



**PATIENT**

Madison Lovato

**SPECIES**

Canine

**BREED**

Cavapoo

**SEX**

Spayed Female

**AGE**

7 Years

**WEIGHT**

Not Provided

**INTERPRETED BY**

Greg Kuhlman, DVM,  
 DACVIM (SAIM)

**IMAGING PERFORMED BY**

Kerri Becker

**HOSPITAL NAME**

Paws Wings Scales  
 Animal Hospital

**REFERRING VET**

Dr. Stancel

**INVOICE**

75155

**DATE**

5/14/26

**PRESENTING CLINICAL SIGNS**

Elev. alp PE unremarkable except dental dz Pet doing well.  
 Abnormal PE/Chem/CBC/UA Results: ALP-840 trig-341 not fasted

**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 (4.4 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (3.9 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

**Adrenal Glands**

The right adrenal gland is not seen.

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 5.5 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. The stomach contains a small amount of retained fluid, appears clinically incidental. 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.



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**ULTRASONOGRAPHIC FINDINGS**

- Unremarkable abdomen.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No obvious cause for patient's elevated ALP seen on this exam. Recommend rechecking triglycerides when the patient has been fasted for 12-15 hours. I suspect hypertriglyceridemia may be the cause of the elevated ALP, causing a mild vacuolar hepatopathy, which is not appreciated on this exam. If hypertriglyceridemia is ruled out, consider other secondary causes for elevated ALP such as hypothyroidism, hyperadrenocorticism, occult GI or occult pancreatic disease. However, I suspect even with fasting that patient's triglycerides may be elevated.



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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