



PATIENT

Raina Thacker

SPECIES

Canine

BREED

Poodle x

SEX

Spayed Female

AGE

8 Years

WEIGHT

12.8 kg

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Meghan Morse, LVT,
CVT

HOSPITAL NAME

Bond Vet Edgewater

REFERRING VET

Dr. Ordonez

INVOICE

74363

DATE

4/9/26

PRESENTING CLINICAL SIGNS

Hx of elevated Chol (400s) and ALP (>1500)- not resolved w/ denamarin.
Was on Clavamox and Metro x 30 days- no improvement

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.

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

The left kidney presents normal size (5.3 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

Adrenal Glands

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 9.1 mm and the caudal pole measures 6.3 mm.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 6.9 mm and the caudal pole measures 5.3 mm.

Spleen

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

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 presents normal size with anechoic contents. Normal gallbladder wall. No evidence of bile duct distention or obstruction.

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

Raina Thacker

SPECIES

Canine

BREED

Poodle x

SEX

Spayed Female

AGE

8 Years

WEIGHT

12.8 kg

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Meghan Morse, LVT,
CVT

HOSPITAL NAME

Bond Vet Edgewater

REFERRING VET

Dr. Ordonez

INVOICE

74363

DATE

4/9/26

ULTRASONOGRAPHIC FINDINGS

- Unremarkable abdomen.

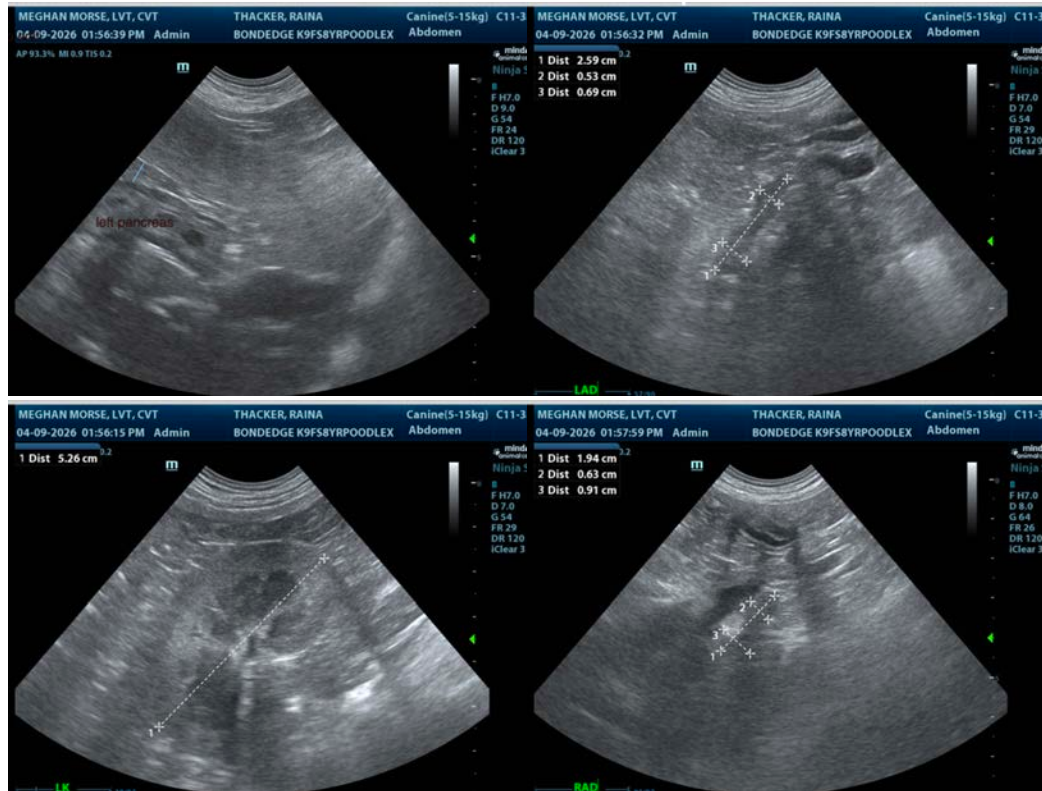
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No specific cause for the patient's elevated cholesterol and ALP seen on this exam. An elevated ALP without an elevated ALT is most likely due to benign hepatopathy, most likely a secondary hepatopathy. The liver appeared normal on this exam. I

would recommend submitting a fasted triglyceride if not already performed to determine if hypertriglyceridemia is the cause of the elevated ALP. Other secondary causes may include hyperadrenocorticism. Consider submitting a UCCR, and if elevated screening for hyperadrenocorticism via a low-dose Dexamethasone suppression test.

Other testing to consider would be thyroid panel, GI panel to screen for occult GI or occult pancreatic disease. If the patient is not vaccinated for Leptospirosis, consider Leptospirosis, although not highly likely given just an elevated ALP. Ultimately, if no secondary cause is identified for these lab work elevations, then consider periodic monitoring. If any time ALT, AST or bilirubin begin to elevate, recommend reimaging with a plan to consider possible liver biopsy.

Prognosis appears good at this time.





PATIENT

Raina Thacker

SPECIES

Canine

BREED

Poodle x

SEX

Spayed Female

AGE

8 Years

WEIGHT

12.8 kg

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Meghan Morse, LVT,
CVT

HOSPITAL NAME

Bond Vet Edgewater

REFERRING VET

Dr. Ordonez

INVOICE

74363

DATE

4/9/26



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