



## PATIENT

Bailey Dixon

## SPECIES

Canine

## BREED

Miniature Dachshund

## SEX

Spayed Female

## AGE

12 Years 10 Months

## WEIGHT

20.4 lbs

## INTERPRETED BY

Greg Kuhlman, DVM,  
DACVIM (SAIM)

## IMAGING PERFORMED BY

Ashley Whitesell

## HOSPITAL NAME

Dickson Animal Clinic

## REFERRING VET

Dr. Cindy Lichty

## INVOICE

74416

## DATE

4/14/26

## PRESENTING CLINICAL SIGNS

PU/PD. Trazodone 50mg and Gabapentin 100mg. History of hematuria 2025  
Abnormal PE/Chem/CBC/UA Results: ALT 336 ALP 2559

## 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 (4.7 cm) with normal shape and architecture. Normal corticomedullary distinction. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted

The left kidney presents normal size (4.6 cm) with normal shape and architecture. Normal corticomedullary distinction. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted.

### Adrenal Glands

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 8.2 mm and the caudal pole measures 6.8 mm.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 5.1 mm and the caudal pole measures 6.8 mm.

### Spleen

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

### Liver

Liver is relatively normal in size and contour. Parenchyma is mildly heterogenous and coarse with mild likely age-related parenchymal remodeling noted. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder contained a marked amount of aggregating echogenic debris within anechoic bile. There is echogenic debris adhered to the luminal surface of the gallbladder wall. The gallbladder does not appear currently obstructed.

### Gastrointestinal

The visible stomach wall is normal in thickness and layering. The stomach is moderately distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. If patient was appropriately fasted, delayed gastric emptying could be considered. Non-shadowing foreign material is considered less likely but cannot be definitively ruled out.

If clinical signs are consistent (vomiting, etc.), recommendations include supportive medical care, 24 hours fasting and re-image.



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The 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.

**Free Abdomen**

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

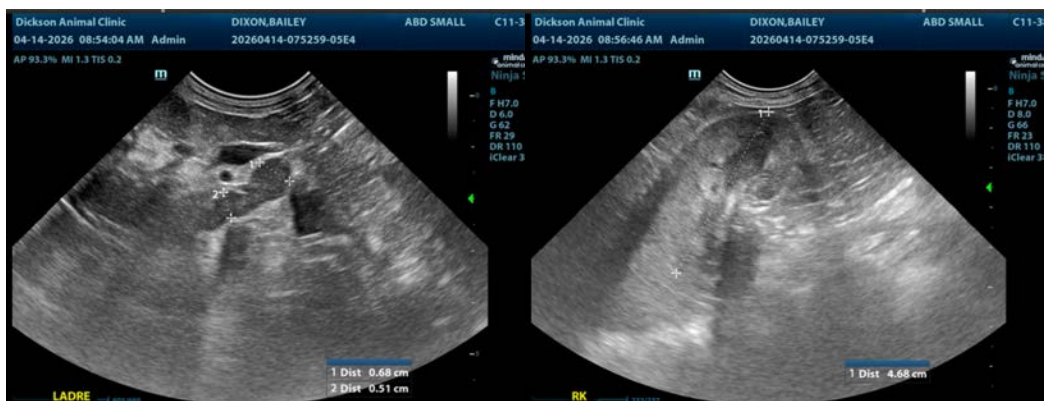
**ULTRASONOGRAPHIC FINDINGS**

- Gallbladder debris.
- Age related hepatic changes,
- Full stomach.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

If the patient does appear to have an early gallbladder mucocele or a forming gallbladder mucocele, recommend ruling out a bacterial cholangitis component to this disease process. Recommend ultrasound guided bile aspirate and submit bile for aerobic/anaerobic culture and cytology. If owners elect not to pursue these diagnostics, recommend Ursodiol and antibiotics such as Amoxicillin for 6-8 weeks, and rechecking lab work (liver values specifically) and gallbladder ultrasound to determine if gallbladder pathology is resolving. Suspect elevated liver values are due to cholangitis.

No specific cause for the patient's PU/PD seen on this exam. Recommend treatment for gallbladder disease to determine if improvement in PU/PD is seen. If not, then recommend more global workup for PU/PD. Consider screening for occult renal disease.





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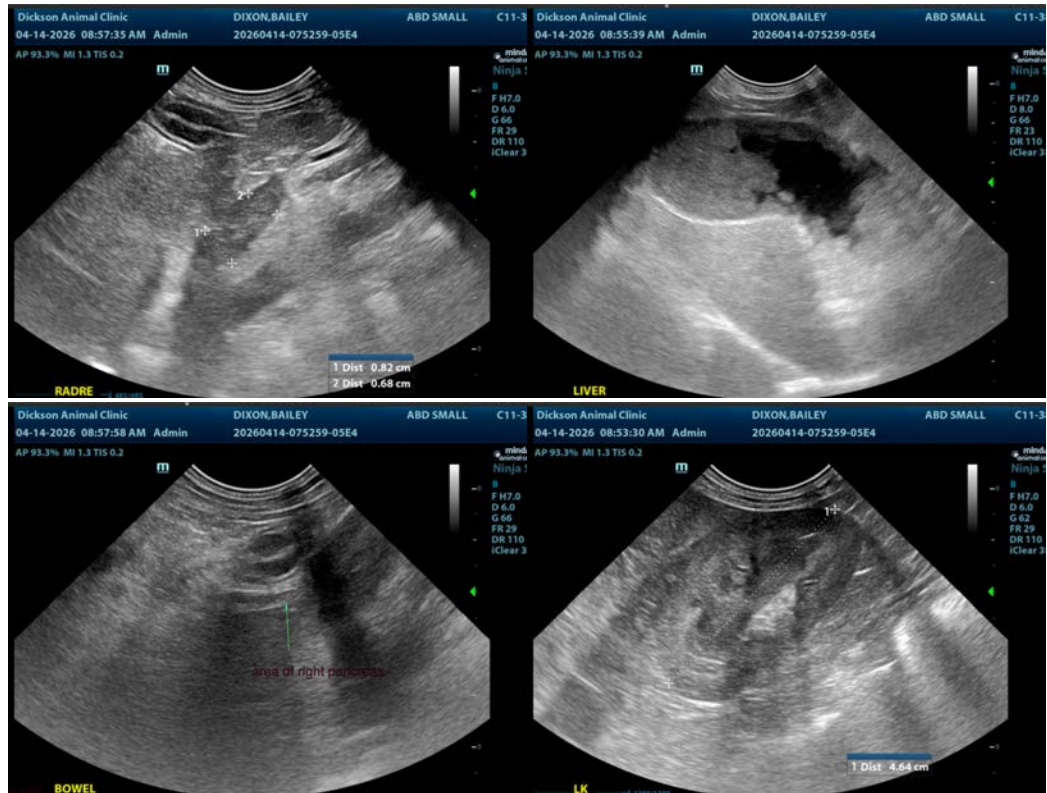
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)