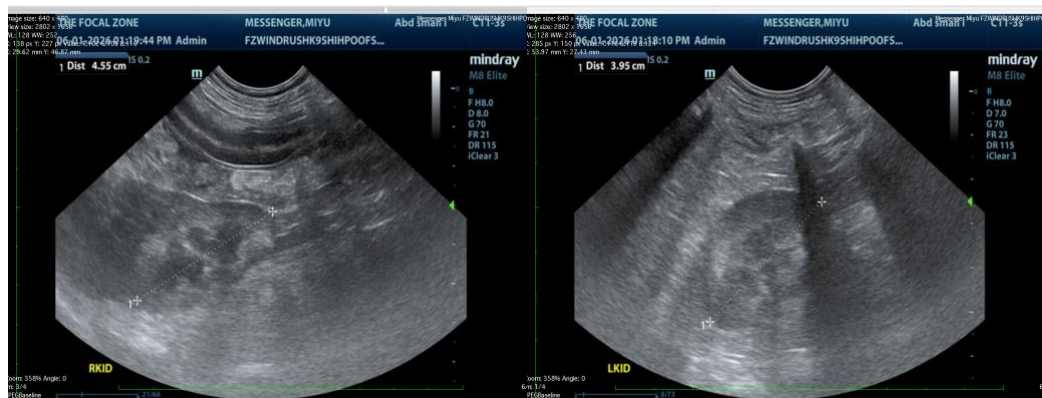
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As already recommended, cPLI is part of the GI panel. Patient may need to be hospitalized for fluid therapy and additional supportive care. Consider administering Panoquel treatment for pancreatitis at 0.4 mg/kg once a day for three days.

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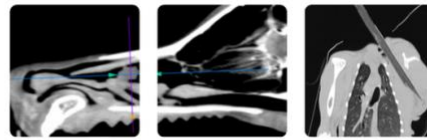
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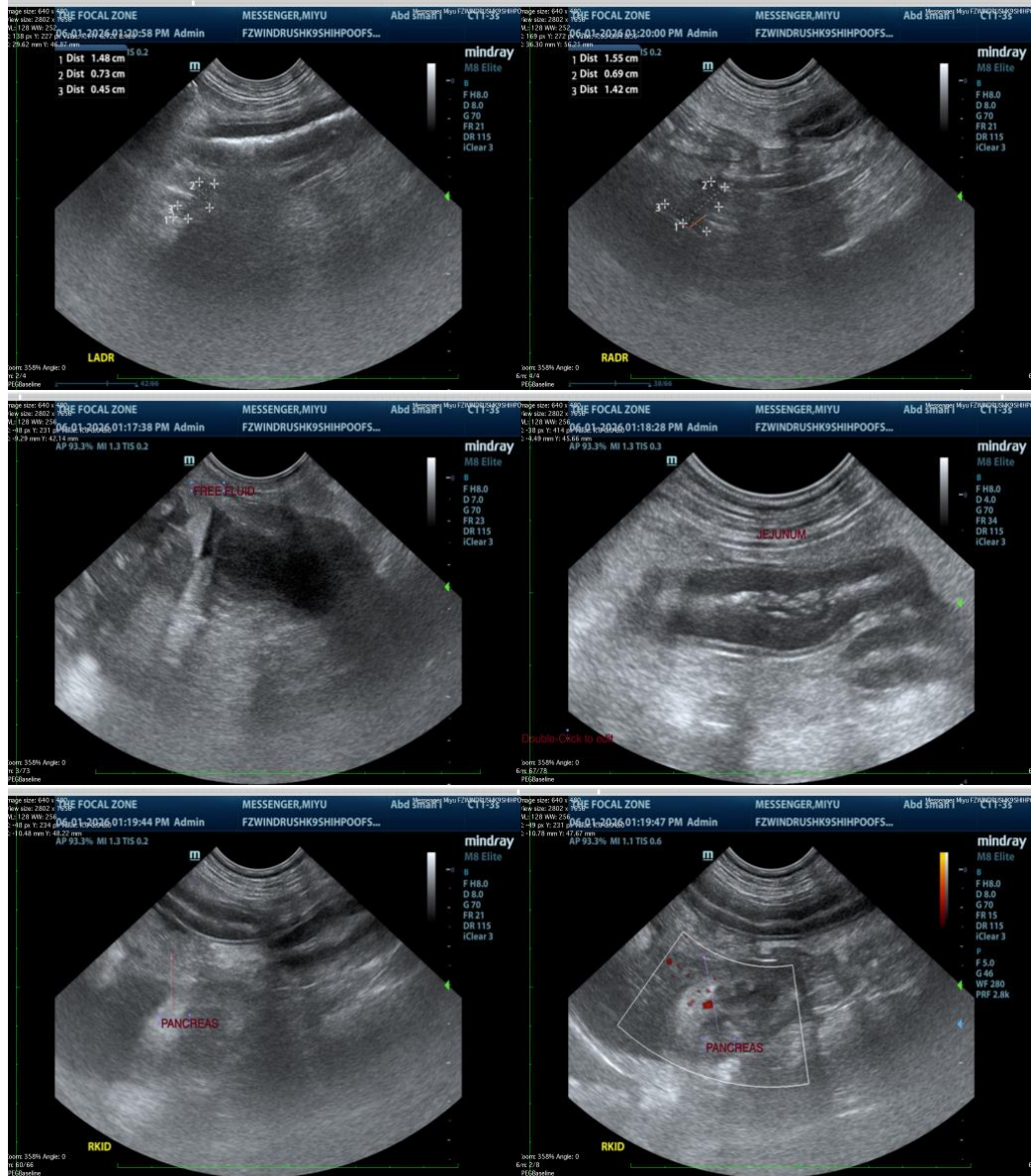
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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