

## PATIENT

Luna Sanchez

## SPECIES

Canine

## BREED

Poodle Mix

## SEX

Spayed Female

## AGE

11 Years

## WEIGHT

9.3 kg

## INTERPRETED BY

Greg Kuhlman, DVM,  
DACVIM (SAIM)

## IMAGING PERFORMED BY

Dr. Sarah Barthelemy

## HOSPITAL NAME

Southwood Veterinary  
Hospital

## REFERRING VET

Dr. Ballantyne

## INVOICE

15988

## DATE

05/08/26

## PRESENTING CLINICAL SIGNS

Recheck AUS today with primary focus on gallbladder and if it's improved compared to scan in March

Abnormal PE/Chem/CBC/UA Results: Previous mild ALP elevation in March. No current labs

## 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.

The left kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured 4.6 cm in length.

The right kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted. The right kidney measured 4.9 cm in length.

### Adrenal Glands

The left adrenal gland presents enlarged. The cranial pole measures 8.2 mm and the caudal pole measures 7.2 mm.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 6.7 mm and the caudal pole measures 5.3 mm.

### Spleen

The spleen is normal in size, shape, margination and echogenicity. No masses are seen. There are hyperechoic non-capsule displacing foci within the spleen, most likely benign myelolipomas.

### 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 was non distended in size with normal wall. Nondependent emerging organized nonmineralized to congealed gallbladder debris is present with areas of entrapped peripheral lumen hypoechoic mucus. The biliary sludge is congealed without organization. No signs of peripheral inflammation. The common bile duct was normal. This presentation is similar to the previous sonogram.

### Gastrointestinal



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The stomach is moderately gas-filled and the stomach wall appears normal at 2.9 mm width. The duodenum and jejunum subjectively are mildly thickened due to a mildly thickened mucosal layer. The mucosal layer has mild fogging present. This may be normal age-related variation or may indicate a chronic underlying inflammatory GI disease. Colon contains soft stool with normal wall thickness measuring 1.5 mm width. The jejunum measures 4.0 mm width.

### **Pancreas**

The observed right pancreas appears appropriately isoechoic to surrounding omental fat. The capsule is mildly irregular in shape. Parenchyma is mildly heterogenous and coarse. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

### **Free Abdomen**

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

## ULTRASONOGRAPHIC FINDINGS

- Intestinal thickening.
- Enlarged left adrenal gland.
- Remodeled pancreas.
- Urinary bladder debris.
- Gallbladder debris.
- Normal liver- possible benign hepatopathy, vacuolar hepatopathy.

## INTERPRETED BY

Greg Kuhlman, DVM,  
DACVIM (SAIM)

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend submitting Texas A&M GI panel to screen patient further for dysbiosis or chronic enteropathy. If the GI panel is not consistent with chronic enteropathy or dysbiosis, then the findings on this ultrasound are most likely normal variations.

## IMAGING PERFORMED BY

Dr. Sarah Barthelemy

Given that the left adrenal gland appears diffusely enlarged, consider if clinically warranted, screening patient for hyperadrenocorticism. Recommend submitting urine cortisol to creatinine ratio, and if normal hyperadrenocorticism is effectively ruled out, if elevated, consider submitting low-dose dexamethasone suppression test to rule out hyperadrenocorticism.

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If the patient is showing any evidence of lower urinary tract signs, consider urinalysis if not already performed, and if active urine sediment, submit urine culture.

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No significant changes seen since March of 2026 with the gallbladder, which was the main question being asked on this recheck ultrasound, gallbladder appears similar as it did in March 2026. Recommend recheck in 6 to 12 months via ultrasound and full lab work at that time. It will be important to include full lab work so that liver values can be evaluated.

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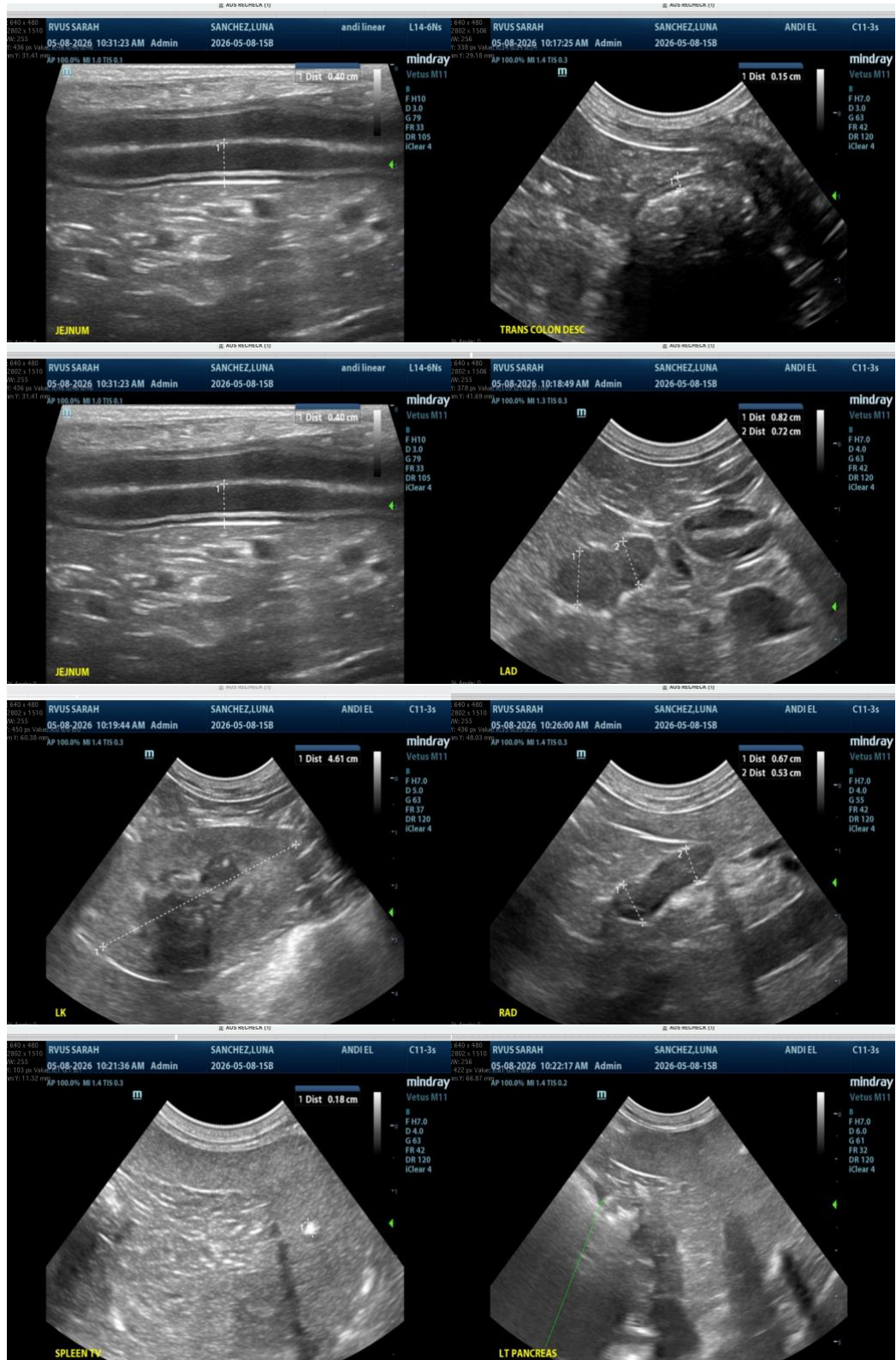
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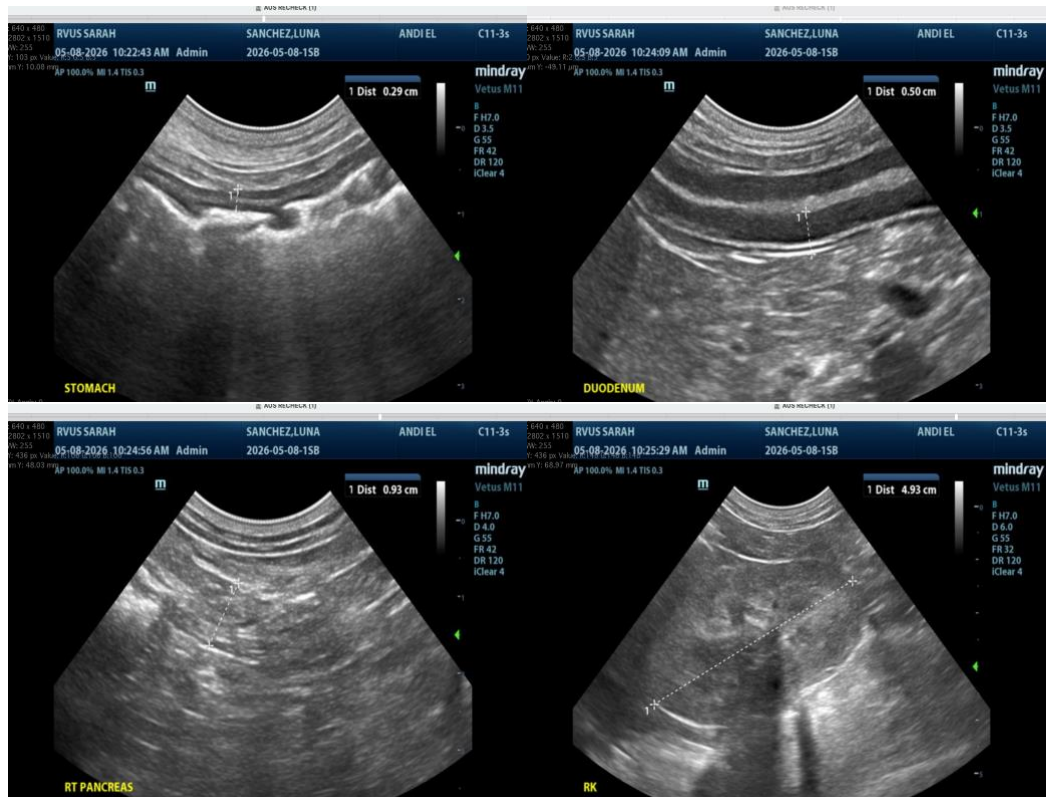
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)