



PATIENT

Missy Herrera

SPECIES

Canine

BREED

Beagle

SEX

Spayed Female

AGE

5

WEIGHT

16.4

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Matt Heinlein

HOSPITAL NAME

TLC Animal Hospital

REFERRING VET

Dr. Saenz

INVOICE

75986

DATE

6/18/26

PRESENTING CLINICAL SIGNS

Missy is a 6 year old spayed female beagle mix presenting with chronic GI signs including nausea and vomiting. Radiographic findings reveal a soft tissue opacity in the stomach with differential diagnosis including ingesta vs a tumor/mass. The presence of gas in the stomach and intestines with variable intestinal width is noted. Clinical signs and imaging warrant further investigation to rule out a gastric mass or other causes of chronic nausea and vomiting.

Abnormal PE/Chem/CBC/UA Results: Mild lymphopenia, hypophosphatemia, decreased ALP, and slight decrease in total bilirubin.

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

The left kidney presents normal size (4.0 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

Adrenal Glands

The adrenal glands were 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.

Gastrointestinal

The stomach and intestines have normal wall layering and thickness. The stomach is moderately gas filled. No evidence of a mass or foreign material seen within the gastric lumen at this time. Colon contains normal contents with normal wall thickness.

Pancreas

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



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Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

- Normal abdominal ultrasound.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No cause for the patient's nausea and vomiting seen on this exam. Given that the stomach is gas-filled, it is possible that there is pathology present within the stomach that just wasn't seen on this ultrasound. If there is still suspicion that there may be some kind of a mass lesion present within the gastric lumen, consider sedating the patient with Trazadone and/or Gabapentin prior to coming into the clinic to minimize their stress and hopefully decrease the aerophagia that is suspected to be the cause of the gas dilated stomach. Recheck stomach via ultrasound when it is not gas filled to determine if there is a mass or other object in the stomach causing the chronic vomiting and nausea. Another consideration would be to refer the patient to a facility that can provide endoscopy for exam of the gastric lumen. In that manner, if there is a mass present not seen on this exam, it could be biopsied at that time, and if there is foreign material in the stomach it could potentially be removed.





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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)

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