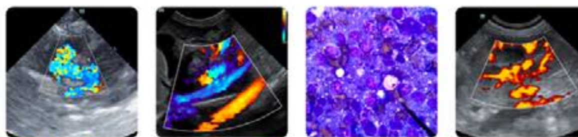


SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT
Bella Andrews

SPECIES
Canine

BREED
Border Collie x

SEX
Spayed Female

AGE
12

WEIGHT
47.5

INTERPRETED BY
Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY
Michelle Roche

HOSPITAL NAME
Fredon Animal Hospital

REFERRING VET
Dr. Calise

INVOICE
74415

DATE
4/14/26

PRESENTING CLINICAL SIGNS

Decreased appetite. Vomiting. Mild azotemia one month ago
Abnormal PE/Chem/CBC/UA Results: alt 2799, glob 5.2, bun 46, creat 2.6

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder contains minimal urine. The visible urinary bladder wall appears normal.

The right kidney presents normal size (5.3 cm) with normal shape and architecture. There is loss of corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (5.5 cm) with normal shape and architecture. Mild loss of corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

Adrenal Glands

The right adrenal gland was not clearly seen.

The caudal pole left adrenal gland presents normal shape and homogenous parenchyma, measuring 6.2 mm in width. The phrenic vasculature is unremarkable. The cranial pole is not fully visualized.

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 contains a moderate to marked amount of hyperechoic debris, some of which is adhered to the luminal margin of the gallbladder wall. No free fluid or significant hyperechoic fact surrounding the gallbladder.

Gastrointestinal

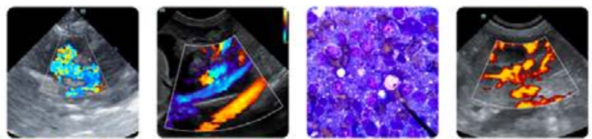
The stomach and intestines have normal wall layering and thickness. Colon contains normal contents with normal wall thickness.

Pancreas

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

Free Abdomen

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



PATIENT

Bella Andrews

SPECIES

Canine

BREED

Border Collie x

SEX

Spayed Female

AGE

12

WEIGHT

47.5

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Michelle Roche

HOSPITAL NAME

Fredon Animal Hospital

REFERRING VET

Dr. Calise

INVOICE

74415

DATE

4/14/26

ULTRASONOGRAPHIC FINDINGS

- Bilateral loss of corticomedullary distinction in the kidneys – Consistent with possible chronic kidney disease.

- Gallbladder debris.

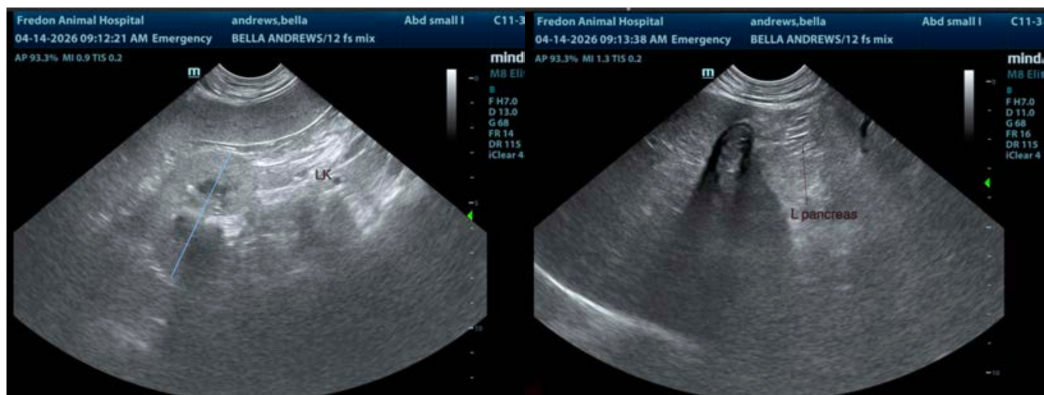
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

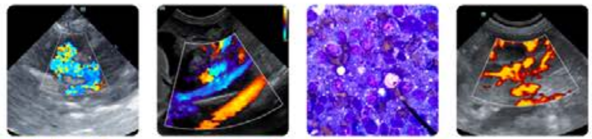
The gallbladder does not currently appear obstructed. Given the patient's elevated liver values, consider possible cholangitis as an underlying cause, specifically bacterial cholangitis. Recommend ultrasound guided fine needle aspirate of the gallbladder to obtain bile for aerobic and anaerobic bacterial culture and for cytology to rule out bacterial cholangitis as an underlying cause of elevated liver values. If owners elect not to pursue these diagnostics for the gallbladder, then consider treating with Ursodiol and an antibiotic such as Amoxicillin for 6-8 weeks, and reevaluating liver values and gallbladder ultrasound after completion of course of medications.

No specific cause for the patient's elevated liver values is seen within the liver itself. However, infiltrative neoplasia cannot be ruled out such as lymphoma or mast cell disease. Recommend fine needle aspirate of the liver with submission for cytology. If round cell neoplasia is ruled out, and if the patient is not vaccinated for Leptospirosis, consider testing for Leptospirosis as cause of elevated liver values. If this is ruled out as well and patient is not responding to treatment for cholangitis, then at that time if the liver values are still persistently elevated (specifically the ALT) recommend a liver biopsy at that time.

If Leptospirosis is ruled out, we do still recommend full staging, monitoring, and management of the patient long-term for chronic kidney disease.

If lower urinary tract disease is suspected, recommend rechecking the urinary bladder when it is fuller of urine to fully evaluate urinary bladder wall morphology.





PATIENT

Bella Andrews

SPECIES

Canine

BREED

Border Collie x

SEX

Spayed Female

AGE

12

WEIGHT

47.5

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Michelle Roche

HOSPITAL NAME

Fredon Animal Hospital

REFERRING VET

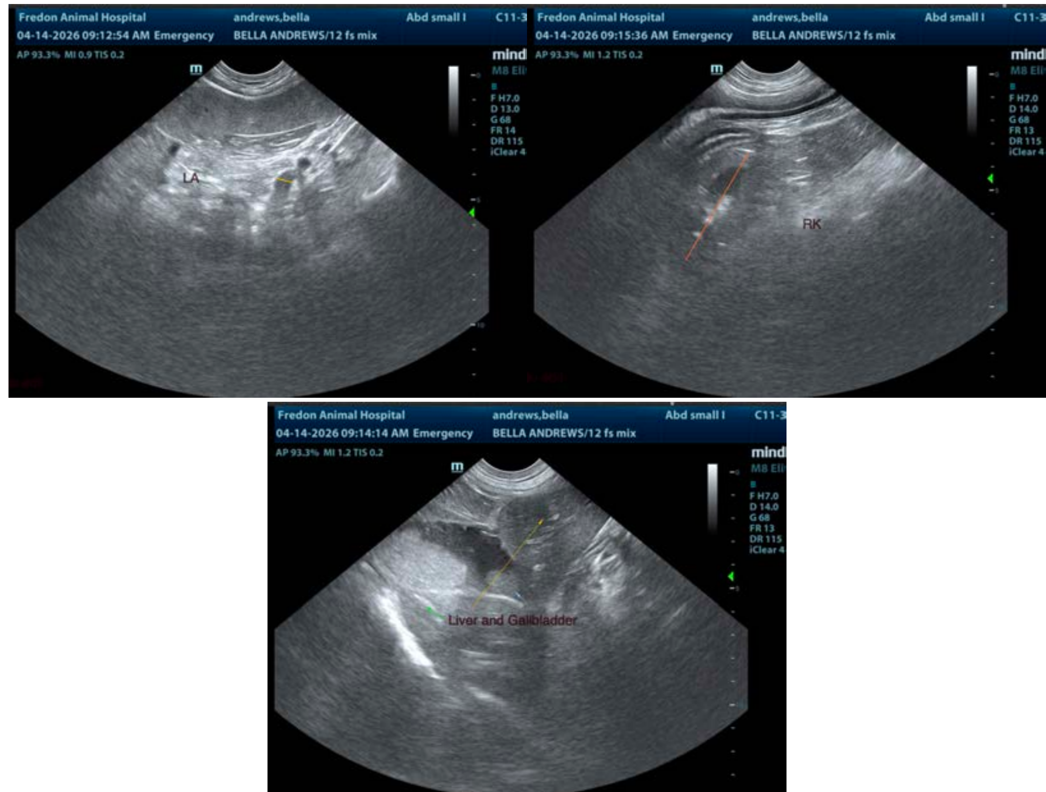
Dr. Calise

INVOICE

74415

DATE

4/14/26



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