



## PATIENT

Precious Marerro

## SPECIES

Canine

## BREED

Chihuahua

## SEX

FS

## AGE

10 years

## WEIGHT

16 lbs

## INTERPRETED BY

Greg Kuhlman, DVM,  
DACVIM (SAIM)

## IMAGING PERFORMED BY

Dr. Julia Bakker

## HOSPITAL NAME

Orange Blossom  
Veterinary Imaging

## REFERRING VET

Dr. Nicole Day

## INVOICE

11394

## DATE

2/27/2026

## PRESENTING CLINICAL SIGNS

- CBC/Chem- ALT (H)-162, ALKP (H)- 442, TBIL (H)\_ 7.7
- Heart Murmur Grade - 5/6

## 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. Ureteral papillae was not 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 4.7 cm in length.

### Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma, and measures at the upper limits of normal range in size. The phrenic vasculature is unremarkable. The cranial pole measures 5.4 mm and the caudal pole measures 6.4 mm.

The right adrenal gland presents normal shape and homogenous parenchyma, and is mildly enlarged. The phrenic vasculature is unremarkable. The cranial pole measures 7.5 mm and the caudal pole measures 6.4 mm.

### Spleen

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

### Liver

The liver is diffusely enlarged with rounded margins. The parenchyma has a hyperechoic echogenicity with normal echotexture. No hepatic mass is observed. Hepatic vasculature appears normal.

The gallbladder presents normal size with anechoic contents. Normal gallbladder wall. No evidence of bile duct distention or obstruction.

### Gastrointestinal

The stomach and intestines have normal wall layering and thickness. Colon appears to contain formed stool and gas. Colon wall appears hypoechoic, and thickened measuring at 3.3 m in width. Hyperechoic striations throughout the colon wall.

### Pancreas

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

### Free Abdomen



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

**ULTRASONOGRAPHIC FINDINGS**

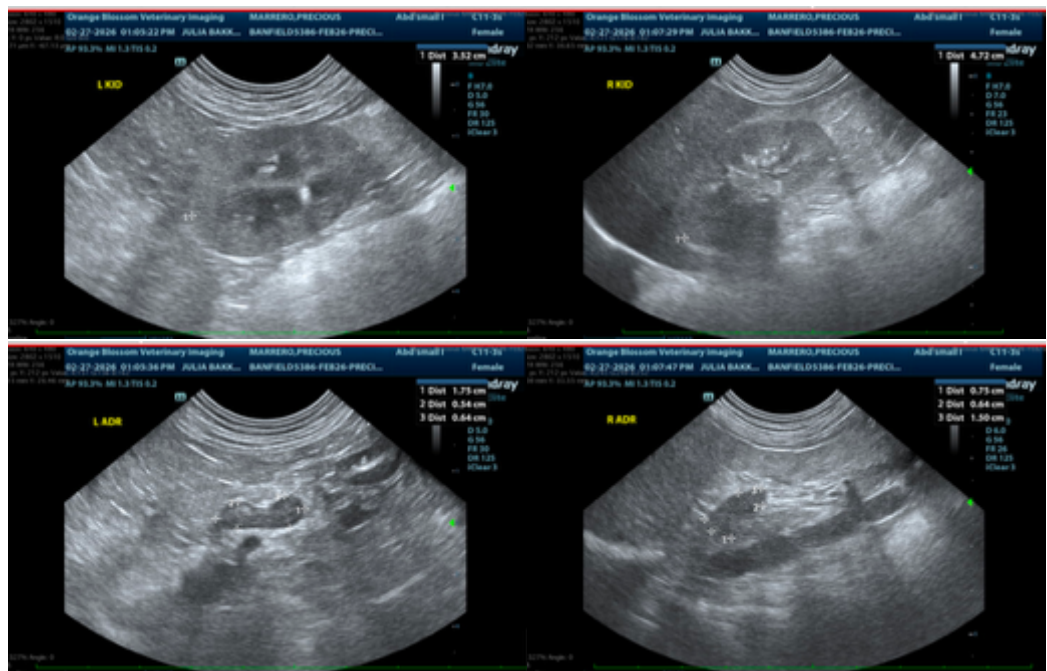
- Diffusely thickened hypoechoic colonic wall.
- Mild bilaterally adrenomegaly.
- Enlarged, hyperechoic liver.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

A full parasite screening via a fecal PCR is recommended. If the fecal parasite testing is negative and clinical signs persist, then consider colonoscopy for biopsies and histopathology. If the patient is not showing clinicals of colitis, then monitoring the colon overtime would be warranted.

Given the enlarged, hyperechoic liver, and bilaterally enlarged adrenal glands, recommend screening for hyperadrenocorticism via a low dose dexamethasone suppression test. Hyperadrenocorticism could explain the patient's mildly elevated liver values, however, would not explain the elevated bilirubin. No cause for the patient's elevated bilirubin is seen on this exam.

If patient's hematocrit is normal and there is no evidence of pre-hepatic causes for hyperbilirubinemia, this ultrasound did not show post-hepatic reasons for hyperbilirubinemia. I expect the liver to be the cause of the hyperbilirubinemia. If a fine needle aspirates of the liver rule out infiltrative neoplasia such as lymphoma or mast cell, and bilirubin remains elevated, and a hepatic cause is confirmed. Then a liver biopsy would then be warranted. It is possible that the elevated liver values are due to cardiac disease, however, it is unlikely that the bilirubin at 7.7 would be related to cardiac disease. Prognosis is open pending further diagnostics.





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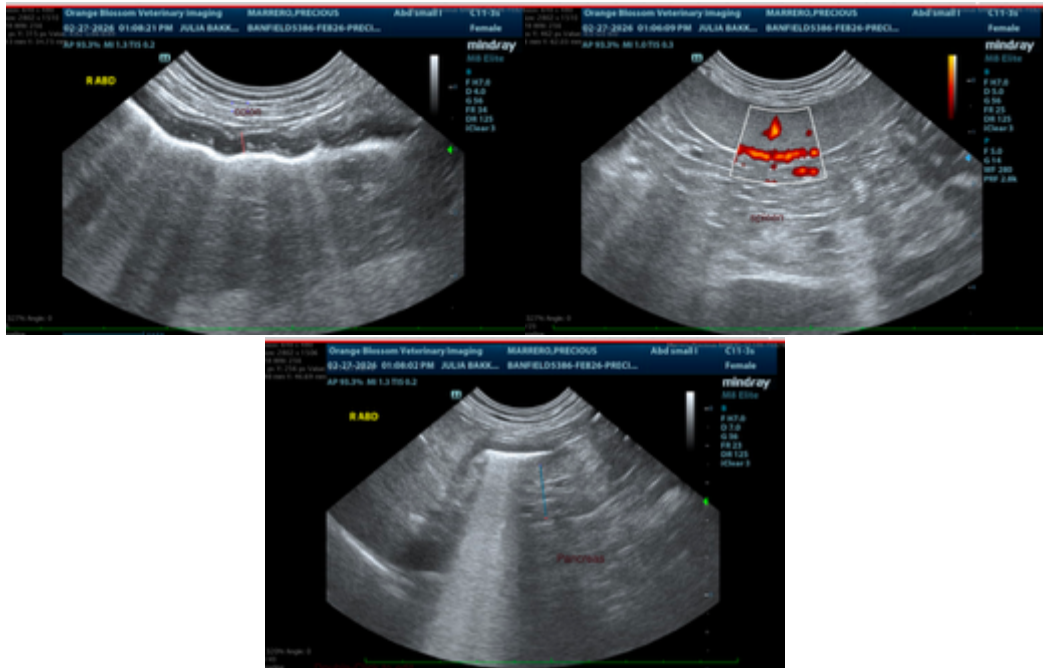
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

Veterinary Internal Medicine Specialist  
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