



## PATIENT

Sophie Marrero

## SPECIES

Canine

## BREED

Yorkie

## SEX

FS

## AGE

9 years

## WEIGHT

8.2

## INTERPRETED BY

Greg Kuhlman, DVM,  
DACVIM (SAIM)

## IMAGING PERFORMED BY

Dr. Reyes

## HOSPITAL NAME

Graceful PPC

## REFERRING VET

Dr. Reyes

## INVOICE

12043

## DATE

5/29/2026

## PRESENTING CLINICAL SIGNS

Pet presented for ultrasound due to elevated water intake. History of elevated ALP but normal during last labwork on 04/29/2026.

## 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.

Kidneys are overall normal in 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 is mildly small in size and measures 2.5 cm in length. Right kidney is normal in size and measures 3.5 cm in length.

### Adrenal Glands

The adrenal glands are not clearly visualized.

### Spleen

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

### Liver

Liver is relatively normal in size and contour. Parenchyma is mildly heterogenous and coarse with mild likely age-related parenchymal remodeling noted. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is moderately distended with anechoic bile as well as a very mild amount of suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

### Gastrointestinal

The visible stomach wall is normal in thickness and layering. The stomach is moderately distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. If patient was appropriately fasted, delayed gastric emptying could be considered. Non-shadowing foreign material is considered less likely but cannot be definitively ruled out.

If clinical signs are consistent (vomiting, etc.), recommendations include supportive medical care, 24 hours fasting and re-image.

Small intestines have normal wall layering and thickness. Colon contains normal contents with normal wall thickness.

### Pancreas



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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.

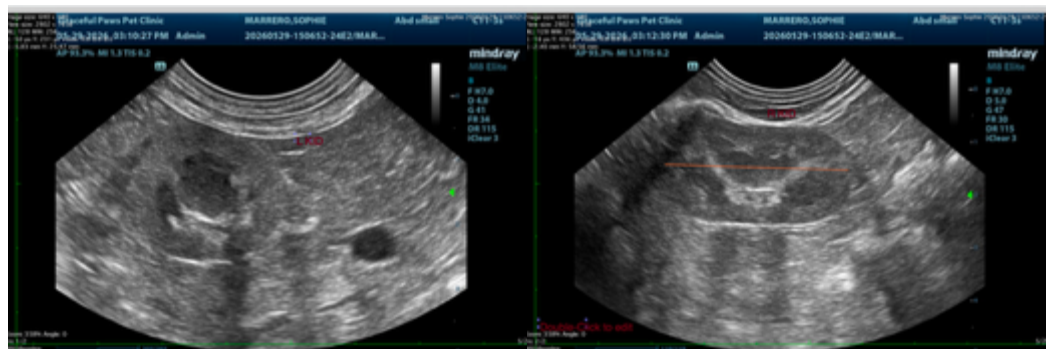
**ULTRASONOGRAPHIC FINDINGS**

- Age related kidney changes.
- Age related hepatic changes and a very mild amount of gall bladder debris present.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given the appearance of the kidneys, if chronic kidney disease is confirmed, recommend full staging, monitoring, and managing for per International Renal Interest Society (IRIS) Guidelines. Renal disease may be the possible cause of patient's increased water intake.

The age related changes within the liver appear insignificant as the lab work is reportedly normal, and there is no evidence of a hepatopathy observed.



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)**

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