



**PATIENT**

Trixie Duval

**SPECIES**

Canine

**BREED**

Cockapoo

**SEX**

Spayed Female

**AGE**

7 Years 5 Months

**WEIGHT**

22.8 lbs

**INTERPRETED BY**

Greg Kuhlman, DVM,  
DACVIM (SAIM)

**IMAGING PERFORMED BY**

Chloe Lowe

**HOSPITAL NAME**

VCA Northside Animal  
Hospital

**REFERRING VET**

Dr. Lehman

**INVOICE**

73292

**DATE**

2/26/26

**PRESENTING CLINICAL SIGNS**

Elevated ALP. History of bladder polyps and bladder stones. Doing well clinically. Restarted Denamarin this week.

Abnormal PE/Chem/CBC/UA Results: ALP 957 was 537 in October.

**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 stones, polyps, or masses are seen. Urethral papilla is not seen. The urethra appears normal.

The right kidney presents normal size (5.5 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (4.6 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

**Adrenal Glands**

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 5.0 mm and the caudal pole measures 5.0 mm.

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 4.2 mm.

**Spleen**

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

**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.

Gallbladder wall appears diffusely normal in thickness. Visible common bile duct does not appear distended. There is no free fluid or steatitis surrounding the gallbladder. The gallbladder does contain a mild amount of echogenic debris. No choleliths are seen.

**Gastrointestinal**

The stomach and intestines have normal wall layering and thickness. Colon contains normal contents with normal wall thickness.

**Pancreas**

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



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**Free Abdomen**

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

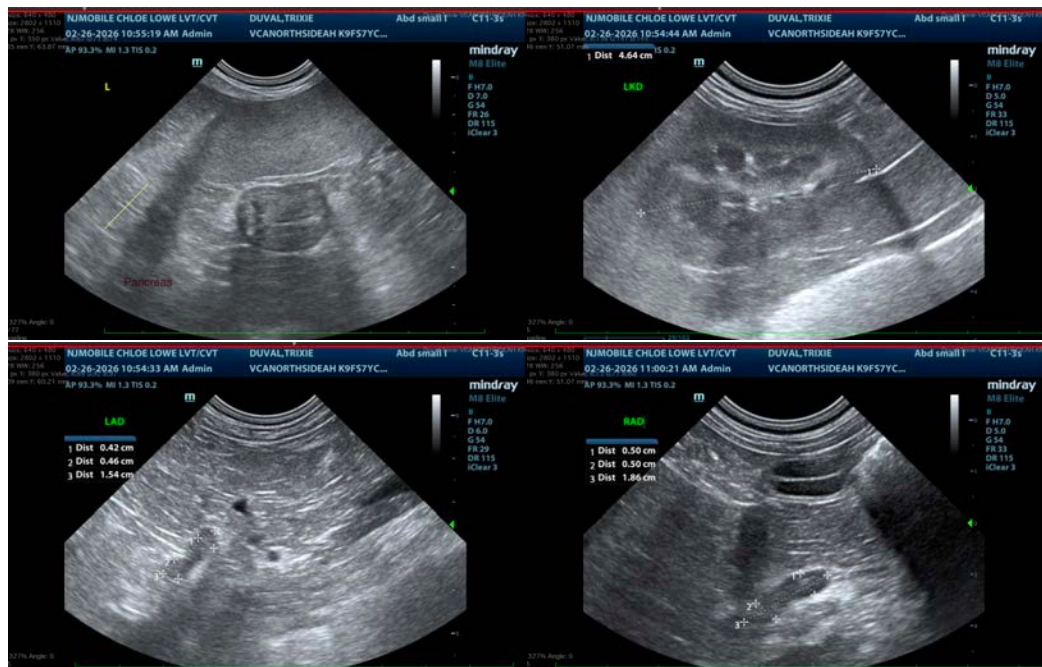
**ULTRASONOGRAPHIC FINDINGS**

- Echogenic debris within the gallbladder, which most likely explains the patient's elevated ALP. This debris is most likely causing mild cholestasis.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Recommend starting Ursodiol at 15 mg/kg given by mouth and split into two daily doses. Given that the patient has an elevated ALP but not an elevated ALT, Denamarin is not specifically needed in this situation. Consider discontinuation of Denamarin and adding the Ursodiol as prescribed. Recommend Ursodiol for 3 months and then recommend recheck liver values to determine if ALP has improved. Also consider rechecking gallbladder ultrasound at that time to determine if resolution of gallbladder debris has occurred.

If the addition of Ursodiol does not resolve the patient's elevated ALP and gallbladder debris, consider further workup for elevated ALP such as screening for hypertriglyceridemia, submitting a urine cortisol to creatinine ratio to determine if further screening for hyperadrenocorticism would be necessary, submitting a Texas A&M GI panel to screen for occult pancreatic or occult GI disease, and submitting a thyroid panel to determine if hypothyroidism may possibly be the cause of the elevated ALP and gallbladder debris. However, patient's prognosis appears good at this time.





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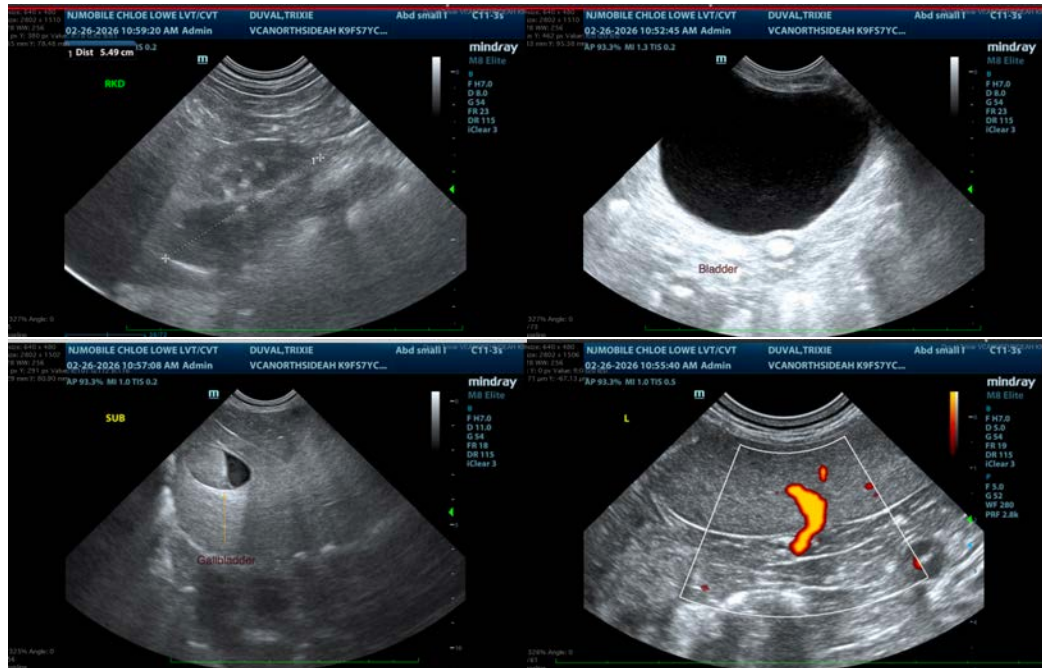
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
[info@SonoPath.com](mailto:info@SonoPath.com)