



PATIENT

Freya Carrillo

SPECIES

Canine

BREED

Mixed

SEX

Intact Female

AGE

1 Year

WEIGHT

26 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Willakenzie Animal
Clinic

REFERRING VET

Dr. Fischer

INVOICE

73794

DATE

3/18/26

PRESENTING CLINICAL SIGNS

Emaciation, pale mm, heart murmur

ABNORMAL Labwork Values: HCT 32, retic 533, lymphocytes 0.5, creatinine 0.4, BUN 8, albumin 2.5, ALT 1399, AST 221, ALP 3,877, GGT 82, Bilirubin - Total 1.6, Bilirubin - Unconjugate 0.8, Bilirubin - Conjugated 0.8, Cholesterol 443

Current Medications: Denamarin

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 right kidney presents normal size (6.1 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (5.9 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 13.4 mm and the caudal pole measures 7.7 mm.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 5.4 mm and the caudal pole measures 6.4 mm.

Spleen

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

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 empty. The gastric wall is diffusely normal in thickness and layering. The intestines have normal wall layering and thickness. Colon contains a large amount of soft stool and gas. Colon wall measures normal.

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.

Other

Mild age related mesenteric lymphadenopathy present.

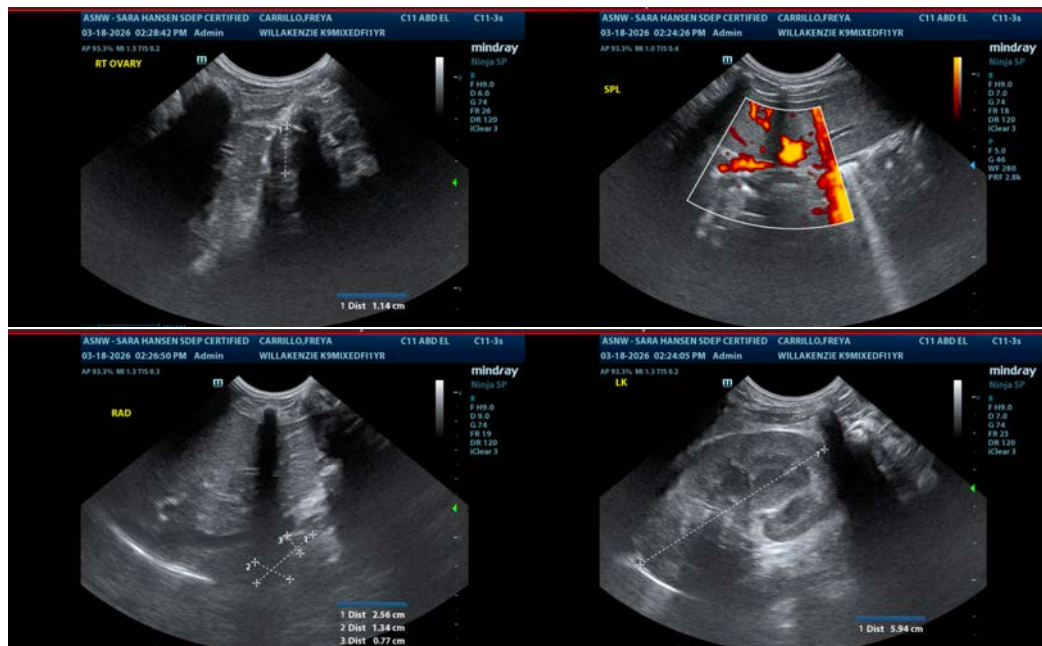
The left ovary appears normal, non-cystic to hypoechoic, measuring 9.7 mm in diameter. The right ovary appears normal measuring 1.1 cm in diameter. The uterus is normal in size and appearance for a dog in estrus. No pyometra suspected.

ULTRASONOGRAPHIC FINDINGS

- This is a normal abdominal ultrasound.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No cause for the patient's clinical signs seen. No cause for the patient's significantly elevated liver values seen on this exam. Recommend submitting Leptospirosis testing to rule out Leptospirosis as a cause of the patient's elevated liver values. Also consider toxic insult as cause of the elevated liver values. Recommend ruling out possible infiltrative neoplasia such as lymphoma or mast cell disease. Recommend fine needle aspirate of the liver and submit for cytology. If round cell neoplasia is ruled out as well as Leptospirosis, and no toxic insult is suspected, then at that time recommend liver biopsy. I suspect that the patient's hepatopathy is causing the marked weight loss. Anemia may be anemia of chronic inflammation, although with the marked reticulocytosis, consider either a blood loss or a hemolytic anemia as well.





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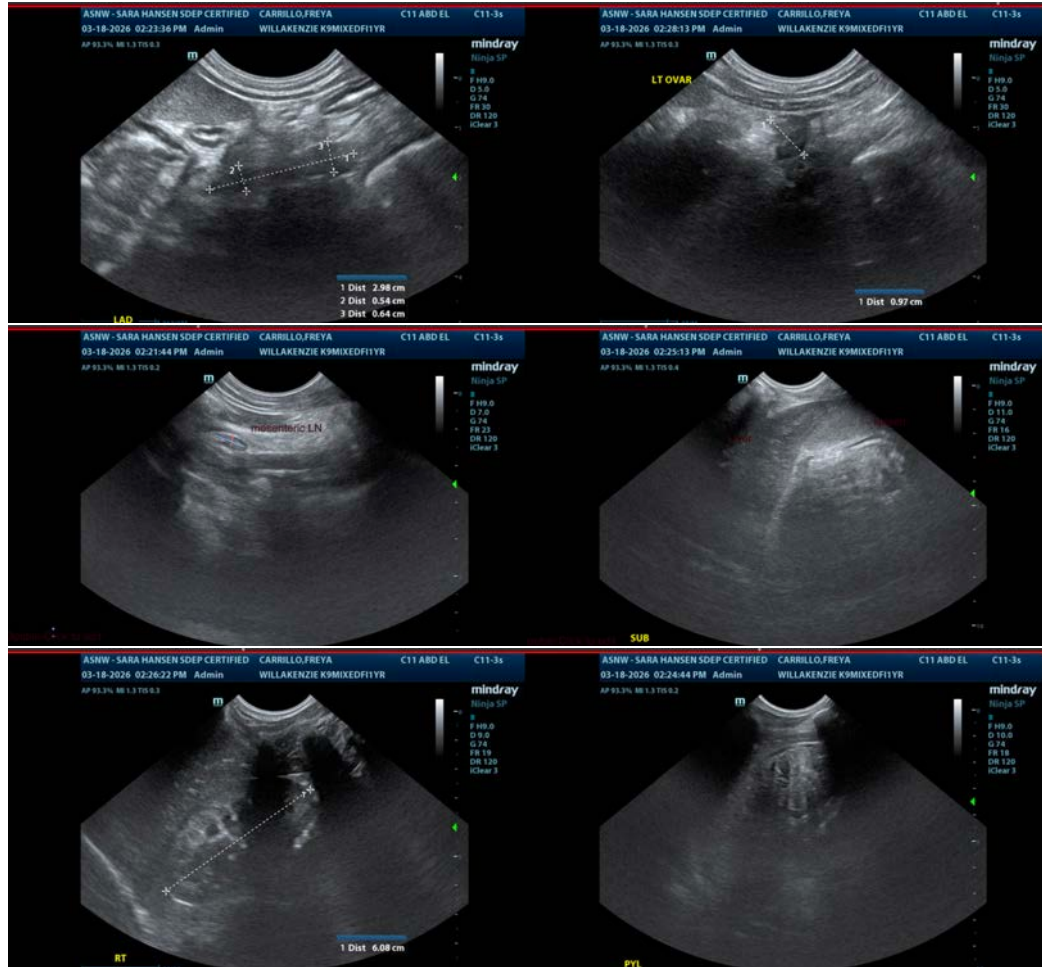
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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