



## PATIENT

Luka Hawkins Kruger

## SPECIES

Canine

## BREED

French Bulldog

## SEX

Male

## AGE

2 Years 5 Months

## WEIGHT

28.6

## INTERPRETED BY

Greg Kuhlman, DVM,  
DACVIM (SAIM)

## IMAGING PERFORMED BY

Dr. Agnes E. Rupley  
DVM

## HOSPITAL NAME

All Pets Medical  
Center

## REFERRING VET

Dr. J. Jill Heatley DVM

## INVOICE

13806

## DATE

02/14/26

## PRESENTING CLINICAL SIGNS

- hx Vomiting 1 days with red fibers, bloody diarrhea 3 days. Normal diet Purina One but rotisserie chicken eaten yesterday. Lab abnormalities: limited to increased ALT (150) and greatly increased CRP. Radiographs of abdomen - no obvious foreign object but significant gaseous distension throughout GI tract cPLI normal,
- Abdomen soft and pain free upon palpation, Fecal gram stain negative for spore formers

## 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.

What appears to be the left kidney (not clearly labeled) presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured 5.6 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 4.3 cm in length.

### Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal gland measured 7.9 mm width.

The right adrenal gland is not clearly seen on this exam.

### 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 small amount of fluid. The stomach wall diffusely is normal in thickness, and it measures 3.0 mm in width. Diffusely, the stomach has normal layering. No gastric abnormalities are seen. Colon contains normal contents with normal wall thickness. The jejunum is normal in thickness and layering, however, there is mild decreased motility within the jejunum, consistent with functional enteritis. No mechanical obstruction is seen in the GI tract.

### Pancreas



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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**

- A small amount of fluid in the stomach.
- Decreased motility within the jejunum.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Recommend ruling out parasitism by performing a fecal pathogen PCR for the GI tract finding. Also consider a bland diet such as Royal Canin GI or Hill's ID temporarily why the patient recovers from this current episode. If clinical signs persist, consider submitting a Texas A&M GI panel to help determine if there is possibly a chronic enteropathy present specifically looking at cobalamin and folate to determine if they're low. If they are low, most likely there's a chronic enteropathy. The GI panel should include the resting cortisol to screen the patient for Addison's.

If the cortisol is two or below, then an ACTH stimulation test should be performed. If the GI panel verifies a chronic enteropathy, then recommend upper and lower GI biopsies endoscopically preferably. If endoscopy is not available, then surgical biopsies of the GI tract would be appropriate as well but overall, it appears the patient's prognosis is good to make a full recovery at this time.





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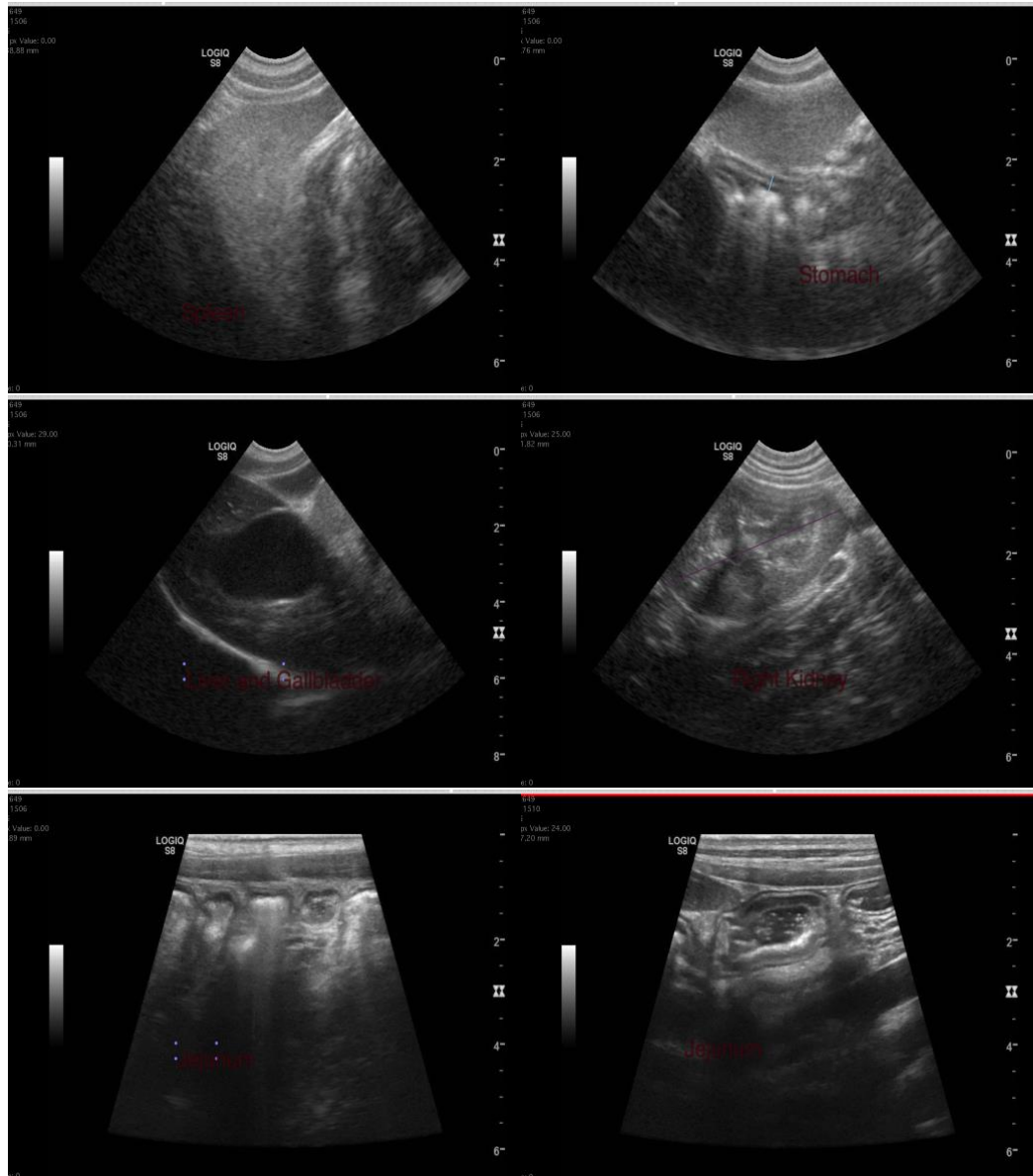
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)  
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