



**PATIENT**

Shubey Silverman

**SPECIES**

Canine

**BREED**

Cockapoo

**SEX**

Neutered Male

**AGE**

14 Years 6 Months

**WEIGHT**

24.2 pounds

**INTERPRETED BY**

Greg Kuhlman, DVM,  
 DACVIM (SAIM)

**IMAGING PERFORMED BY**

Vincent Ravancho CVT

**HOSPITAL NAME**

Summit Dog and Cat  
 Hospital

**REFERRING VET**

Dr. Nada

**INVOICE**

15230

**DATE**

04/17/26

**PRESENTING CLINICAL SIGNS**

Inappropriate urination, occasional posturing with minimal output. r/o structural dz, uroliths, bladder masses, prostate masses, inflammation, any abdominal abnormalities. Current medications – Carprofen

Abnormal PE/Chem/CBC/UA Results: AlkP 269, Glob 3.9, Platelets 539 U/A - trace protein + normal micro-albumin USG - 1.036

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The apical aspect of urinary bladder wall is thickened at 4.6 mm width and contains moderate urine with a moderate amount of urinary bladder debris. The caudal urinary bladder wall is more normal in thickness, and it measures 2.4 mm. A luminal margin of the apical aspect of the urinary bladder is irregular in texture consistent with possible chronic inflammation from possibly chronic urinary tract infection.

The prostate is normal in size and measured 6.7 mm in width. It has a uniform echogenicity and appears symmetrical. No obvious prostatic disease is seen on this ultrasound on the included images.

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 4.7 cm. The right kidney measures 4.5 cm.

**Adrenal Glands**

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 5.9 mm and the caudal pole measures 5.8 mm.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 4.9 and the caudal pole measures 5.7 mm.

**Spleen**

Spleen is subjectively large in size with normal smooth margins. Parenchyma is normal in echogenicity with a diffusely coarse/heterogenous echotexture. No discrete sizable focal nodules or masses are observed. Splenic vasculature appears normal. Normal blood flow is evident.

**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 does contain a moderate amount of gallbladder debris that is possibly causing mild cholestasis or resulting in the elevated alkaline phosphatase.

**Gastrointestinal**



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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.

**ULTRASONOGRAPHIC FINDINGS**

- Chronic renal changes.
- Mild splenomegaly.
- Hepatic remodeling.
- Bladder wall thickening.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

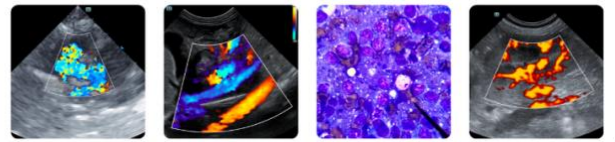
Recommend full staging, monitoring and managing per international renal interest society based on the appearance of their kidneys.

Mild splenomegaly may be a normal variation or possibly age-related changes although the appearance of the spleen is unlikely to be due to infiltrative neoplasia. If there is clinical concern for round cell neoplasia, consider a fine needle aspirate of the spleen in submission for cytology to definitively rule this out although it does not appear highly likely.

The appearance of the spleen is most likely insignificant or clinically incidental. The mild elevated alkaline phosphatase is most likely elevated due to a secondary cause and not primary hepatic disease. Consider starting ursodiol and rechecking patient in two months to determine if alkaline phosphatase has improved. If not, consider screening for other metabolic diseases such as hyperadrenocorticism, probably would start with the urine cortisol to creatinine ratio if normal hyperadrenocorticism is ruled out.

If elevated, low-dose dexamethasone suppression test. Other possible causes for elevated alkaline phosphatase are hypertriglyceridemia, hypothyroidism, occult pancreatic or occult gastrointestinal disease, less likely an infectious disease such as leptospirosis. Consider this disease if patient is not vaccinated.

It appears the patient may be occasionally having stranguria, possible urinary tract infection is present. If these clinical signs persist, consider radiographs to evaluate the full urethra to make sure there is no urolith present causing an obstructive process. If urolith is ruled out, consider referring patient for cystoscopy to evaluate full urethra and urinary bladder.



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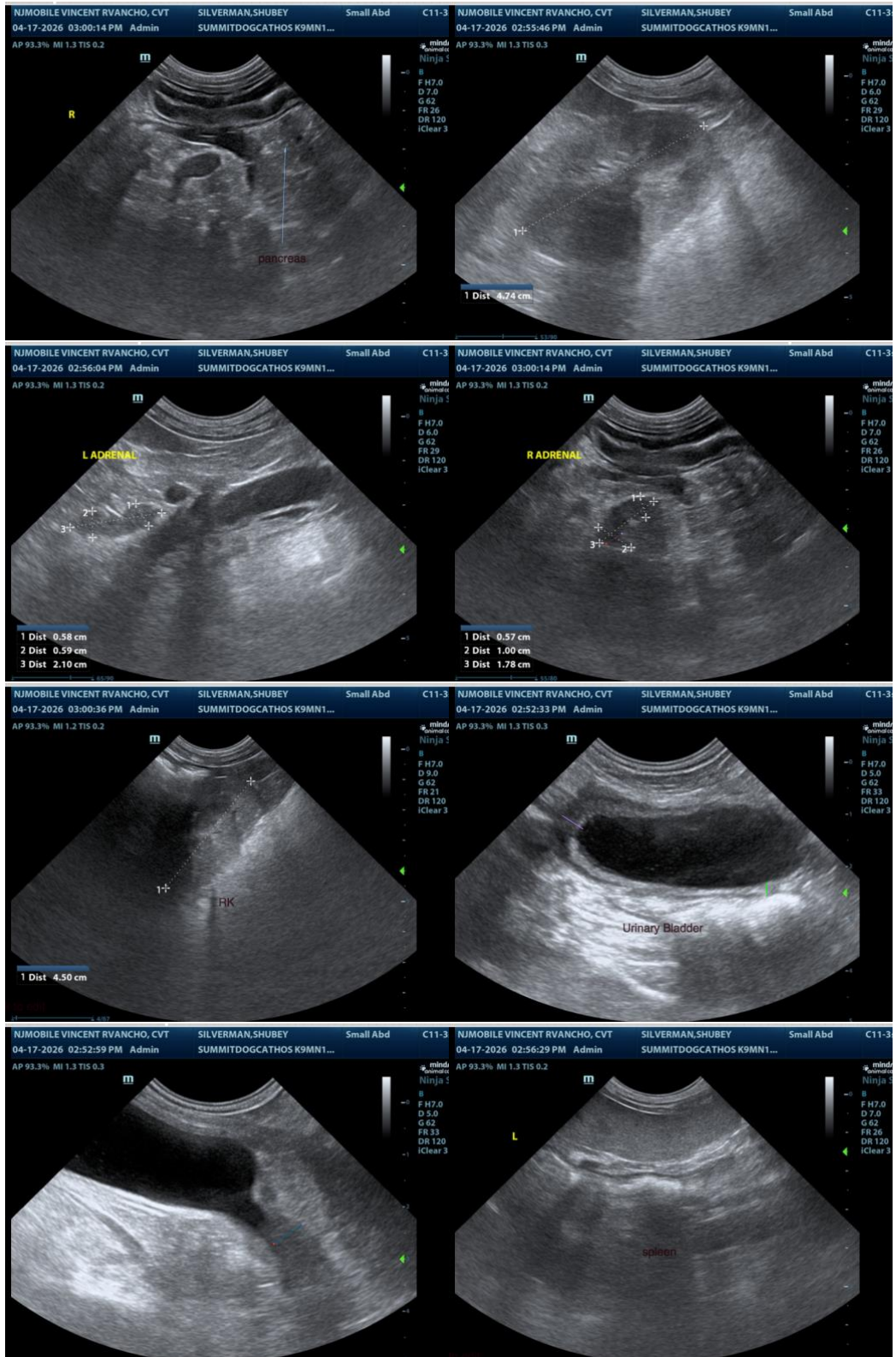
Dr. Nada

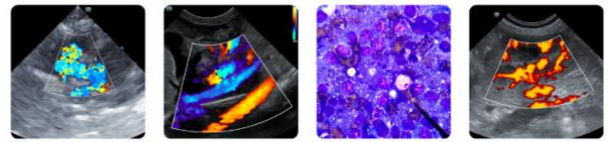
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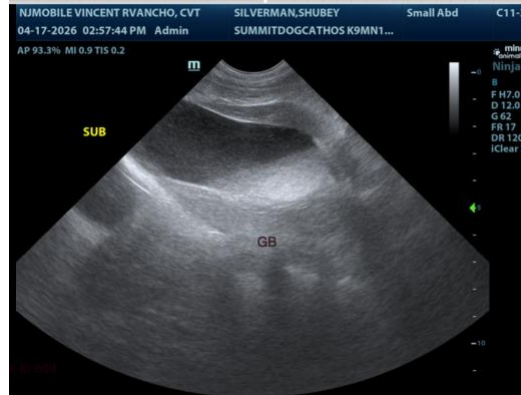
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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