



## PATIENT

Emma Neumann

## SPECIES

Canine

## BREED

Mixed Breed

## SEX

Spayed Female

## AGE

2 Years 5 Months

## WEIGHT

41 Pounds

## INTERPRETED BY

Greg Kuhlman, DVM,  
DACVIM (SAIM)

## IMAGING PERFORMED BY

Alex McFeely, DVM

## HOSPITAL NAME

CentreAH

## REFERRING VET

Alex McFeely, DVM

## INVOICE

37431

## DATE

6/8/26

## PRESENTING CLINICAL SIGNS

History: Ongoing intermittent GI and urinary signs. Decreased appetite, increased frequency of BMs (normal consistency) and urinary accidents and urgency. Purina HA (for last 6 months), psyllium, Visbiome, B12 and Cerenia in evening (has stopped bilious vomiting). ACTH stim negative to rule out Addison's disease. Gave 3.6mg butorphanol and 0.05mg dexmedetomidine IV to lightly sedate for ultrasound exam.

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

The left kidney presents normal size (4.8 cm in length) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

### Adrenal Glands

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 4.7 mm and the caudal pole measures 4.4 mm.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 2.4 mm and the caudal pole measures 3.2 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 contains a scant amount of retained hypoechoic fluid, potentially consistent with mild gastritis. The intestines have normal wall layering and thickness. The colon contains normal contents with normal wall thickness.

### Pancreas



**PATIENT**

Emma Neumann

**SPECIES**

Canine

**BREED**

Mixed Breed

**SEX**

Spayed Female

**AGE**

2 Years 5 Months

**WEIGHT**

41 Pounds

**INTERPRETED BY**

Greg Kuhlman, DVM,  
DACVIM (SAIM)

**IMAGING PERFORMED BY**

Alex McFeely, DVM

**HOSPITAL NAME**

CentreAH

**REFERRING VET**

Alex McFeely, DVM

**INVOICE**

37431

**DATE**

6/8/26

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

**Free Abdomen**

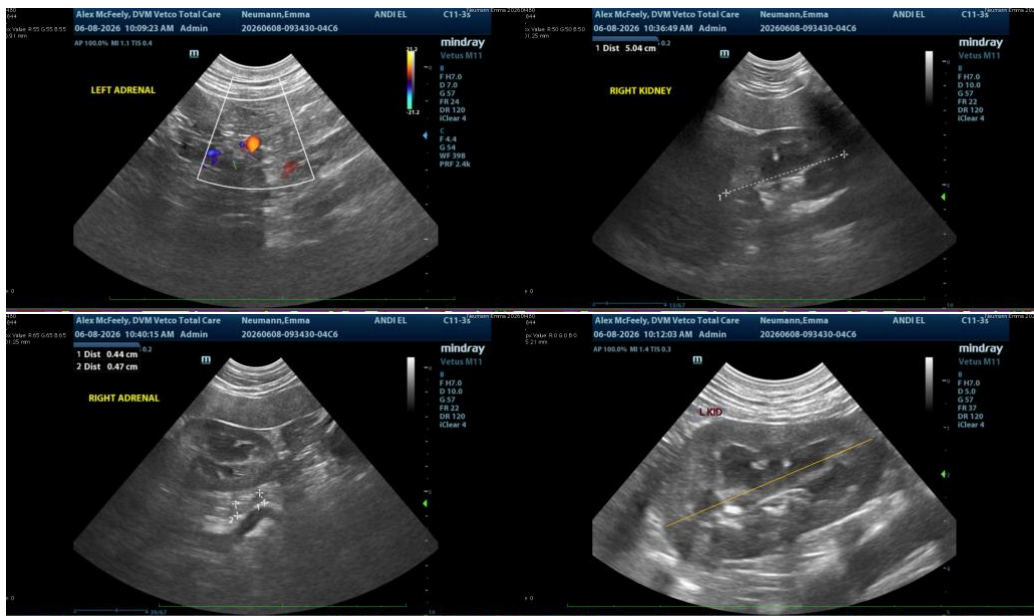
There are no enlarged abdominal lymph nodes seen on this exam. No free abdominal fluid is seen.

**ULTRASONOGRAPHIC FINDINGS**

- Scant amount of retained hypoechoic fluid in the stomach, potentially consistent with mild gastritis.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Adding a prokinetic, such as erythromycin (0.5 to 1.0 mg/kg, given by mouth every 8 hours), may potentially improve patient's clinical signs. If no improvement is seen with this supportive care, then at this point, given the excellent workup so far with the hydrolyzed diet and ruling out hypoadrenocorticism at this time, if supportive care has failed, recommend gastric and intestinal biopsies.





## PATIENT

Emma Neumann

## SPECIES

Canine

## BREED

Mixed Breed

## SEX

Spayed Female

## AGE

2 Years 5 Months

## WEIGHT

41 Pounds

## INTERPRETED BY

Greg Kuhlman, DVM,  
DACVIM (SAIM)

## IMAGING PERFORMED BY

Alex McFeely, DVM

## HOSPITAL NAME

CentreAH

## REFERRING VET

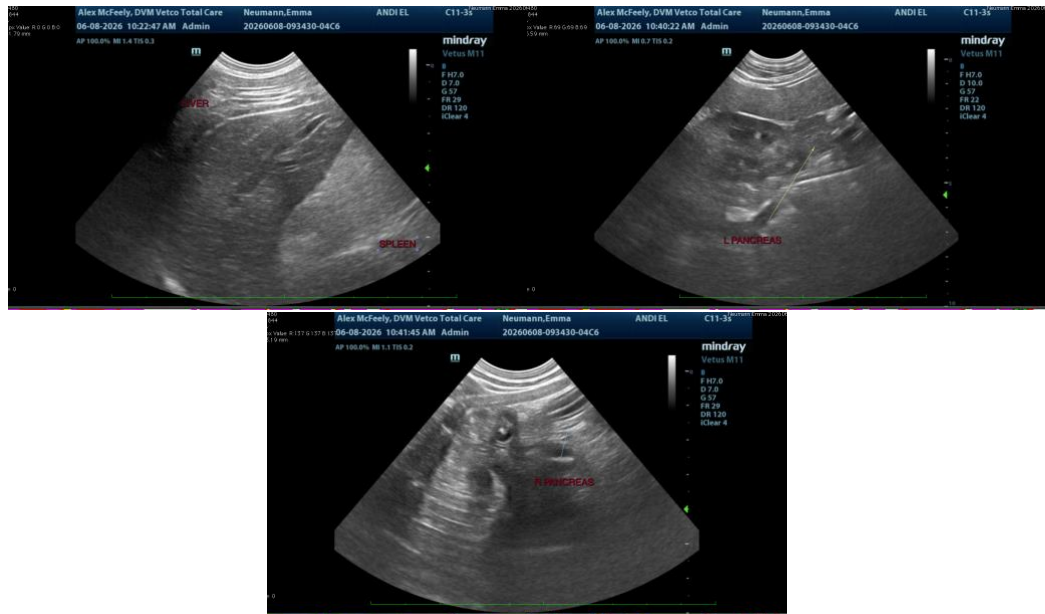
Alex McFeely, DVM

## INVOICE

37431

## DATE

6/8/26



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

[info@SonoPath.com](mailto:info@SonoPath.com)