



PATIENT

Chloe Gelardi

SPECIES

Canine

BREED

Shih Tzu Mix

SEX

Intact Female

AGE

7 Years

WEIGHT

5.3 kg

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Sreenivasa
Maddineni

HOSPITAL NAME

West Babylon AH

REFERRING VET

Dr. Sreenivasa
Maddineni

INVOICE

37409

DATE

6/8/26

PRESENTING CLINICAL SIGNS

History: Owner presented at VMCLI yesterday for vomiting for 3 days and anorexia. pt has not eaten in 3 days. During rectal exam there was hair found in fecal.

Abnormal PE/Chem/CBC/UA Results: blood pressure 150 mmHg monocytes high, mcv low, mpv high, and globulin high.

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 with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The right kidney measured 4.1 cm.

The left kidney was not visualized.

Adrenal Glands

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 6.1 mm and the caudal pole measures 4.7 mm.

The left adrenal gland was 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 wall was diffusely thickened and hypoechoic, measuring 2.0 mm in width. The gallbladder contains a small to moderate amount of bile. There appears to potentially be scant pockets of free fluid around the gallbladder. There are also multiple hypoechoic enlarged perihepatic lymph nodes present in the region of the gallbladder. A representative node measures 9.9 mm x 3.3 mm in size. The common bile duct is imaged and is normal, measuring 2.6 mm in width. In the mid common bile duct, there is a 2.0 mm x 2.3 mm hypoechoic non-shadowing choledocolith present. This does not appear to be causing an obstruction at this time.

Gastrointestinal

Diffusely, the stomach wall is normal, measuring 2.4 mm in width. It appears to have normal layering. The stomach does contain a mild amount of gas and fluid at this time. No mechanical obstruction is seen.

The intestines have normal wall layering and thickness.



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The colon contains normal contents with normal wall thickness.

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Pancreas

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The visible the area of the left and right pancreas is seen, no pathology noted.

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Free Abdomen

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There is also mild mesenteric lymphadenopathy. A representative node measures 3.0 mm in width, most likely reactive, unlikely to be neoplastic. There are two enlarged perigastric lymph nodes that are rounded and hypoechoic. The first and cranial most measures 10.2 mm x 5.8 mm. The second measures 11.2 mm x 6.0 mm.

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ULTRASONOGRAPHIC FINDINGS

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- The appearance of the gallbladder may be consistent with either a recent anaphylactic reaction or possibly disease such as bacterial cholangitis.
- The enlarged perigastric lymph nodes may be enlarged due to neoplasia such as lymphoma or mast cell disease, or less likely metastatic neoplasia.
- The enlarged regional lymph nodes are most likely are reactive, less likely to be enlarged due to neoplasia.
- Mild mesenteric lymphadenopathy, unlikely to be neoplastic.
- Mild amount of gas and fluid in the stomach- no mechanical obstruction seen.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The main findings would be the gallbladder changes and the perigastric lymph nodes. No primary tumor is seen on this exam. Consider fine needle aspirates of the gallbladder and submitting bile for aerobic and anaerobic bacterial culture and cytology to rule out bacterial cholangitis. If owners elect not to pursue this procedure, recommend starting an antibiotic such as amoxicillin.

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Recommend, if possible, ultrasound guided fine needle aspirate of the lymph nodes with submission for cytology to rule out neoplasia.

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Maddineni

Recommend rechecking the choledocolith periodically via ultrasound to determine the passage of the choledocolith. Given that there are no reported elevated cholestatic markers, the choledocolith does not appear to be obstructive at this time.

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Recommend three-view chest radiographs to screen patient for pulmonary metastatic disease and to evaluate the appearance of the esophagus at this time given the recent vomiting.

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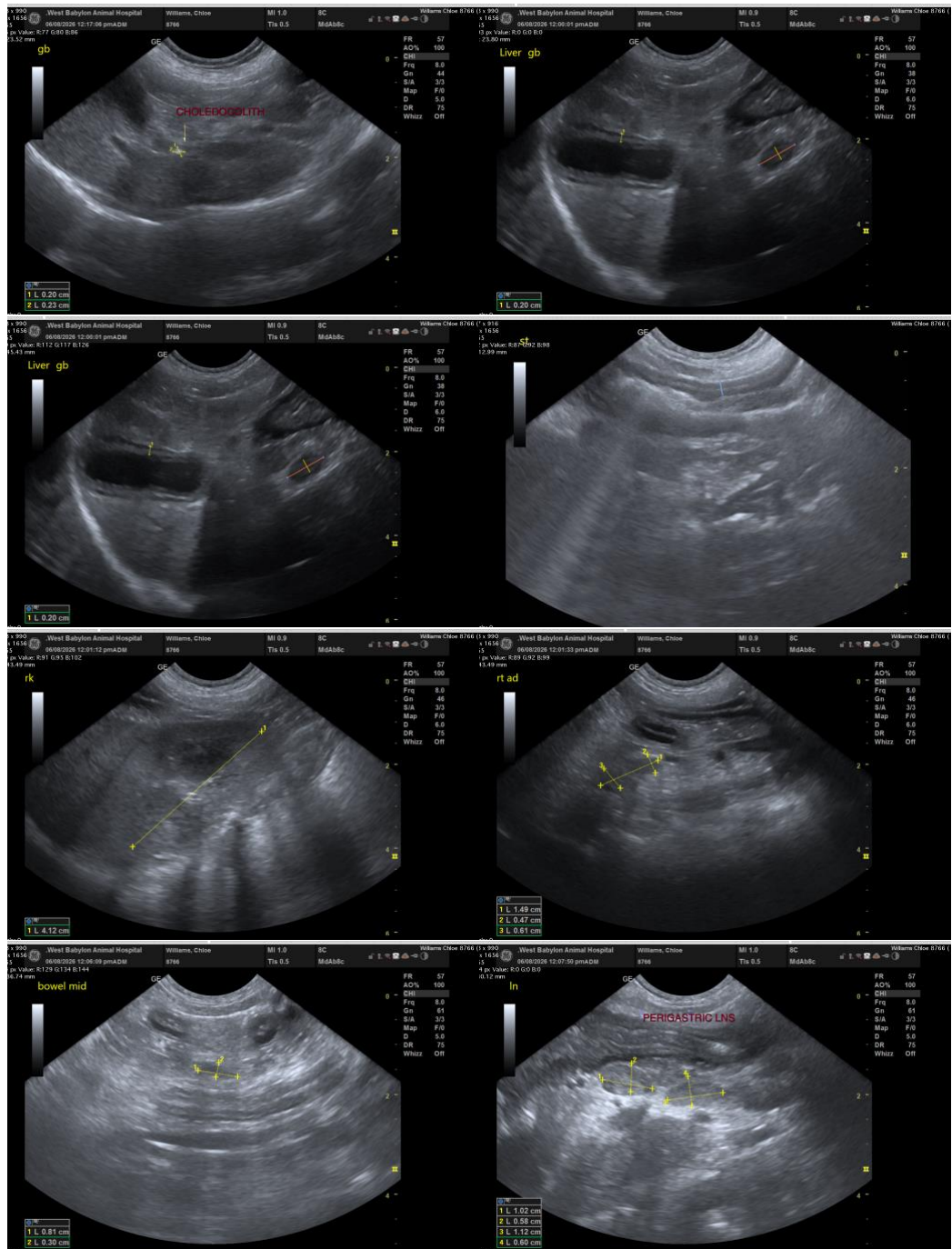
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



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can be of any further assistance please contact me.

Greg Kuhlman, DVM, DACVIM (SAIM)

Veterinary Internal Medicine Specialist

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