



PATIENT

Duke Morrison

SPECIES

Canine

BREED

German Shorthair
Pointer

SEX

Intact Male

AGE

9 Years

WEIGHT

65

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Amanda Hockenbrock

HOSPITAL NAME

Lewisburg Veterinary
Hospital

REFERRING VET

Dr. Dagny Leininger

INVOICE

73066

DATE

2/18/26

PRESENTING CLINICAL SIGNS

2-17-26, acute lethargy, anorexia and vomiting. Vomited a large amount of blood, no toxin exposure, has been on galliprant for 3 years. 2-18-26 melena, no longer vomiting. Ate 1 cup bland diet

Abnormal PE/Chem/CBC/UA Results: 2-17-26, mm-pink and moist, CBC- WNL, slightly decrease phos. Radiographs show that stomach contained something and did not look like dog had been vomiting 2-18-26, exam shows pale MM, anemia on CBC. Radiographs have loss of detail in cranial abdomen. Concern of GI ulcer or mass

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

The left kidney presents normal size (6.6 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

Adrenal Glands

The adrenal glands are 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 partially digested food. Within the wall of the descending duodenum there is a 2.2 mm x 7.8 mm hypoechoic intramural mass lesion present. The remainder of the duodenum appears normal. It does contain a moderate amount of food material at this time. Colon contains normal contents with normal wall thickness.

Pancreas

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



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Free Abdomen

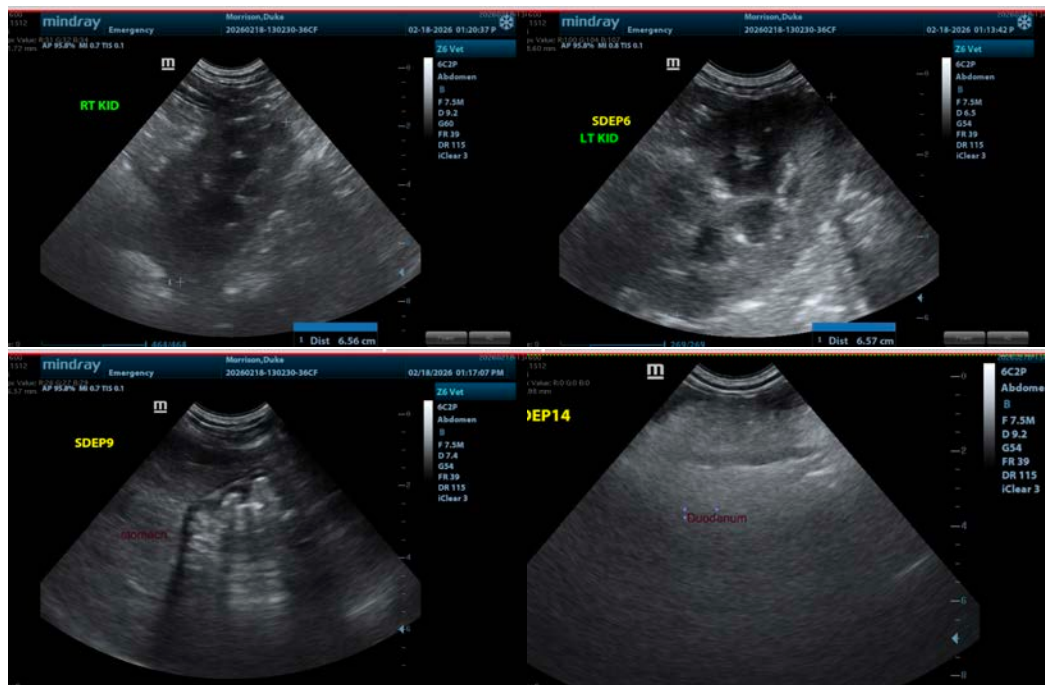
There are no enlarged abdominal lymph nodes seen on this exam. No free abdominal fluid is seen.

ULTRASONOGRAPHIC FINDINGS

- Hypochoic intramural duodenal lesion present – Differentials include neoplasia such as adenocarcinoma or lymphoma, possibly leiomyosarcoma. Benign etiology such as leiomyoma is possible but less likely. I suspect there is an ulcer associated with the lesion, and that is the cause of the GI hemorrhage that is reported.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient's clinical signs of melena and anemia are most likely related to the duodenal lesion. Recommend a CT scan of the abdomen to more fully characterized the duodenal lesion as pre-surgical planning. Duodenum can be a difficult area in which to resect a lesion such as this. If feasible, recommend resection and anastomosis of this lesion, and submitting the lesion for histopathology to determine etiology. No free fluid or enlarged lymph nodes are noted on this exam, which is a positive prognostic indicator for the patient. Prior to surgery recommend either 3-view chest x-rays to screen the patient for possible pulmonary metastatic disease, or, if CT scan of the abdomen is performed, recommend also performing CT scan of the chest. Prognosis is open pending determination of etiology of the duodenal lesion.





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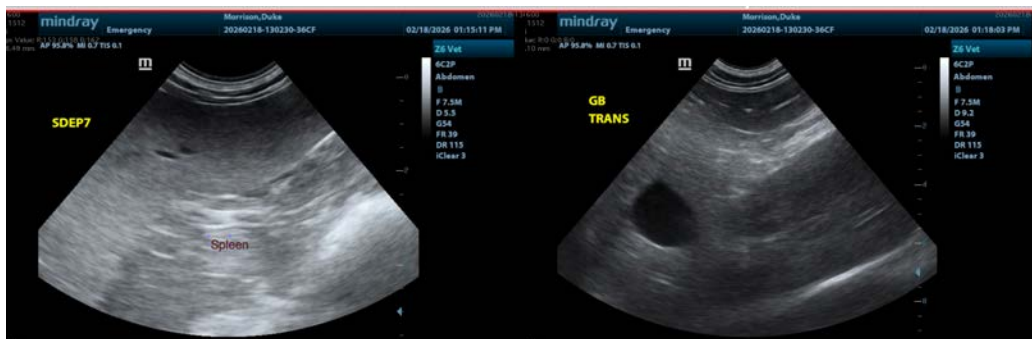
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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