



PATIENT

Tucker Stewardson

SPECIES

Canine

BREED

Boxer

SEX

NM

AGE

3 years 8 months

WEIGHT

28.8 kg

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Maria Lara

HOSPITAL NAME

Allure Veterinary
Hospital & Urgent Care

REFERRING VET

Dr. Amanda Brady

INVOICE

11344

DATE

2/19/2026

PRESENTING CLINICAL SIGNS

- Hx of chronic intermittent vomiting. Seen 1/19/26 at Urgent care - after diagnostics patient was treated with cerenia, sucralfate, gabapentin and proviable, chicken and rice at home. P seen again 2/6/26 GP intermittent vomiting despite cerenia use, vomiting had restarted after owner tried switching p back to Costco food from Hills GI diet. On Milbegard and Vectra for prevention since 5 months of age. Client started Provable probiotic prior to visit. Client is visiting from Arizona for several months.

Abnormal PE/Chem/CBC/UA Results: 1/19/26 Cbc/Chem/PL ALKP elevation (223U/L) Abd + Thoracic radiographs indicated enteritis, suspected thickened small intestinal walls. 2/6/26 HW Test - Negative Fecal - Negative.

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 5.5 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 5.3 cm in length.

Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 4.4 mm and the caudal pole measures 4.1 mm.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 5.2 mm and the caudal pole measures 4.4 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



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The stomach is mildly filled with ingesta. In an image of the pylorus the pyloric wall is normal, with normal layering and thickness and measures 4.7 mm in width. The pylorus appears mildly distended. There is one shadowing object present in the pyloric duodenal junction that appears to be empty. Diffusely the jejunum appears normal in thickness and has normal layering. No obvious evidence of a mechanical obstruction in the jejunum, nor is any jejunal thickening seen. The jejunum measures 2.9 mm in width.

Pancreas

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

Free Abdomen

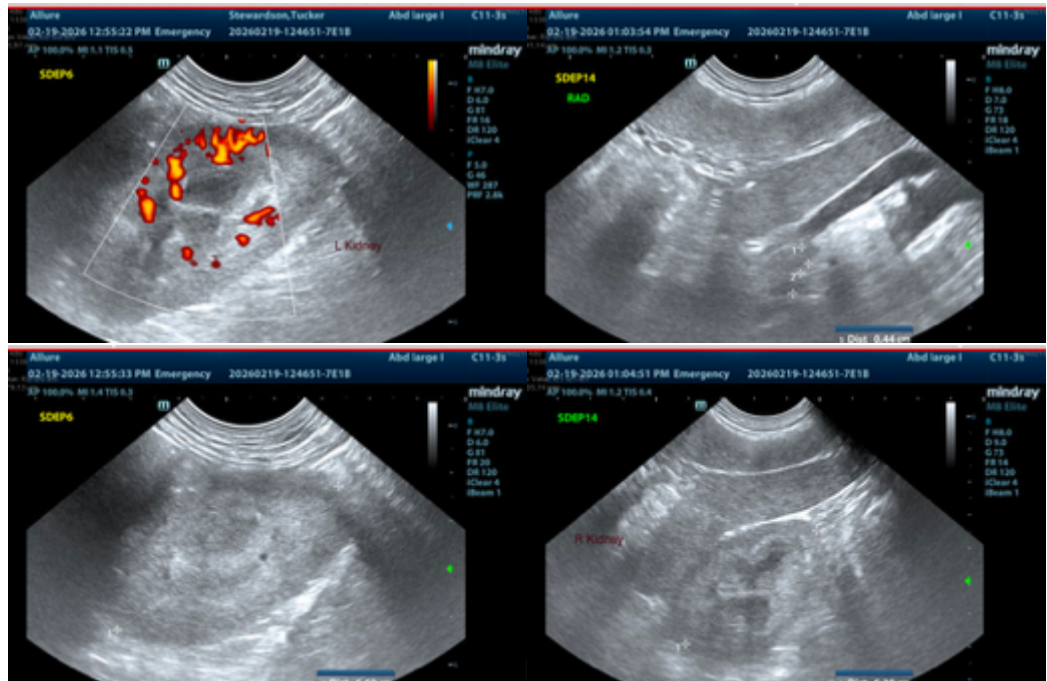
There are no enlarged abdominal lymph nodes seen on this exam. No free abdominal fluid is seen.

ULTRASONOGRAPHIC FINDINGS

- The food dilated stomach with shadowing material located at the pyloric duodenal junction.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

In this case, given the patient's history and the fact that they were still vomiting while being administered Cerenia, we believe that performing an exploratory laparotomy to evaluate the patient for a gastric foreign body is recommended. In this case, if an obstructive lesion is not identified within the stomach, we would recommend obtaining gastric and small intestinal biopsies to help to determine the etiology of the patient's persistent vomiting. Prognosis appears good at this time. Everything else in the exam was normal including the pancreas.





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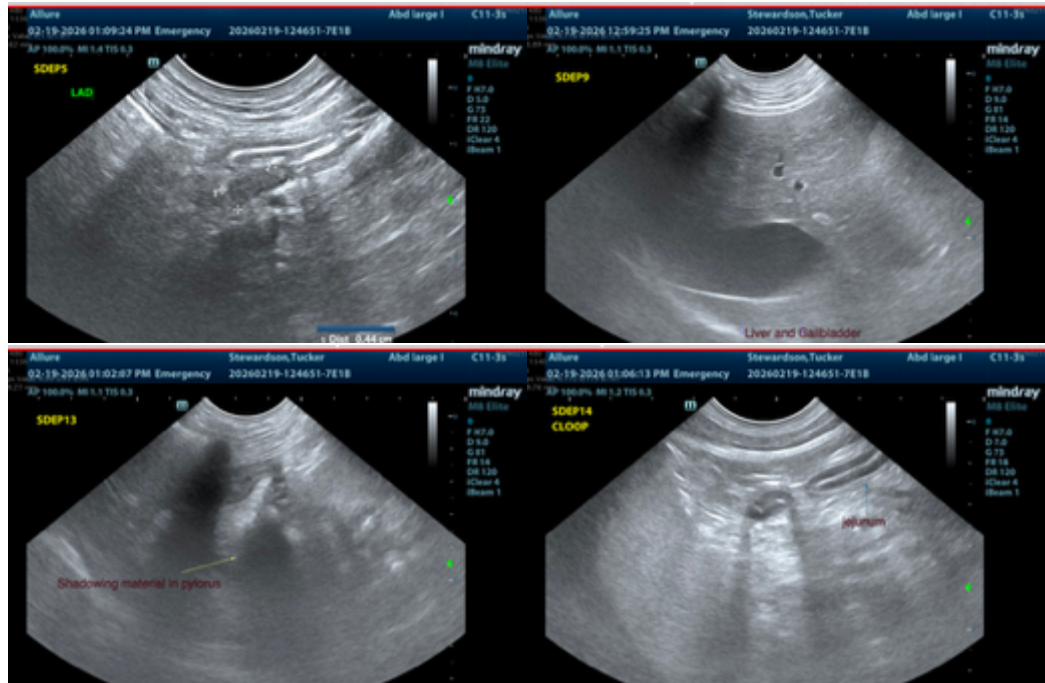
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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