



PATIENT

Frankie Robbio

SPECIES

Canine

BREED

Miniature Poodle

SEX

Neutered Male

AGE

11 Years

WEIGHT

4 pounds

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Julia Bakker DVM

HOSPITAL NAME

Orange Blossom
Veterinary Imaging

REFERRING VET

Alexander Villarreal
DVM

INVOICE

15223

DATE

04/17/26

PRESENTING CLINICAL SIGNS

Weight loss and elevated liver profile

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. No papilla is seen.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted. The left kidney measures 2.91 cm. The right kidney measures 3.31 cm.

Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 3.4 mm and the caudal pole measures 3.9 mm.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 3.1 mm and the caudal pole measures 3.8 mm.

Spleen

The spleen is normal in size and shape with smooth margins and diffusely hypoechoic echogenicity. May be a normal variation. Less likely, the increased echogenicity would be suggestive of possible infiltrative disease such as neoplasia i.e. lymphoma, mast cell, unlikely to be but possibly infectious disease such as Bartonellosis. There is a hyperechoic lesion at the splenic hilus that is non-capsule displacing and measures 6.4 mm in width that is most likely a benign myelolipoma.

Liver

Liver is relatively normal in size and contour. Parenchyma is mildly heterogenous and coarse with mild likely age-related parenchymal remodeling noted. Visible vasculature and biliary tree appear normal without distension or congestion. Multifocal ill-defined hypoechoic lesions found throughout parenchyma consistent with benign regenerative nodules. Less likely, these nodules represent neoplasia such as round cell specifically lymphoma or mast cell or histiocytic sarcoma or possibly metastatic neoplasia.

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation. No evidence of mucocele formation.

Gastrointestinal

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

Pancreas



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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

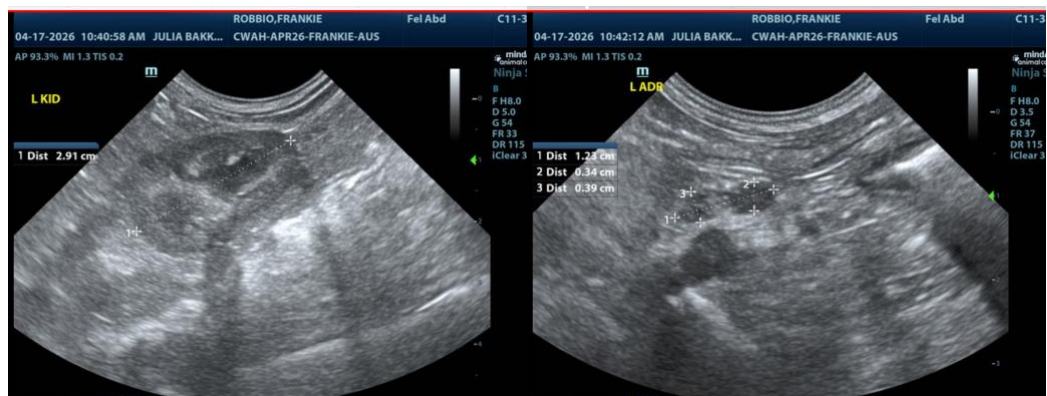
- Hepatic remodeling with hepatic lesions.
- Suspect early chronic kidney disease.
- Benign myelolipoma.
- Gallbladder debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend ultrasound-guided fine needle aspirate of the hepatic lesions and myelolipoma to rule out round cell neoplasia. Recommend full staging, monitoring and managing with international renal interest society guidelines.

Cholangitis (specifically bacterial cholangitis) may be contributing to the appearance of patient's liver and the elevated liver values. Consider bile aspirate via ultrasound guidance with submission for aerobic/anaerobic bacterial culture and cytology to rule this out. If owners elect not to pursue this diagnostic testing, consider empirical treatment with ursodiol and appropriate antibiotic such as amoxicillin. Recommend these treatments for eight weeks and recheck liver values and ultrasound.

A determinative result improvement is seen. Also consider fine needle aspirate of the normal liver parenchyma to rule out the possibility of any kind of infiltrative or inflammatory disease for the liver. Another thing to consider would be testing for leptospirosis if patient is not vaccinated. Recommend Texas A&M GI panel to rule out malabsorptive disease as cause of weight loss and to screen for possible occult pancreatitis which may be contributing to the hepatopathy that is present.





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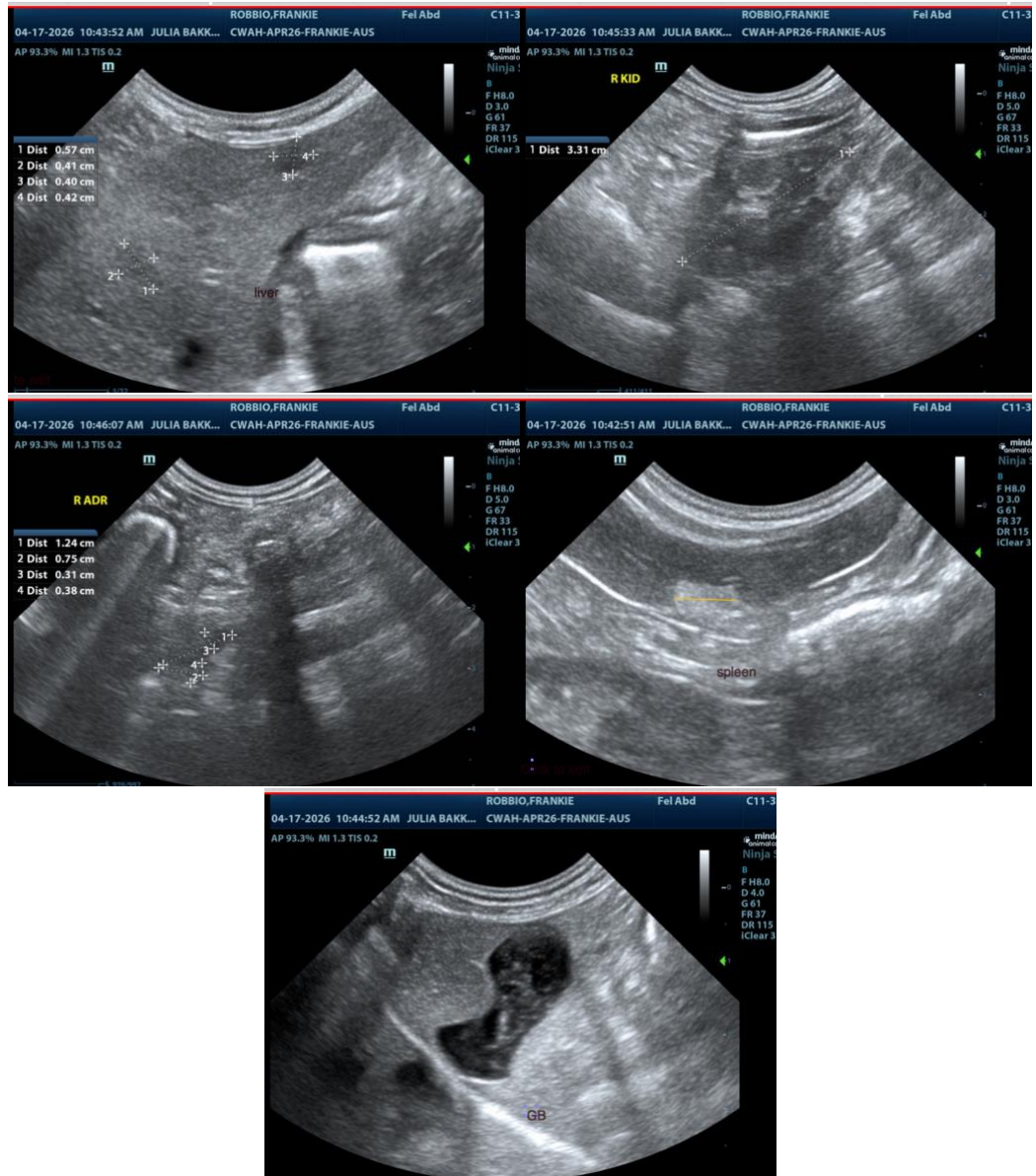
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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