



## PATIENT

Addison Dowhower

## SPECIES

Canine

## BREED

Flat Coated Retriever

## SEX

Spayed Female

## AGE

10 Years

## WEIGHT

37.5 kg

## INTERPRETED BY

Greg Kuhlman, DVM,  
DACVIM (SAIM)

## IMAGING PERFORMED BY

Lindsay Powell CVT

## HOSPITAL NAME

Hershey Animal  
Emergency Center

## REFERRING VET

Dr. Brittany Lang

## INVOICE

16458

## DATE

06/09/26

## PRESENTING CLINICAL SIGNS

Presented for a 1 week history of vomiting and diarrhea

Abnormal PE/Chem/CBC/UA Results: Painful on caudal abdominal palpation CBC: WNL Chem: Phos 2.1 (L) CPL: 183 (n) EPOC: K 3.2 rDVM radiographs Stomach is mildly distended with fluid in the pylorus. Small intestines are mostly empty with no evidence of foreign material, dilation, plication. rDVM concerned for soft tissue opacity mid abdomen.

## 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 left kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured 6.8 cm in length.

The right kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The right kidney measured 6.4 cm in length.

### *Adrenal Glands*

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 4.6 mm.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole is not clearly seen and the caudal pole measures 6.3 mm.

### *Spleen*

Spleen is subjectively large in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal. The spleen is folded upon itself, which is a positional non-pathologic variant. Normal blood flow was evident.

### *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 intestines have normal wall layering and thickness. Colon contains normal contents with normal wall thickness.



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The stomach wall diffusely appears normal in thickness and layering. The stomach contains a mild to moderate amount of ingesta with no foreign material seen within the stomach and no mechanical obstruction is identified.

**Pancreas**

The visible left and right pancreas are 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.

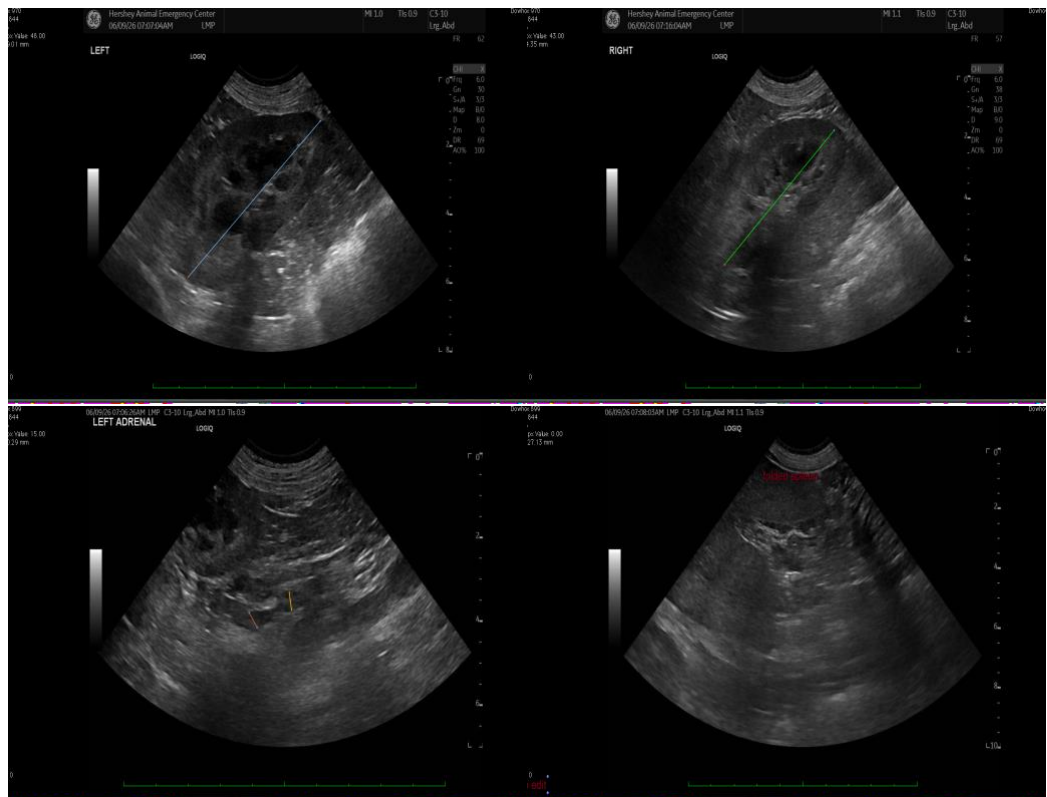
**ULTRASONOGRAPHIC FINDINGS**

- Mild/moderate gastric ingesta.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Recommend fasting patient for a longer duration such as 12 to 24 hours and re-evaluating whether or not there is gastric material still present within the gastric lumen. If there is, there potentially may be a foreign object present not seen on this ultrasound at that time. Surgical endoscopic evaluation of the gastric lumen would be warranted, however, given the appearance of the stomach, I suspect there is a functional gastritis. Recommend supportive care with antiemetics and prokinetics.

No pathology indicative of pancreatitis is seen on this exam.





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