



**PATIENT**

Arlo Bell

**SPECIES**

Canine

**BREED**

Lab x

**SEX**

Spayed Female

**AGE**

12 Years

**WEIGHT**

53.6 lbs

**INTERPRETED BY**

Greg Kuhlman, DVM,  
 DACVIM (SAIM)

**IMAGING PERFORMED BY**

Kathleen Byrnes

**HOSPITAL NAME**

Vine Veterinary  
 Hospital

**REFERRING VET**

Dr. Arble

**INVOICE**

75507

**DATE**

5/28/26

**PRESENTING CLINICAL SIGNS**

P presented for US due to decreased appetite and increased drinking for a few weeks. P will randomly vomit yellow bile 1-2 times per week. Only abnormality on Bloodwork is mildly elevated BUN usg 1.040

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with a mild amount of echogenic non-shadowing debris, most consistent with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can present with echogenic debris. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. Left kidney measured 5.6 cm. Right kidney measured 5.6 cm.

**Adrenal Glands**

The right adrenal gland is mildly diffusely enlarged. The phrenic vasculature is unremarkable. The cranial pole measures 10.6 mm and the caudal pole measures 7.5 mm.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 6.0 mm and the caudal pole measures 6.2 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.

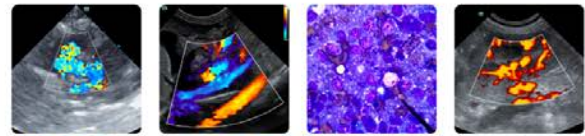
The gallbladder contains a moderate amount of aggregating hyperechoic debris. No evidence of gallbladder obstruction seen. The gallbladder otherwise appears normal.

**Gastrointestinal**

The stomach and small intestines have normal wall layering and thickness. The stomach contains a mild amount of retained fluid, which may indicate mild gastritis, most likely from a benign process such as dietary indiscretion. No mechanical obstruction seen in the small intestine. 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.



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**Free Abdomen**

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There are no enlarged abdominal lymph nodes seen on this exam. No free abdominal fluid is seen.

**BREED**

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**ULTRASONOGRAPHIC FINDINGS**

- Urinary bladder debris.
- Age related renal changes.
- Mildly diffusely enlarged right adrenal gland.
- Gallbladder debris.

**SEX**

Spayed Female

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The patient still has concentrated urine, with a USG reported at 1.040. Chronic kidney disease is not suspected at this time. Given the appearance of the patient's kidneys, recommend continued monitoring every 6-12 months to determine if signs of chronic kidney disease become evidence.

**AGE**

12 Years

The mild diffuse enlargement of the right adrenal gland could be normal patient variant or could indicate disease such as hyperadrenocorticism. Consider submitting urine cortisol to creatinine ratio. If UCCR is normal, hyperadrenocorticism is effectively ruled out. If UCCR is elevated, recommend a low-dose Dexamethasone suppression test.

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The gallbladder findings are most likely clinically incidental.

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Since patient's appetite has been decreased over the last few weeks, recommend treating supportively with antiemetics and prokinetics, if clinically warranted. If patient does not improve with supportive care for their apparent gastritis, consider gastric biopsies either surgically or endoscopically.

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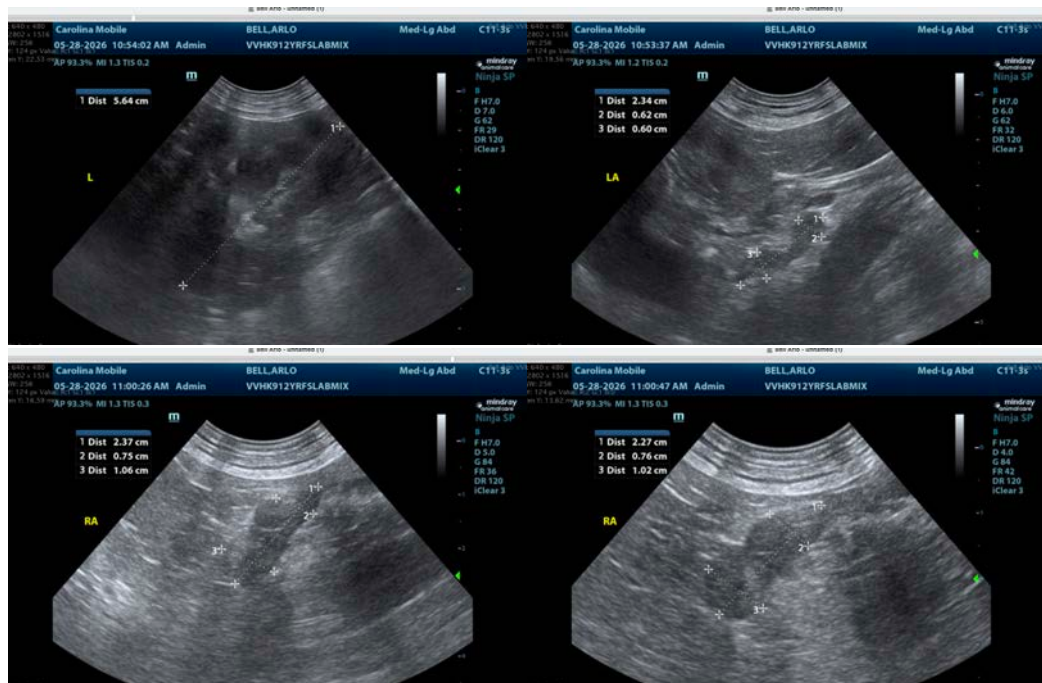
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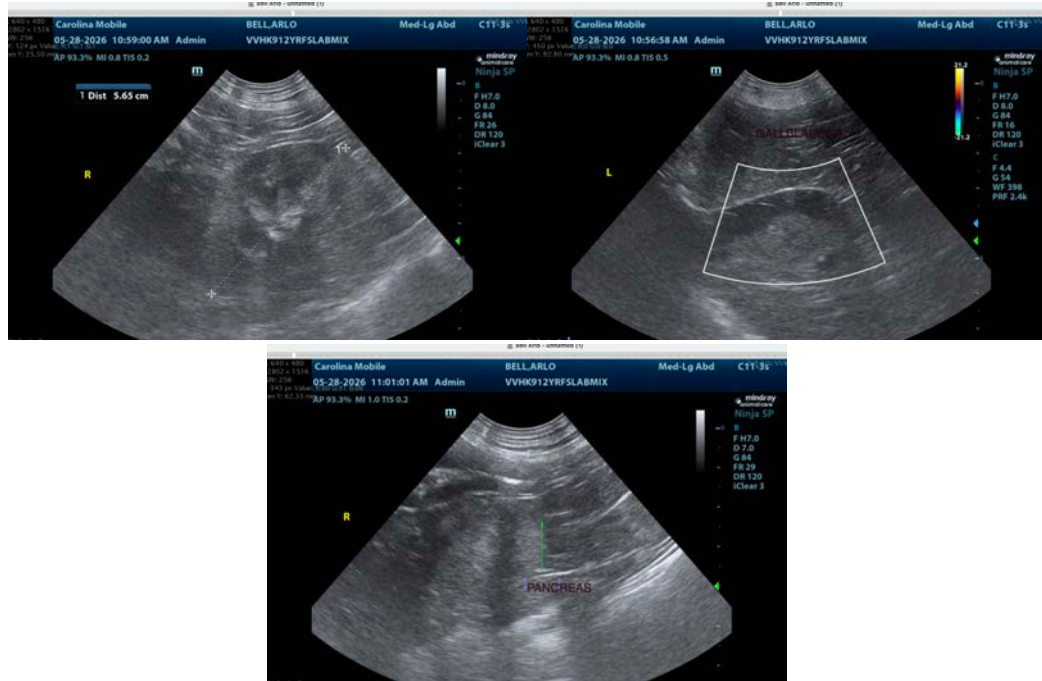
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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