



PATIENT

Augustus Kellough

SPECIES

Canine

BREED

Doberman

SEX

MN

AGE

5 years 6 months

WEIGHT

81

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Celia Galanti

HOSPITAL NAME

Craig Road Animal
Hospital

REFERRING VET

Dr. Celia Galanti

INVOICE

11420

DATE

3/5/2026

PRESENTING CLINICAL SIGNS

- Patient is a 5.5yr MN Doberman presented for vomiting and diarrhea. P was at pet sitter's last Friday to yesterday morning. P reportedly vomited once on Monday. Yesterday morning P had light tan, mucousy, soft bowel movement. P tried eating but would run outside after he ate and vomit. P hasn't eaten anything in the last 24 hours. P continued to vomit all day yesterday. P does have a history of eating objects in the past but usually able to pass them. Developed diarrhea today. Concern for foreign material seen on x rays yesterday, not able to identify foreign material today on recheck rads. There is increased gas dilation, no obvious obstruction noted. Owner reports no coughing, or sneezing.

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 ureteral papillae is not visualized.

The left kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured 6.5 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 6.3 cm in length.

Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 4.6 mm and the caudal pole measures 4.0 mm.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The caudal pole measures 5.8 mm (the cranial pole is not visualized).

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 is fluid and gas distended. The gastric wall appears to have normal layering and thickness, and measures 1.9 mm in width. No obvious gastric lesions are visualized. No obvious gastric foreign material or pyloric outflow tract obstruction is visualized. Diffusely, the small bowel is mildly fluid filled



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and has decreased motility. It appears in some areas that the mucosal layer may be sloughing. There is no evidence of a mechanical obstruction is visualized on this exam. A foreign body is not suspected as a cause for patient's clinical signs.

Pancreas

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

Free Abdomen

Mild mesenteric lymphadenopathy is visualized. Two examples measured 1.0 cm x 1.0 cm, and 0.7 cm x 1.9 cm. These appear reactive (most likely due to the underlying GI disease) and are unlikely enlarged due to a neoplastic process. No free abdominal fluid is seen.

ULTRASONOGRAPHIC FINDINGS

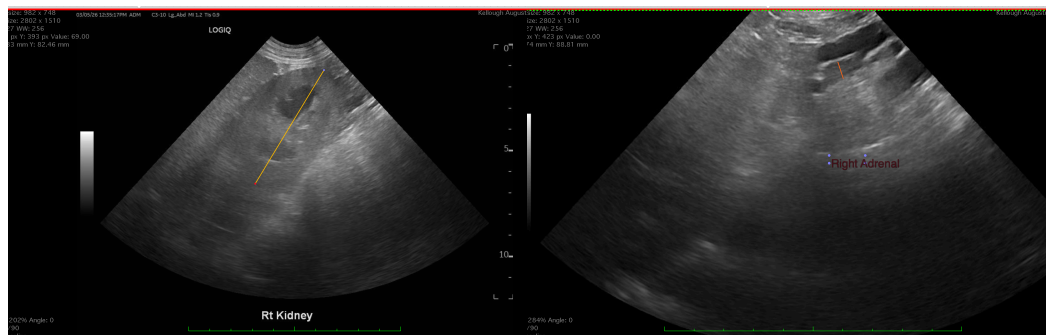
- Severe gastroenteritis – No obvious foreign bodies, or mechanic obstructions are visualized.
- Mild mesenteric lymphadenopathy – Likely reactive due to the gastroenteritis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Consider infectious diseases (parasitic, protozoal, bacterial) and full screening of the patient via a fecal PCR. If parasitism is ruled out, possible inflammatory disease from dietary indiscretion is possible or diseases such as inflammatory bowel disease, and less likely infiltrative neoplasia such as infiltrative GI lymphoma, are the cause of the patient's GI disease.

Recommend supportive care for GI disease. Ultimately, if no underlying cause for the diffuse gastroenteritis is identified then consider GI biopsies either surgically or endoscopically.

Recommend treating with medications such as cerenia, and prokinetic (either erythromycin in a prokinetic dose, or metoclopramide), and appetite stimulants as needed. I would recommend starting antibiotic therapy such as metronidazole, or amoxicillin at this time.





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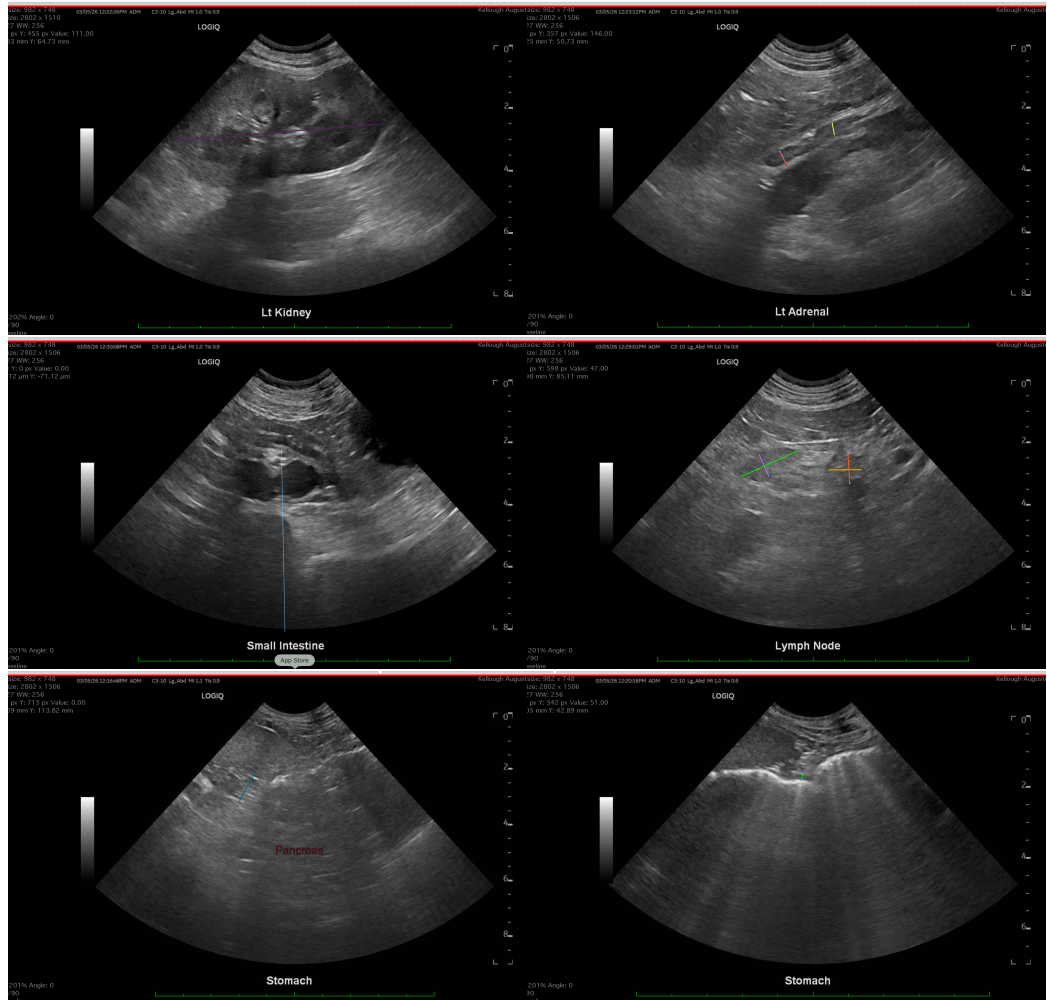
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

Veterinary Internal Medicine Specialist

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