



PATIENT

Dutch Cornell

SPECIES

Canine

BREED

German Shorthaired
Pointer

SEX

Neutered Male

AGE

6 Years 3 Months

WEIGHT

64

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Chad Cooper

HOSPITAL NAME

Linn Veterinary
Hospital

REFERRING VET

Dr. Chad Cooper

INVOICE

37438

DATE

6/8/26

PRESENTING CLINICAL SIGNS

History: Chronic weight loss. Was 78lbs on 3/27/2026, then 74Lbs 4/13/26 and now 64lbs. Patient presented for decreased appetite of approximately 1 month and anorexia for the past 24 hours. History of pancreatitis in November 2025. During the physical exam, the patient was tense on abdominal palpation and vomited. Abdominal radiographs did not show evidence of a foreign body or obstruction but revealed a suspicious area in the left cranial quadrant. A brief ultrasound identified an abnormal structure in the retroperitoneal space, suspected to be on the kidney or adrenal gland. A full abdominal ultrasound was performed and will be sent for radiologist interpretation. In-hospital treatment was administered, including an injection of Cerenia, a dose of Entyce, and SQ fluids. The patient will be discharged with oral Cerenia and Entyce to be given at home.

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

The left kidney presents normal size (6.3 cm length) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

Adrenal Glands

The right adrenal gland is not visualized.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 4.6 mm and the caudal pole measures 5.8 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.

Gallbladder is moderately distended with anechoic bile as well as moderate suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

Gastrointestinal



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The stomach wall has diffusely decreased normal layering appearance. It is normal in thickness (3.4 mm in width). However, stomach retains a moderate amount of anechoic fluid that contains echogenic debris. No mechanical obstruction is seen.

Diffusely, the small bowel has a similar appearance to the stomach. It is diffusely fluid filled and appears to have decreased motility. The layering of the small bowel appears to be normal, and it appears to be normal in thickness.

The colon contains normal contents with normal wall thickness.

Pancreas

The visible pancreas appears 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.

Other

No abnormal structure was seen in the left retroperitoneal space. There are some prominent subcutaneous tissues in that area that are most likely what is suspected to be a lesion in that area.

ULTRASONOGRAPHIC FINDINGS

- The patient appears to have functional gastritis.
- Moderate gallbladder debris- most likely clinical insignificant.
- The prominent subcutaneous tissues in the left retroperitoneal space are most likely what is suspected to be a lesion in that area.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The main finding is the diffused gastroenteritis that is present, causing what appears to be functional ileus. Recommend supportive care with antiemetic and prokinetic medications. Recommend a prokinetic such as erythromycin (0.5 - 1.0 mg/kg, given by mouth, every eight hours). Changes to the GI tract may be due to food hypersensitivities. If a diet trial has not been attempted with patient, diet trial with a novel protein or hydrolyzed diet could be attempted. Recommend full fecal pathogen screening via fecal pathogen PCR. If a resting cortisol has not been submitted, recommend a resting cortisol to screen patient for hypoadrenocorticism. If a GI panel has not been performed, recommend GI panel to evaluate patient for possible occult pancreatitis and to determine if supplementation of cobalamin and folate are warranted. If patient is found to be low in cobalamin, this would suggest a chronic enteropathy. If patient is not responding to supportive care, and no other cause for the patient's GI signs are identified, at that time intestinal biopsies would be recommended.



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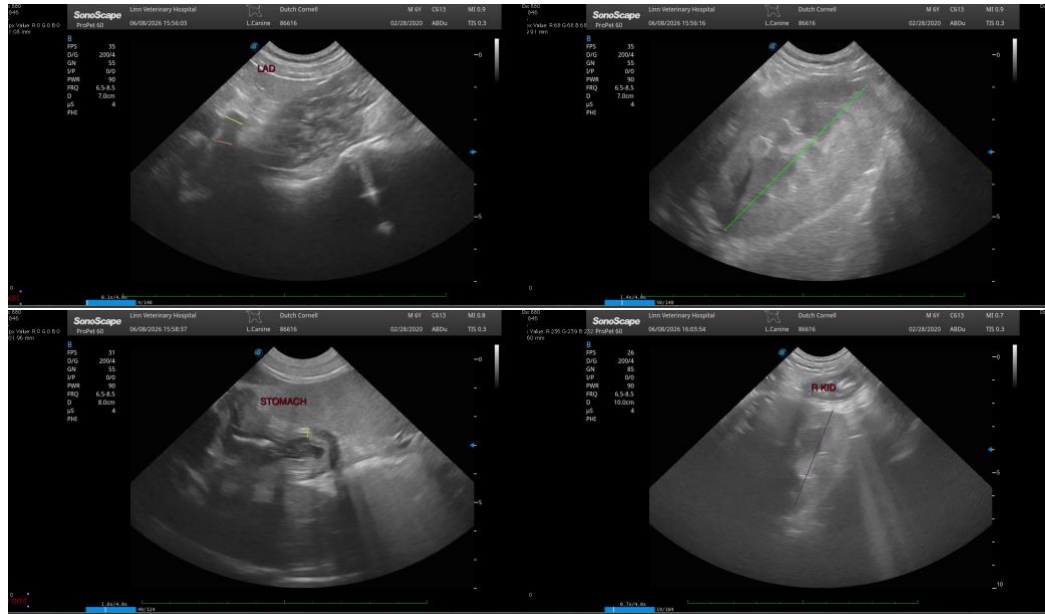
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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