



## PATIENT

Toopy Sudha

## SPECIES

Canine

## BREED

Shih Tzu Maltese Mix

## SEX

Intact Male

## AGE

6 years

## WEIGHT

6.6 kgs

## INTERPRETED BY

Greg Kuhlman, DVM,  
DACVIM (SAIM)

## IMAGING PERFORMED BY

Dr. Gira

## HOSPITAL NAME

Prairie Winds VC

## REFERRING VET

Dr. Singla

## INVOICE

11789

## DATE

4/23/2026

## PRESENTING CLINICAL SIGNS

Patient came in to the clinic on April 1 with blood in urine, in blood work results there was very elevated ALT, and urinalysis results reflected presents of triple phosphate crystals. Toopy is scheduled for neuter later.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The bladder is moderately distended with anechoic urine. The bladder wall is normal in appearance and thickness. No masses are seen. Within the urethra, cranial to the prostate, there is a 1.9 mm hyperechoic mildly shadowing urolith present. It does not appear obstructive at this time.

Prostate is normal in size (2.7 cm x 2.6 cm), echotexture, and echogenicity for an intact male.

The left kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted. No pyelectasia or ureteral dilation. The left kidney measured 4.4 cm in length.

The right kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted. No pyelectasia or ureteral dilation. The right kidney measured 4.9 cm in length.

### Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 4.1 mm and the caudal pole measures 4.4 mm.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 4.5 mm and the caudal pole measures 4.3 mm.

### 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 portal vein to caudal vena cava ratio is 1.0, which is normal. Portosystemic shunt is not suspected as the cause of the patient's elevated ALT.

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.

### Gastrointestinal

The stomach is markedly gas filled, which is most likely due to aerophagia. Visible gastric wall appears normal.

Small intestines have normal wall layering and thickness. Duodenum measures 4.4 mm in width.



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Colon contains normal contents with normal wall thickness.

Toopy Sudha

## Pancreas

## SPECIES

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

Canine

## Free Abdomen

## BREED

There is a visible medial iliac lymph node measuring 6.4 mm x 3.7 mm in size which appears normal. Normal jejunal lymph node visualized. A representative node measures 3.2 mm x 11.5 mm in size.

Shih Tzu Maltese Mix

No free abdominal fluid is seen.

## SEX

## Other

Intact Male

Both right and left testicles are visualized and appear normal. They both measures 2.4 cm in length.

## AGE

## ULTRASONOGRAPHIC FINDINGS

6 years

- Non-obstructive dystrophic mineralization noted bilaterally in the kidneys.
- Hyperechoic mildly shadowing urolith present in the urethra, cranial to the prostate – Does not appear to be causing an obstruction at this time.
- Mild to moderate gallbladder debris - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.
- Markedly gas filled stomach – Most likely due to aerophagia.

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There is no definitive cause observed on these images to determine the cause of the elevated ALT.

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Recommend a urinary diet (Hill's CD, Royal Canin SL) for 1 month and then following up imaging to determine if this urolith has resolved.

Prairie Winds VC

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The mild to moderate gallbladder debris may potentially be the cause of patient's elevated ALT. I recommend a fine needle aspirate and submission of bile for aerobic/anaerobic bacterial culture and cytology to determine if bacterial cholangitis is present, and may be contributing to patient's elevated ALT.

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## INVOICE

If patient is not vaccinated for leptospirosis, then I recommend screening for leptospirosis as the cause of elevated ALT.

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Ultimately, pending results of above, if there is no cause identified for the elevated ALT and it remains persistently elevated, then I recommend a liver biopsy.

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I am not highly concerned that the elevated ALT will increase anesthetic risk. Normal anesthetic precautions can be taken.



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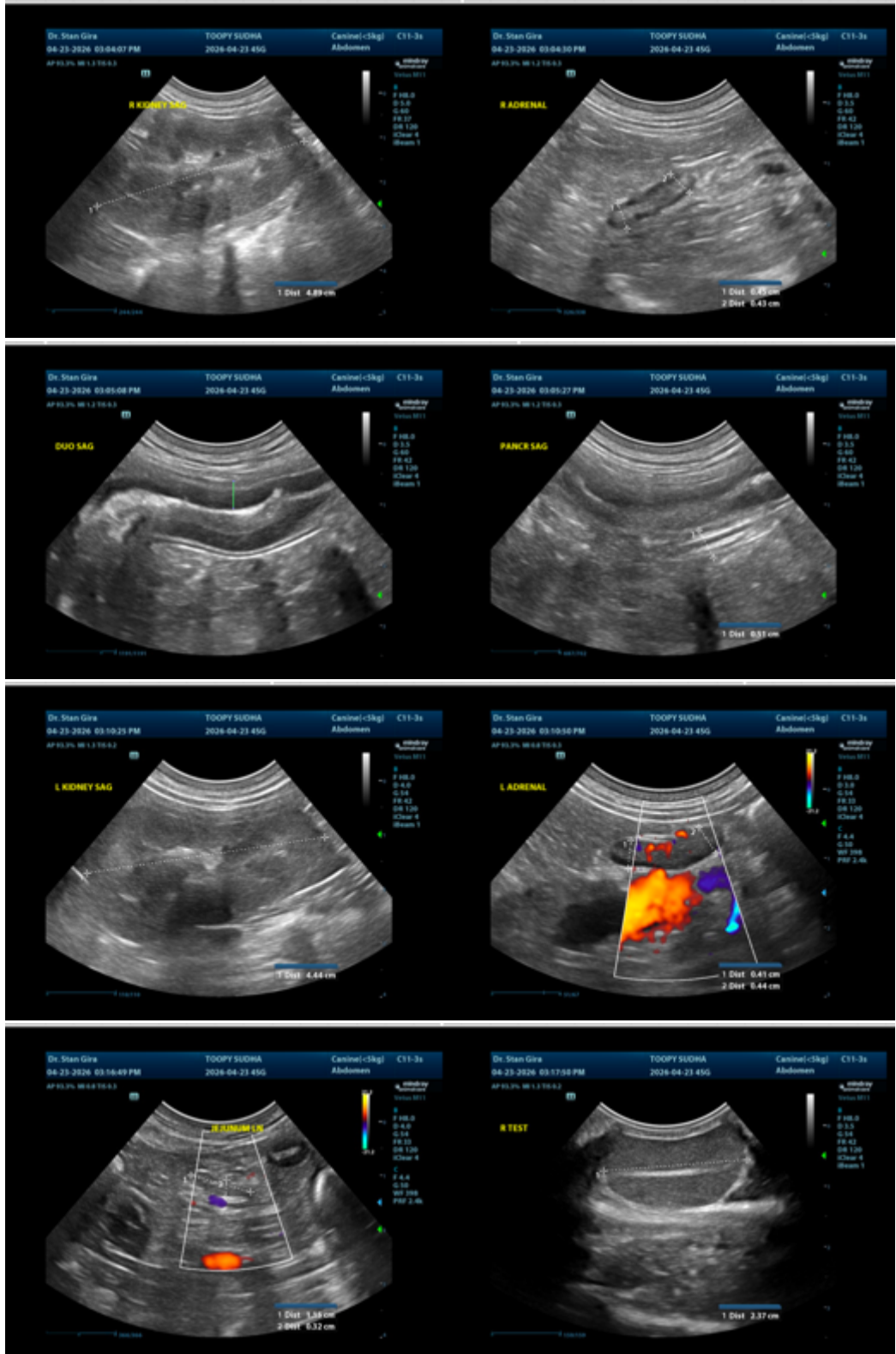
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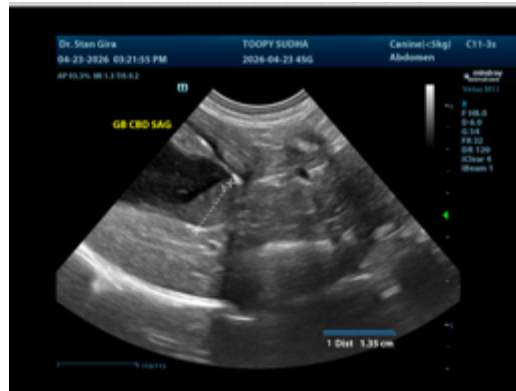
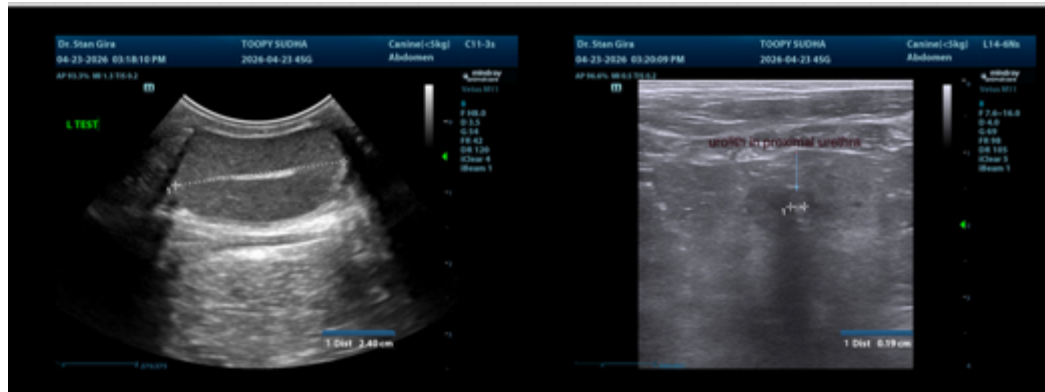
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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