



PATIENT

Tory Bartruff

SPECIES

Canine

BREED

Toy Fox Terrier

SEX

Spayed Female

AGE

9 Years

WEIGHT

13.8 pounds

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Jocelyn Smith CVT

HOSPITAL NAME

Annville Cleona
Veterinary Associates

REFERRING VET

Dr. Alexandra
Pinamonti

INVOICE

14855

DATE

04/03/26

PRESENTING CLINICAL SIGNS

Routine blood work we found ALP and ALT elevated. No history of new medications or that she could've gotten into any toxins, etc. Eating/drinking/urination/BM all normal. No v/d

Abnormal PE/Chem/CBC/UA Results: Diabetic - stable High: ALP 1193, ALT 389, glucose 142, HCT 64%, Hgb Low: Creat 0.3 Rest: WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder wall is diffusely thickened and hypoechoic measuring up to 3.2 mm in width. Only minimal amount of urine is present at this time. Because urinary bladder changes are diffuse, a neoplastic process is not highly suspected. Possible chronic bacterial cystitis may be a cause of the changes seen on this ultrasound with the urinary bladder.

The left kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured 4.0 cm in length.

The right kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The right kidney measured 4.5 cm in length.

Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 5.4 mm and the caudal pole measures 4.7 mm.

The right adrenal gland was not clearly visualized.

Spleen

The spleen is normal in size, shape, margination and echogenicity. No masses are seen. Normal blood flow was evident.

Liver

Liver is subjectively enlarged (swollen contour) without disruption of architecture. It has a normal homogenous echotexture. Parenchyma is diffusely hyperechoic characterized by less prominent than normal portal vein walls and increased echogenicity relative to the spleen and falciform fat. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion. This presentation is most likely due to patient's chronic diabetes mellitus.

Gallbladder is moderately overdistended with organized, aggregated and centralized non-gravity dependent sludge. Striations of sludge separated by anechoic areas are noted extending from the lumen to the luminal wall. The wall is mildly thick, irregular and hyperechoic. There is no evidence of CBD dilation.

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

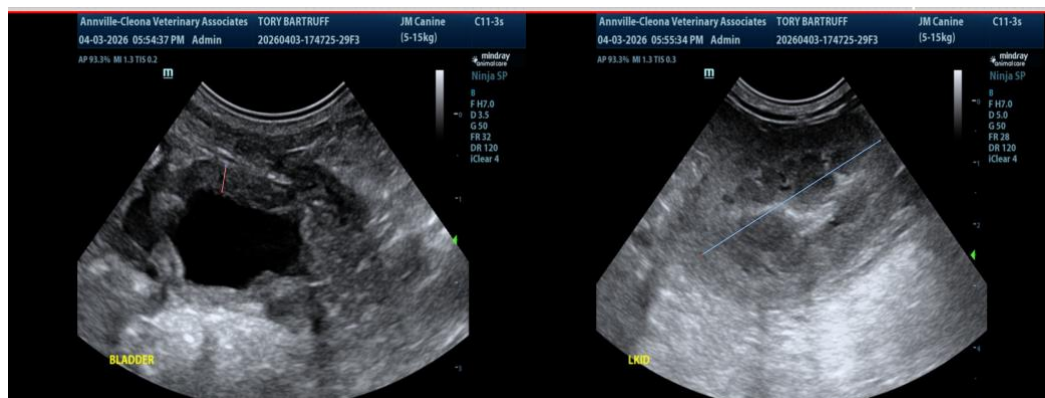
- Thickened urinary bladder.
- Hyperechoic hepatomegaly.
- Mature gallbladder mucocele.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If urine culture has not been performed, recommend performing urine culture. Recommend treating medically at this time given that gallbladder does not appear obstructed because bilirubin was not reported to be elevated. Recommend Ursodiol at 15 mg/kg by mouth. Split into two daily doses and starting antibiotics such as amoxicillin at approximately 20 mg/kg twice a day. Recommend these treatments for the next six weeks. Re-evaluating the appearance of the gallbladder via ultrasound and also recommend rechecking liver values at the same time.

If improvement is seen, continue treating until gallbladder disease is stable or resolved. If at any point the patient's bilirubin begins to elevate or the patient starts to show any signs of illness such as vomiting, diarrhea, decreased appetite, it would be recommended to perform a cholecystectomy at that time.

If cholecystectomy is performed, recommend obtaining liver biopsies at same procedure for Histopath to rule out any other causes for patients elevated liver values. Prognosis at this time appears good given this the gallbladder mucocele was caught early.





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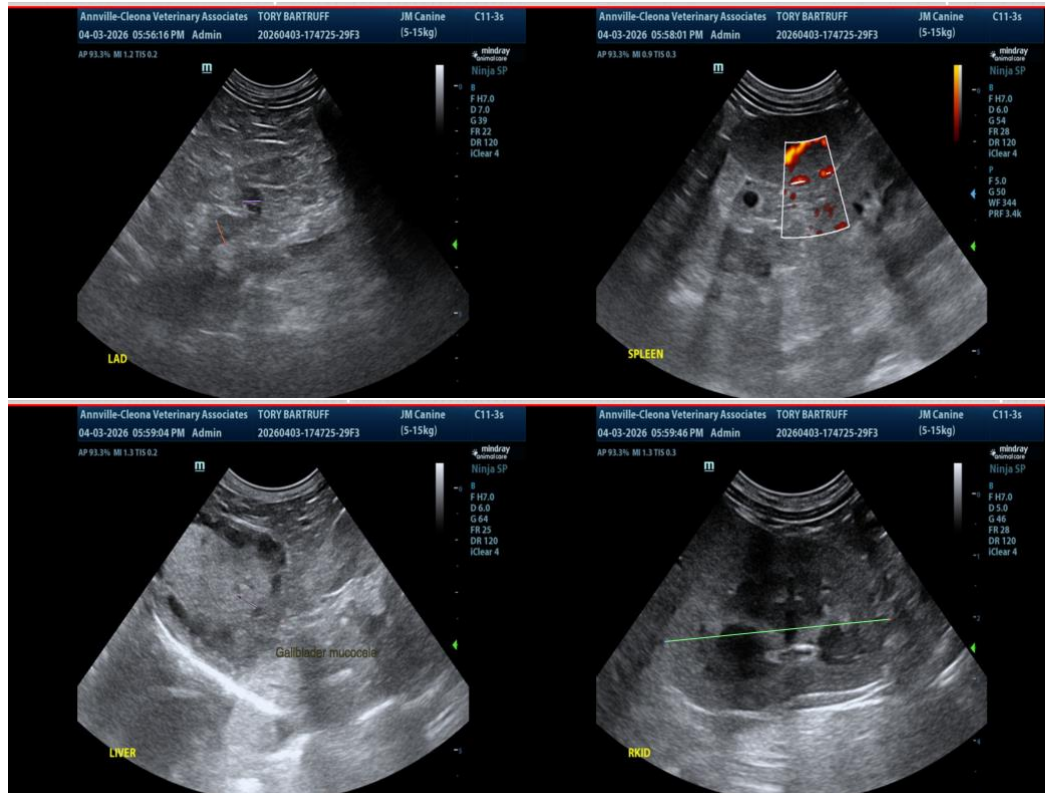
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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