



## PATIENT

Fletcher Hondl

## SPECIES

Canine

## BREED

Miniature Poodle

## SEX

Neutered Male

## AGE

7 Months

## WEIGHT

9.6 lbs

## INTERPRETED BY

Greg Kuhlman, DVM,  
DACVIM (SAIM)

## IMAGING PERFORMED BY

Dr. Jessie Evoniuk

## HOSPITAL NAME

State Avenue Vet  
Clinic

## REFERRING VET

Dr. Jessie Evoniuk

## INVOICE

16436

## DATE

06/08/26

## PRESENTING CLINICAL SIGNS

Presented on 6/1 for vomiting and diarrhea following ingestion of a cuticle pusher remover tool. P had diarrhea yesterday morning. Seems like its starting to firm up now, Didn't use pro pectalin this morning but used the paste last night and stool today wasn't liquid it was a soft serve consistency. Threw up this morning, looks like slight amounts of blood in vomit

Meds: pro pectalin paste, was giving GI diet ( EN canned). Owner didn't feed him this morning

Abnormal PE/Chem/CBC/UA Results: RBC 8.60, HGB 19.7, HCT 56.29, RDWc 20.2, pending chem 6/1/26 Abdominal radiographs: no overt foreign body visualized; no obstruction; significant colonic gas consistent with diarrhea.

## 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 4.0 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 3.1 cm in length.

### Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 2.6 mm and the caudal pole measures 2.9 mm.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The caudal pole measures 3.2 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

The intestines have normal wall layering and thickness. Colon contains soft to liquid stool with normal wall thickness. Stomach is distended with a moderate amount of hypoechoic fluid that contains moderate amount of echogenic debris. Diffusely, the stomach wall appears normal in thickness and



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layering. No gastric mechanical obstruction is seen on this exam. Suspect patient has functional gastritis.

**Pancreas**

The visible pancreas is diffusely hypoechoic with no surrounding hyperechoic fat.

**Free Abdomen**

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

**ULTRASONOGRAPHIC FINDINGS**

- Functional gastritis.
- Potential clinically significant pancreatitis.
- Soft to liquid stool in colon.

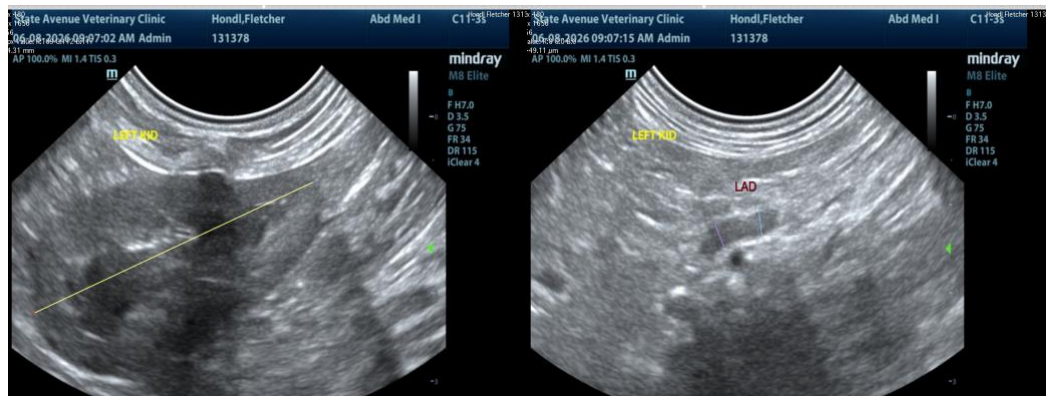
**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Recommend treating supportively with prokinetics and antiemetics. If patient fails supportive care, recommend re-imaging to rule out mechanical obstruction not seen on this exam. Ultimately, if patient continues to have clinical signs, recommend gastric biopsies either surgically or endoscopically.

The patient appears to potentially have clinically significant pancreatitis which may be the cause of the functional gastritis. Recommend if not already submitted, submitting a cPLI to screen further for clinically significant pancreatitis. If identified, recommend supportive care and administering Panoquel at 0.4 mg/kg IV once a day for three days. Long-term treatment for patient of this breed and size would be to feed an ultra-low-fat diet such as Royal Canin GI low-fat or Hill's ID low-fat.

If testing for fecal parasites has not been performed, recommend fecal pathogen PCR testing.

Prognosis is open pending results of recommended further diagnostics.





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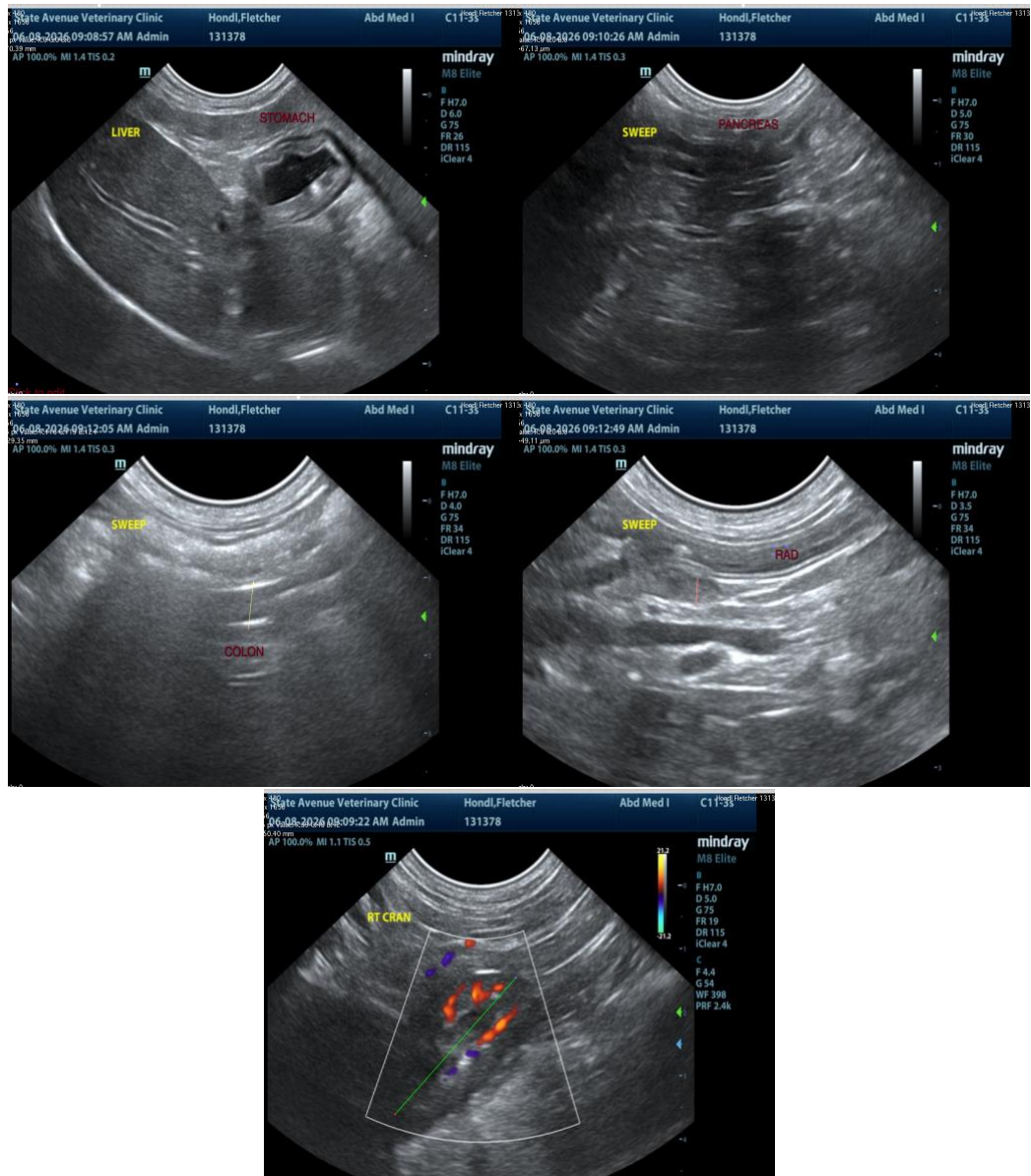
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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