



## PATIENT

Harlow Cheung

## SPECIES

Canine

## BREED

Poodle Mix

## SEX

FS

## AGE

5 years

## WEIGHT

10.7 kg

## INTERPRETED BY

Greg Kuhlman, DVM,  
DACVIM (SAIM)

## IMAGING PERFORMED BY

Dr. Gira

## HOSPITAL NAME

Elbow River Vet Clinic

## REFERRING VET

Dr. Steve

## INVOICE

11924

## DATE

5/11/2026

## PRESENTING CLINICAL SIGNS

The owner reports ongoing urinary dribbling, which occurs intermittently, especially when Harlow is relaxed or asleep. The frequency can be up to 3 times per week. New red bumps and a rash have been noted on the skin around the vulva. Water intake has been increased.

Abnormal PE/Chem/CBC/UA Results: Most recent UA Clarity Clear Specific Gravity 1.032 1.03 1.098 pH 8.5 Urine Protein Negative Glucose Negative Ketones Negative Blood / Hemoglobin Negative Bilirubin 1+ Urobilinogen Normal White Blood Cells NONE SEEN Red Blood Cells NONE SEEN Bacteria None Seen Triple Crystals phosphate (6-20 /HPF) No growth on CS.

## 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 left kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured 5.0 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 4.7 cm in length.

### Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 4.2 mm and the caudal pole measures 4.5 mm.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 5.0 mm and the caudal pole measures 4.8 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 gallbladder presents normal size but contains a moderate amount of anechoic bile. Within the bile there is a moderate amount of suspended echogenic debris. There are approximately 3 choleliths present. One of which appears to be adhered to the lumen wall at the cranial ventral gallbladder and measures 3.7 mm in width. The other 2 choleliths appear to be freely movable within the gallbladder. They measure 3.3 mm and the other measures 2.3 mm in diameter. Does not appear to be obstructed and does not appear to have an early gallbladder mucocele.

### Gastrointestinal



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The stomach has normal wall layering and thickness. Duodenum is normal in thickness and layering measuring 3.8 mm in width but has possible mucosal speckling. Colon contains normal contents with normal wall thickness. Ileum appears normal in thickness and layering, and measures 3.0 mm in width.

## Pancreas

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

## Free Abdomen

Prominent mesenteric lymph node present measuring 11.4 cm x 3.5 mm.

No free abdominal fluid is seen.

## ULTRASONOGRAPHIC FINDINGS

- Mesenteric lymphadenopathy. Appears normal to reactive and less likely to be due to a neoplastic process.
- Gallbladder with echogenic debris and 3 choleliths.
- Possible mucosal speckling within the duodenum.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend starting ursodiol at 15 mg/kg by mouth BID for approximately 6-8 weeks and then recheck imaging of the gallbladder.

Portal vein to caudal vena cava 1.06 mm within normal limits, and no portosystemic suspected.

The mucosal speckling within the duodenum is of unknown clinical significance. A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function. If patient's folate is abnormal, then it is possible that dysbiosis is causing this appearance and recommend probiotic therapy. If the patient's folate is normal, this is most likely an incidental finding.

There is no visible cause for the patient's intermittent incontinence observed on today's exam. Even though patient's urine sediment appears to be inactive, consider a urine culture to rule out possible occult lower urinary tract infection as the cause of the patient's incontinence. If a UTI is definitively ruled out then consider starting patient on medication such as Incurin or Proin to treat for suspected ureteral sphincter mechanism incompetence.



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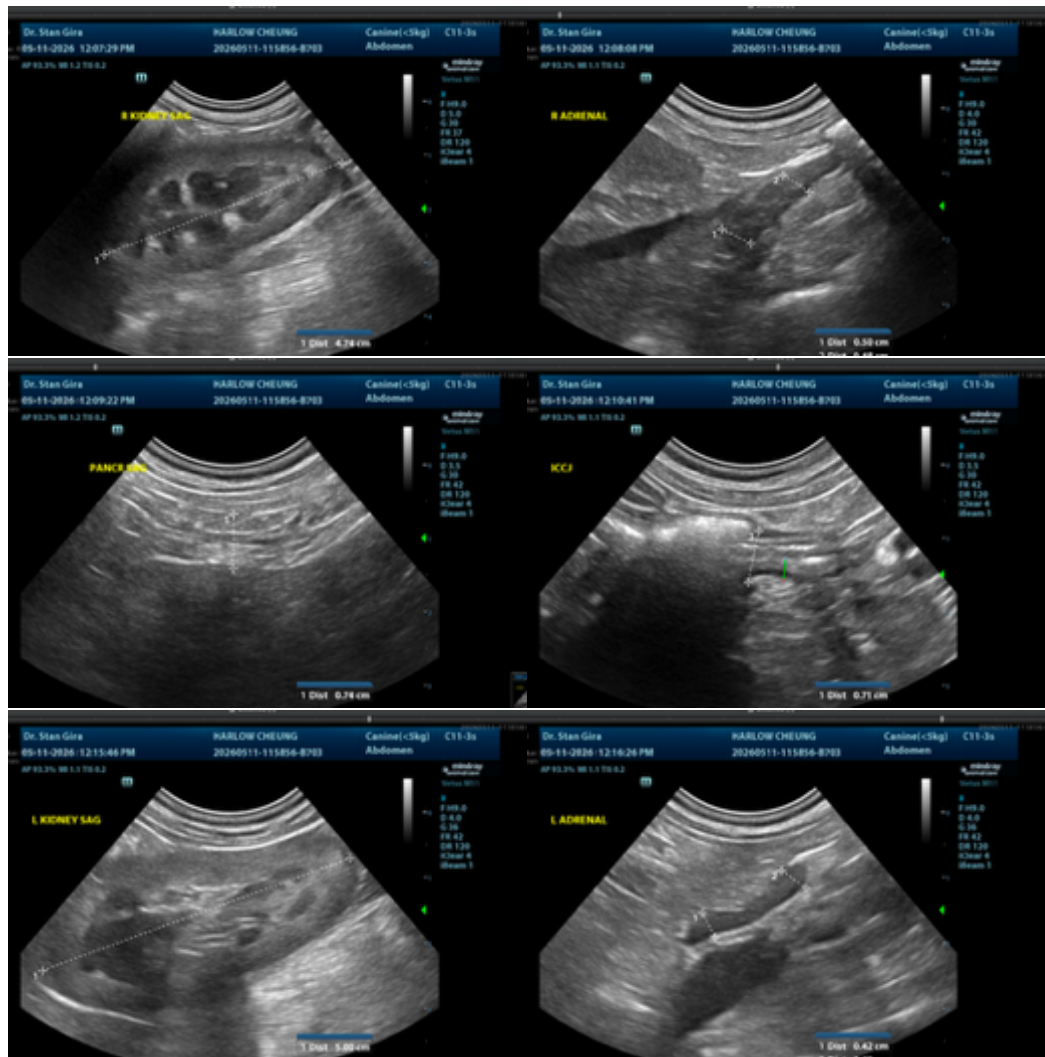
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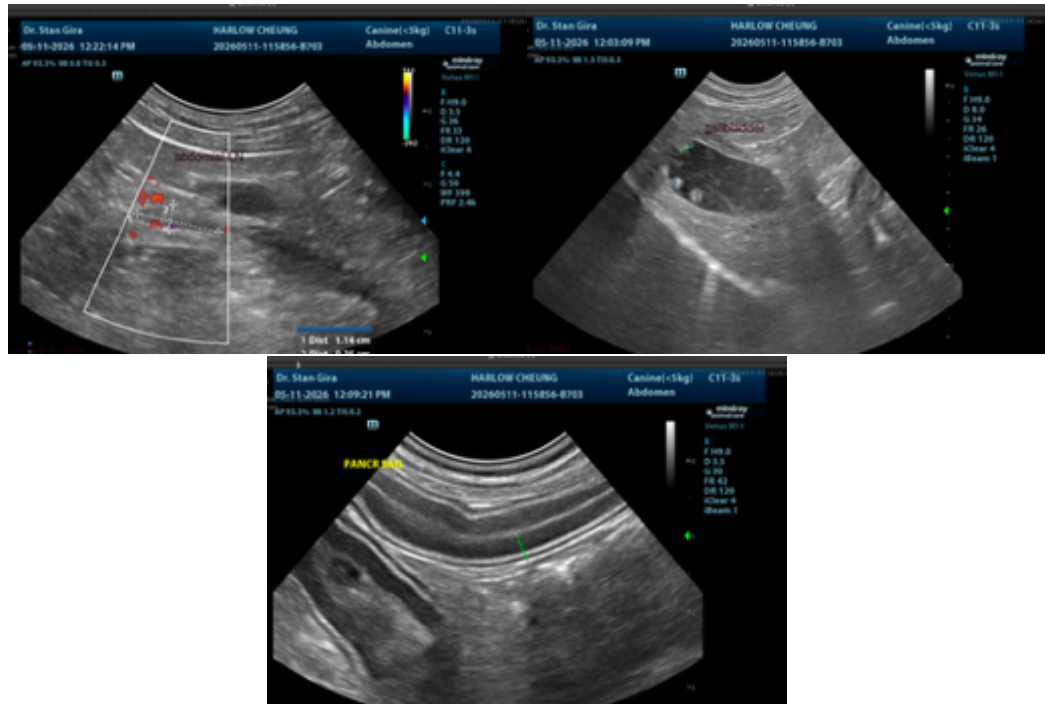
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

[info@SonoPath.com](mailto:info@SonoPath.com)