



PATIENT

Ginger Simentschitsch

SPECIES

Canine

BREED

Yorkie x

SEX

Spayed Female

AGE

10 Years

WEIGHT

8 kg

INTERPRETED BY

Greg Kuhlman, DVM,
 DACVIM (SAIM)

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Wellington Animal
 Hospital

REFERRING VET

Dr. Dennis

INVOICE

75729

DATE

6/5/26

PRESENTING CLINICAL SIGNS

Not eating for 1 week, Painful/tense cranial abdomen, 10% dehydrated, No vomiting/diarrhea
 Has had previous issues that are similar but have responded to supportive care, this time no
 improvement. Current Medications: Buprenorphine 0.02mg/kg orally every 12 hours, owner is unable
 to give oral meds but was able to get this in.

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.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex
 to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild
 increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age
 patient. There is no evidence of pyelectasia, mineral or infarcts observed. Left kidney measures 4.6 cm.
 Right kidney measures 4.7 cm.

Adrenal Glands

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature
 is unremarkable. The cranial pole measures 6.4 mm and the caudal pole measures 6.5 mm.

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 4.5 mm.

Spleen

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

Liver

Liver is subjectively enlarged (swollen contour) without disruption of architecture. It has a normal
 homogenous echotexture. Parenchyma is diffusely hyperechoic characterized by less prominent than
 normal portal vein walls and increased echogenicity relative to the spleen and falciform fat. No focal
 lesions are observed. Visible vasculature and biliary tree appear normal without distension or
 congestion.

The gallbladder presents normal size with anechoic contents. There is a single non-shadowing cholelith
 within the gallbladder lumen measuring 4.1 mm in width, most likely clinically incidental. Normal
 gallbladder wall. No evidence of bile duct distention or obstruction.

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
 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.



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If clinical signs are consistent (vomiting, etc.), recommendations include supportive medical care, 24 hours fasting and re-image.

The visible small intestines have normal wall layering and thickness. The small intestines is moderately distended with ingesta. 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.

Free Abdomen

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

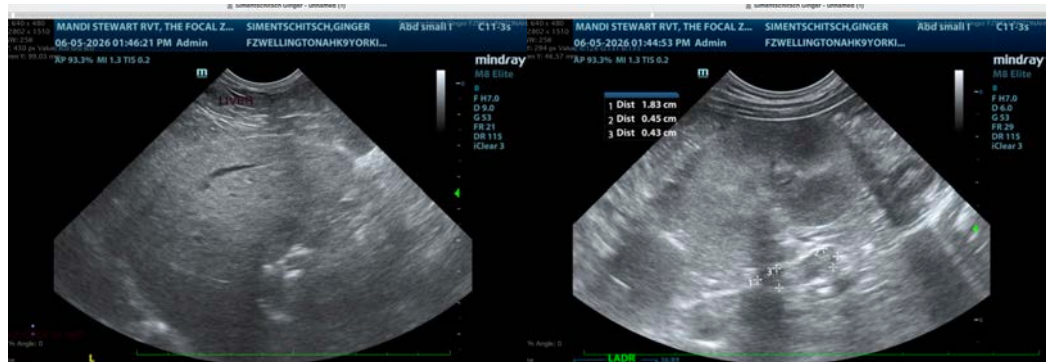
ULTRASONOGRAPHIC FINDINGS

- Hyperechoic hepatomegaly.
- Gallbladder cholelith.
- Full stomach.
- Age related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the liver is consistent with benign vacuolar hepatopathy. Recommend screening for metabolic diseases such as hyperadrenocorticism and hypothyroidism. Also consider screening for hypertriglyceridemia, pancreatic disease, or GI disease. If no secondary cause for the appearance of the liver is found, consider periodic monitoring of liver values to determine if this problem may be progressing. Regarding the cholelith, consider starting Ursodiol at 15 mg/kg given by mouth split into two daily doses.

It appears the patient either has not been fully fasted for the exam or there may be foreign material within the stomach not seen on this exam. It is also possible patient may have gastric ileus. No cause for this is seen. Recommend continued supportive care. Ultimately, if patient fails supportive care and the stomach remains full, then recommend either endoscopy or surgery to further evaluate contents of the stomach and to biopsy the gastric wall. If this procedure is performed, recommend obtaining GI biopsies at the same procedure as well as liver biopsies.





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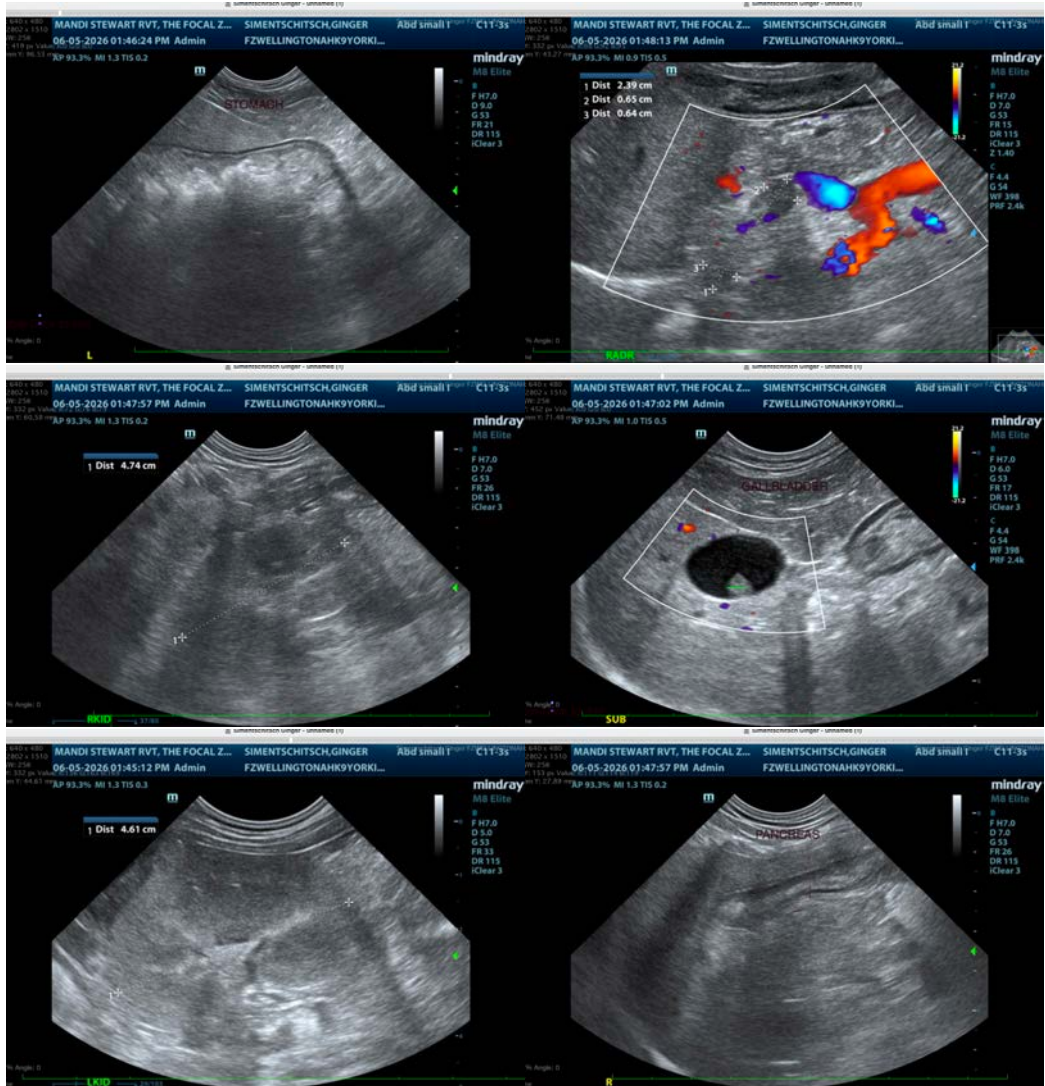
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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