



PATIENT

Teddy Rutledge

SPECIES

Canine

BREED

Morkie

SEX

Neutered Male

AGE

10 Years

WEIGHT

4.5 kg

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Cassie Jackson

HOSPITAL NAME

Huntsville Animal
Hospital

REFERRING VET

Dr. Hannah Davies
Smith

INVOICE

14545

DATE

03/23/26

PRESENTING CLINICAL SIGNS

- Presented for 2 days of acute vomiting
- Inappetent this morning
- BM normal
- No medications or supplements
- Given dexmedetomidine and butorphanol for sedation

CBC - mild neutrophilia, reticulocytosis (mild), mild thrombocytosis - Chemistry - Albumin 14 (22-39), TP 41, ALT mildly increased, M1 low cholesterol, moderately elevated amylase and lipase, cPL >2000 (too high to read) - CRP 41 (0-10)

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 3.5 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 3.6 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 caudal pole measures 4.3 mm and the cranial pole was not clearly seen.

Spleen

The spleen is normal in size, shape, margination and echogenicity. No masses are seen.

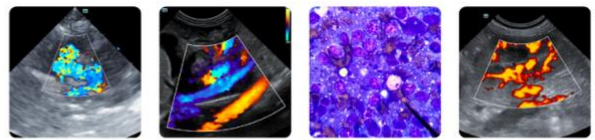
Liver

There are several hypoechoic round lesions found throughout the hepatic parenchyma. Two lesions measured 1.4 mm in width and 2.7 mm in width. These lesions most likely represent benign regenerative nodules, less likely neoplasia.

The gallbladder presents normal size with a small amount of gravity dependent echogenic debris that appears insignificant. Normal gallbladder wall. No evidence of bile duct distention or obstruction.

Gastrointestinal

Diffusely, the stomach wall was mildly thickened at 4.3 mm in width. The stomach wall has normal layering. The patient appears to have a mild amount of retained gastric fluid present within the gastric



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lumen. In the fundus of the stomach, there is a hypoechoic intraluminal lesion present that measures 1.3 by 1.9 cm in size. It does not appear to have blood flow. Most likely a hematoma from a gastric ulcer or specific ulcer is not seen.

Diffusely, the duodenum, jejunum and ileum appear normal in layering and thickness. However, diffusely the mucosa has hypoechoic striations present throughout consistent with an inflammatory enteropathy, possibly inflammatory bowel disease. Less likely infiltrative neoplasia such as lymphoma or possibly lymphangiectasia.

Pancreas

The left and right limb of the pancreas were diffusely mildly hypoechoic with no significant surrounding steatitis.

Free Abdomen

There are several enlarged mesenteric lymph nodes with a representative node measuring 4.6 by 7.0 mm in width. These nodes are most likely reactive.

Scant pockets of free fluid present within the abdomen.

ULTRASONOGRAPHIC FINDINGS

- Diffuse gastritis/gastric ileus- most likely due to pancreatitis.
- Gastric lesion.
- Hepatic lesions.
- Clinically significant pancreatitis.
- Diffuse intestinal thickening.
- Mesenteric lymphadenopathy and free fluid.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend treating patients supportively with omeprazole at 0.5 to 1 mg/kg by mouth twice per day, 30 minutes before feeding. Also consider adding sucralfate at standard dosing and anti-nausea medications such as Cerenia. Recheck in one to two weeks via ultrasound to determine if the gastric lesion is resolved. If it has, then it most likely was an ulcer. If lesion is still present, then consider biopsy either surgically or endoscopically, however, unlikely it appears at this time, to be a neoplastic lesion such as adenocarcinoma or myosarcoma or lymphoma.

Recommend fine needle aspirate of one or several of the hepatic lesions. Submission for cytology to rule out a neoplastic cause such as lymphoma, mast cell disease, or metastatic neoplasia.

Recommend supportive care and considering switching to ultra low-fat diet. Recommend submitting Texas A&M GI panel if chronic enteropathy is confirmed. Recommend GI biopsies either surgically or endoscopically. The small intestinal disease is most likely the cause of the patient's low albumin. Suspect patient has protein-losing enteropathy.

Although a neoplastic etiology for their enlargement of lymph nodes cannot be ruled out, consider ultrasound-guided fine needle aspirate of one or several of the enlarged mesenteric lymph nodes to confirm etiology of enlargement. Most likely though, suspect nodes are reacting to patient's pancreatic and/or GI disease.



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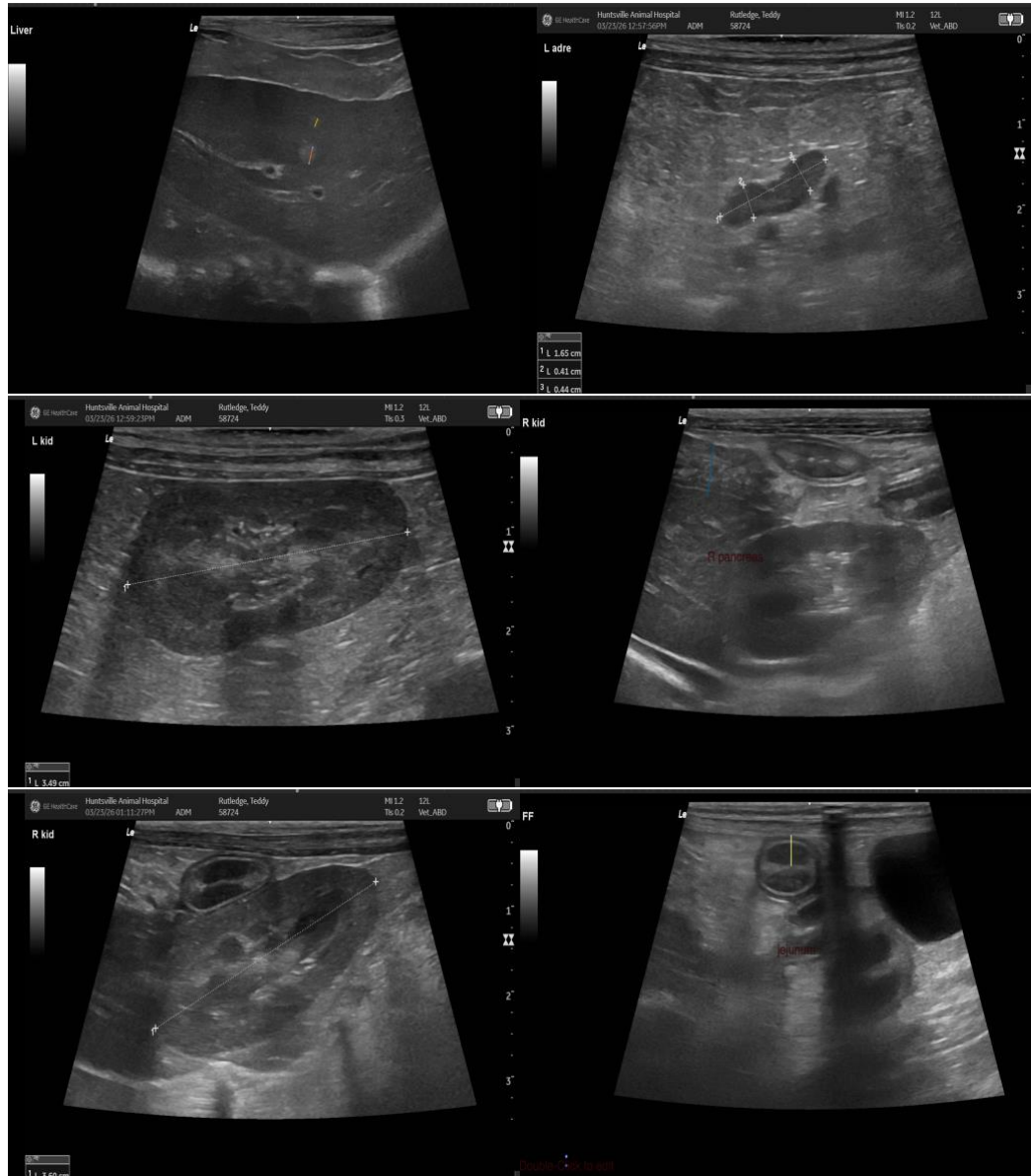
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If possible, obtain fine needle aspirate of free fluid for fluid analysis and cytology to help determine etiology of presence of fluid in abdomen.





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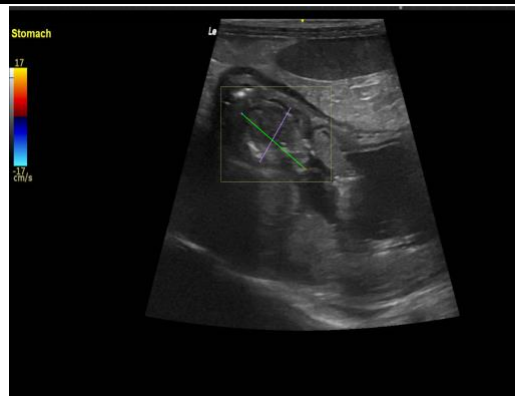
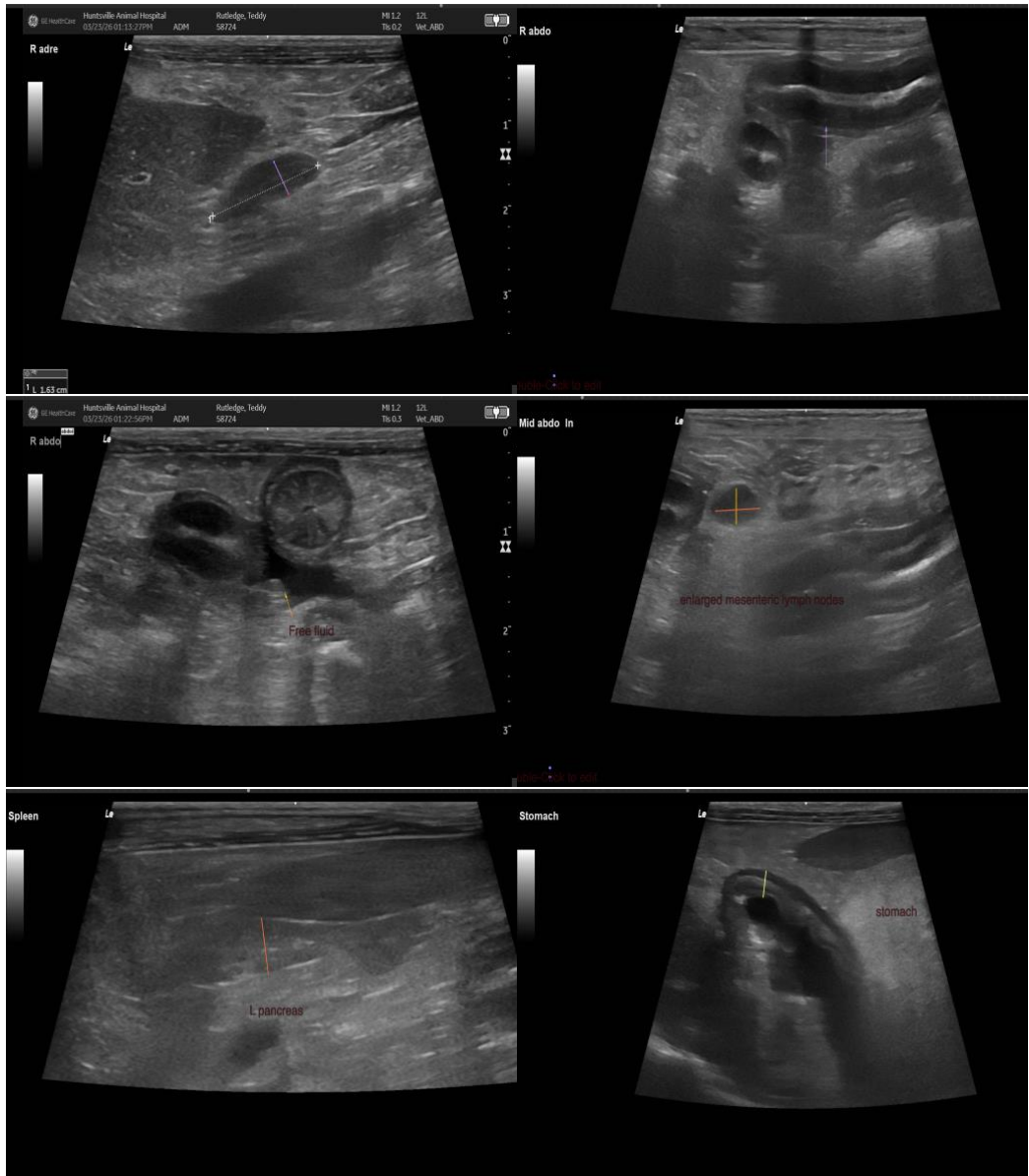
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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