



## PATIENT

Pheobe Watson

## SPECIES

Canine

## BREED

Labradoodle

## SEX

Spayed Female

## AGE

9 Years

## WEIGHT

56 lbs

## INTERPRETED BY

Greg Kuhlman, DVM,  
DACVIM (SAIM)

## IMAGING PERFORMED BY

Julia Bakker, DVM

## HOSPITAL NAME

Orange Blossom  
Veterinary Imaging

## REFERRING VET

Ashley Sorice, DVM

## INVOICE

74942

## DATE

5/5/26

## PRESENTING CLINICAL SIGNS

P has chronic pancreatitis. P eats a LF diet, O started on Pepcid AC per Dr. recommendation. O notes that late night snack (or lack of) does not affect if P vomits or not (r/o bilious vomiting syndrome).

Abnormal PE/Chem/CBC/UA Results: CBC/Chem shows lipase 1051, SDMA 17 Lipase was 2873 in 11/2025

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The apical urinary bladder wall is thickened and hypochoic, measuring 6.6 mm in width. The trigonal area of the urinary bladder wall is normal in thickness at approximately 1.4 mm in width.

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 5.0 cm. Right kidney measures 5.9 cm.

### *Adrenal Glands*

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 7.5 mm. Caudal pole measures 9.9 mm.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal gland measures 7.9 mm at the cranial pole and 5.9 mm at the caudal pole.

### *Spleen*

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

### *Liver*

Liver is subjectively enlarged (swollen contour) without disruption of architecture. It has a normal homogenous echotexture. Parenchyma is diffusely hyperechoic characterized by less prominent than normal portal vein walls and increased echogenicity relative to the spleen and falciform fat. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder contains a moderate amount of gravity dependent aggregating hypoechoic debris. It does not appear to be a mucocele at this time. However, presence of the debris may potentially be contributing to or caused by patient's chronic pancreatitis.

### *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.



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

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

### ***Pancreas***

The visible pancreas is diffusely mildly hypoechoic. Mild surrounding steatitis present. Mildly dilated pancreatic ducts present.

### ***Free Abdomen***

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

## **ULTRASONOGRAPHIC FINDINGS**

- Thickened apical urinary bladder wall.
- Age related renal changes.
- Possible mild active pancreatitis.
- Hyperechoic hepatomegaly – Benign hepatopathy most likely due to either chronic intermittent pancreatitis or cholangitis from the gallbladder debris.
- Gallbladder debris.
- Full stomach.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given the appearance of both kidneys, consider possible early chronic kidney disease. Recommend full staging, monitoring and managing patient per IRIS guidelines.

Given the appearance of the urinary bladder, consider a chronic occult urinary tract infection. Recommend urinalysis and urine culture if not already performed.

Recommend starting Ursodiol for 6-8 weeks and rechecking the appearance of the gallbladder for improvement at that time.

Recommend submitting a cPLI to confirm pancreatitis. If patient continues to have episodes of pancreatitis, recommend discussing how strict owner has been with ultra low-fat diet. If a commercially available ultra low-fat diet is not helping to manage the patient's chronic intermittent pancreatitis, consider an ultra low-fat homecooked diet. Recipes for diets such as this can be obtained from the website [www.balanceit.com](http://www.balanceit.com).

Consider screening patient for other secondary causes of a hepatopathy other than pancreatitis or gallbladder disease such as ruling out hyperadrenocorticism. Strongly recommend ruling out hypertriglyceridemia, and as mentioned consider submitting a cPLI. It would be recommended to submit an entire GI panel that includes a cPLI to screen patient for degree of current pancreatic inflammation as well as to screen the patient for possible occult GI disease that could be contributing to patient's clinical disease processes. Also consider screening the patient for hypothyroidism as cause for patient's hepatopathy.



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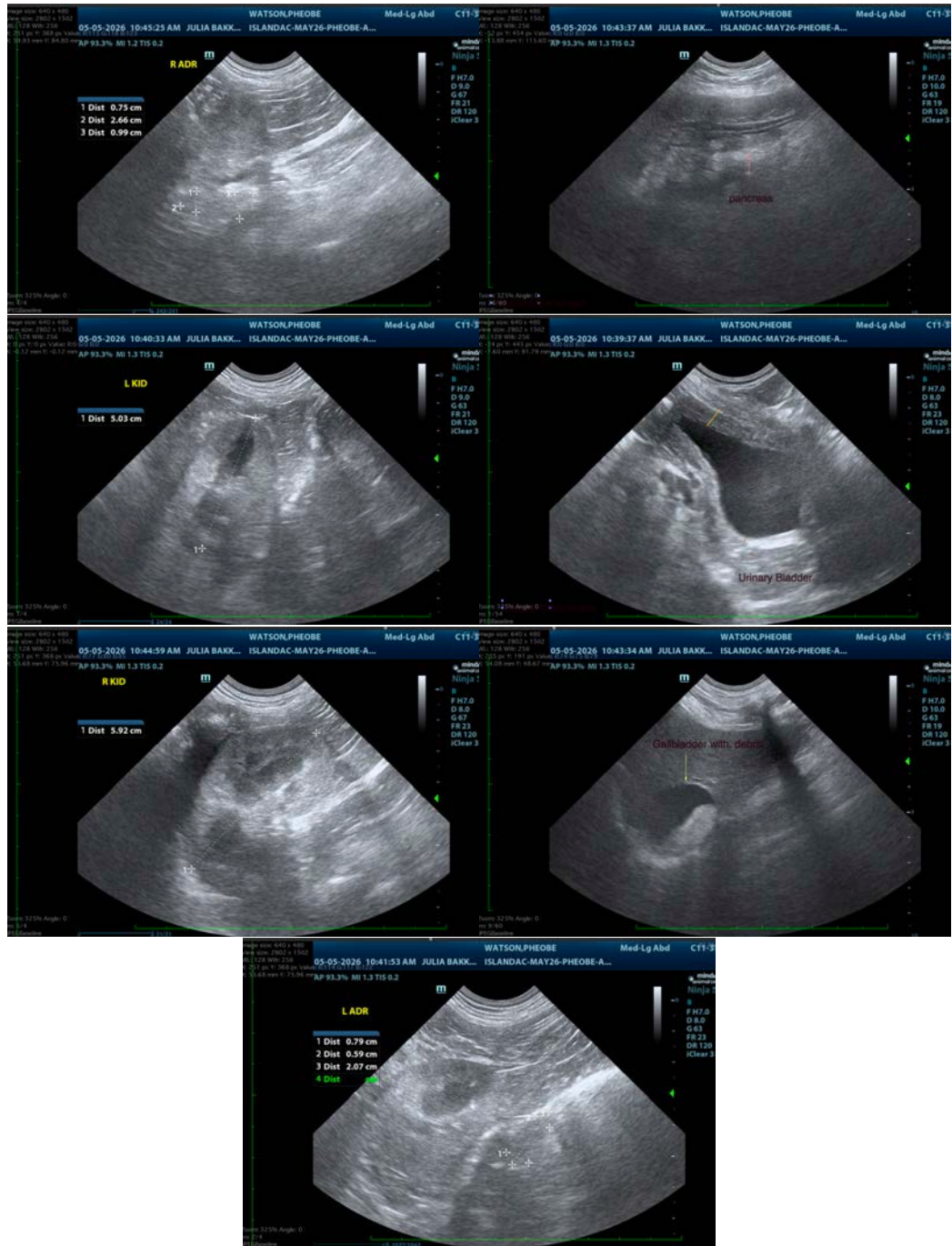
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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