



PATIENT

Soulis Ortega

SPECIES

Canine

BREED

Pitbull

SEX

FS

AGE

13 years 5 months

WEIGHT

47 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Cameron Johnson

HOSPITAL NAME

Craig Road Animal
Hospital

REFERRING VET

Dr. Cameron Johnson

INVOICE

11348

DATE

2/20/2026

PRESENTING CLINICAL SIGNS

- Soulis is a 13 year and 5 month old FS pitbull mix presenting on emergency for evaluation of vomiting, PU/PD and excessive panting. The O states that P was acting normally until yesterday when she licked the hands of a stranger wearing lotion and then had a decreased appetite for lunch. Today, she did eat her normal amount of breakfast (Hills ID) but then vomited partially digested wet food and foam 2-3 times. She has been drinking excessive amounts of water and has been panting constantly. She is currently receiving prednisone and mycophenolate per LVVSC for treatment of IMTP. She is also receiving gabapentin, denamarin and ursodiol. She does not usually receive famotidine or maropitant, but the O gave P a dose of both of these last night around 11 pm since she seemed uncomfortable. Her usual diet is chicken and rice but the O has been giving her Hills ID for the past several days. She had normal stool this morning.

Abnormal PE/Chem/CBC/UA Results: EOS 0.03 L (0.04-1.62) Chem: BUN 36.8 H (9-29), ALT 371 H (0-120), ALP 473 H (0-140), GGT 33 H (0-14), CI 101 L (102-120) Pancreatic lipase 434 H (0-200).

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 has moderate to marked loss of corticomedullary distinction. It has mild renal pelvic dilation and measures approximately 2.2 mm in width. Overall, the left kidney measures 5.8 cm in length.

The right kidney has mild loss of corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The right kidney measured 4.5 cm in length.

Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The caudal pole measures 4.2 mm in width, and the cranial pole is not fully visualized on this exam.

The right adrenal gland is not distinctly visualized in these images.

Spleen

The spleen is diffusely, mildly enlarged and has a mottled heterogenous, hypoechoic echotexture. No splenic masses or other lesions are observed.

Liver

The liver is diffusely enlarged and hypoechoic with a mottled echotexture with rounded margins.

The gallbladder is moderately distended with anechoic bile. The gallbladder wall is normal in thickness. Within the gallbladder there is a mild amount of suspended and gravity dependent echogenic debris. The proximal bile duct appears mildly distended measuring 9.3 mm in width.



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Gastrointestinal

The stomach contains a moderate amount of ingesta with a loss of normal layering. Overall, the stomach wall is diffusely hypoechoic and measures 3.8 mm in width.

The duodenum contains mild amount of fluid present within the lumen and has mild loss of layering present. It is normal in thickness measuring 4.4 mm in width.

The jejunum is overdistended and contains a small amount of fluid, prohibiting measurements. Jejunum has mild loss of normal layering.

Pancreas

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

Free Abdomen

There is mild mesenteric lymphadenopathy present throughout the abdomen. An example measures 5.3 mm x 7.2 mm in size.

ULTRASONOGRAPHIC FINDINGS

- Enlarged, mottled liver.
- Echogenic gallbladder debris - Most likely an incidental finding, does not appear to be a significant finding.
- Enlarged, mottled spleen.
- Diffuse gastroenteritis - Includes stomach, duodenum, and jejunum.
- Bilateral chronic kidney disease with left sided renal pelvic dilation.
- Mesenteric lymphadenopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Differentials for the liver include infiltrative neoplasia such as lymphoma or mast cell disease. Recommend a fine needle aspirates of the liver to rule out round cell neoplasia.

Differentials for the GI disease include severe gastroenteritis from either dietary indiscretion, or possibly toxin ingestion. Other differentials for the GI tract include possible infiltrative neoplasia such as lymphoblastic lymphoma, less likely inflammatory bowel disease.

Differentials for the appearance of the spleen include infiltrative neoplasia such as lymphoma or mast cell disease. Recommendations at this time include fine needle aspirate of the liver and spleen, submission for cytology, treating the patient's GI disease supportively. Recommend Cerenia and a prokinetic such as Erythromycin (dose of 0.5-1.0 mg/kg given orally or intravenously every 8 hours.) Also recommend fully staging, monitoring, and managing the patient's chronic kidney disease per the international renal interest society (IRIS) guidelines.

The enlarged mesenteric lymph nodes are most likely reactive from the patient's gastrointestinal, splenic, or liver disease. It is possible the lymph nodes are enlarged due to either round cell or metastatic neoplasia. If at all possible, attempt an ultrasound guided FNA of one of the enlarged mesenteric lymph nodes.

Prognosis is currently open pending results of recommended diagnostics.



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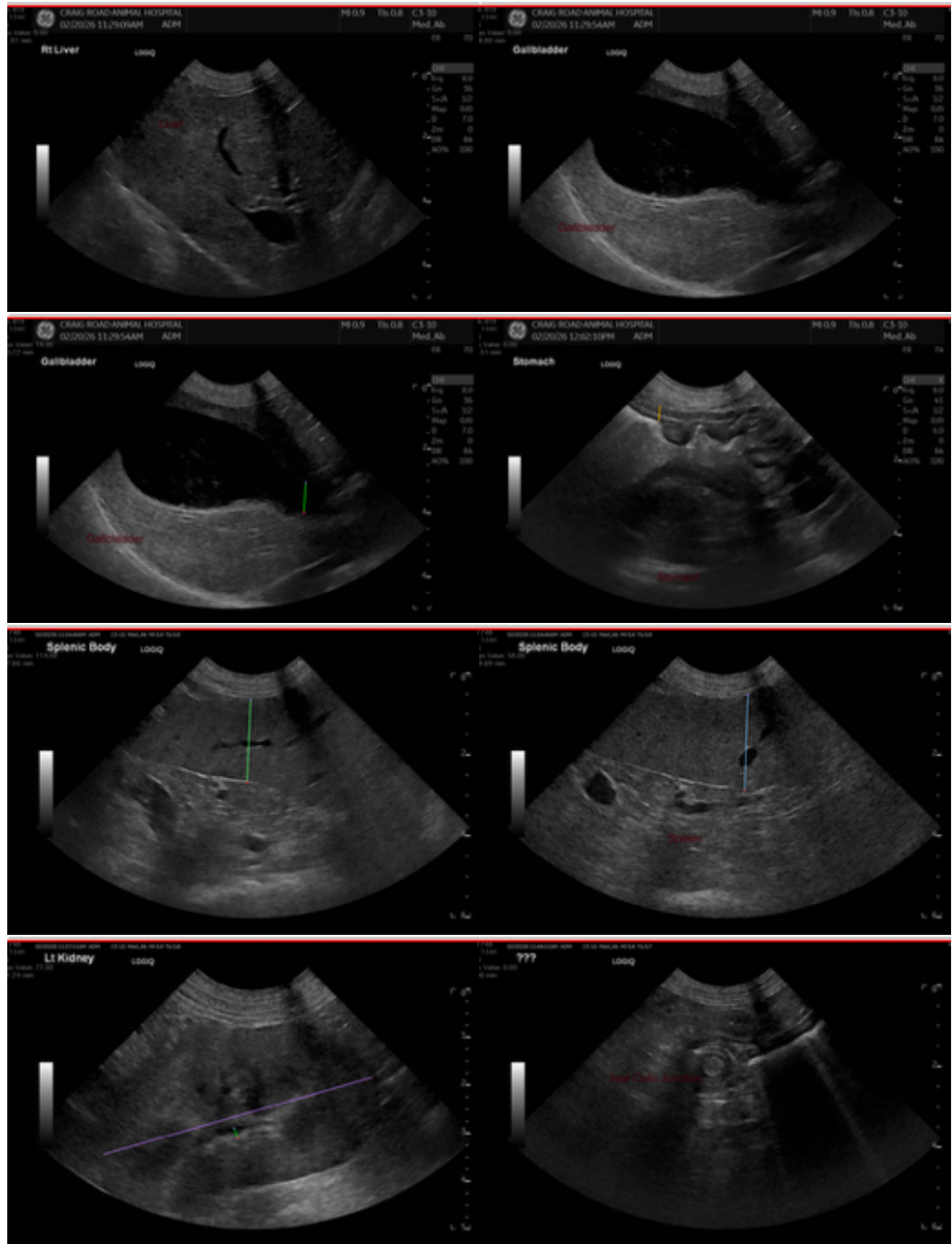
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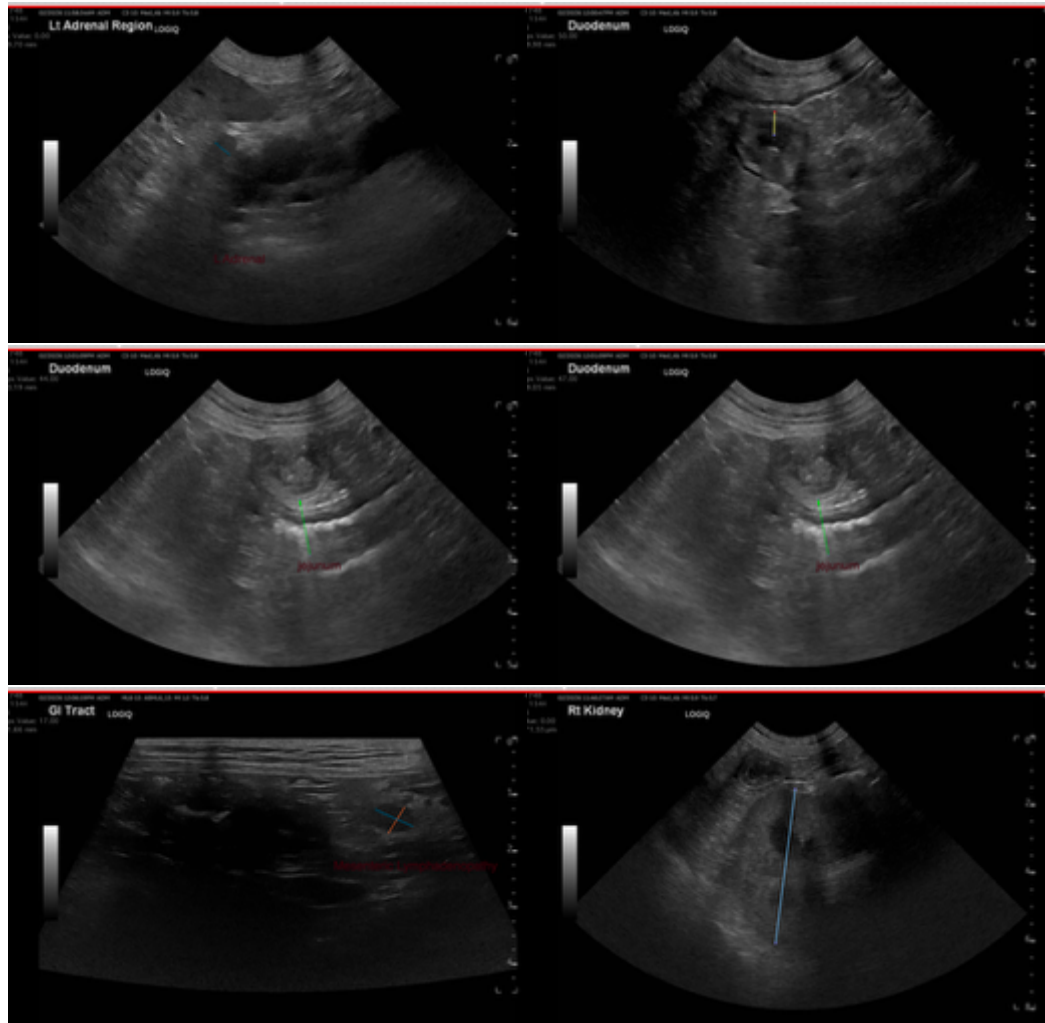
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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