



## PATIENT

Bailey Bowman

## SPECIES

Canine

## BREED

Labradoodle

## SEX

Spayed Female

## AGE

7 Years 8 Months

## WEIGHT

28 kg

## INTERPRETED BY

Greg Kuhlman, DVM,  
DACVIM (SAIM)

## IMAGING PERFORMED BY

Dr. Caroline Tan

## HOSPITAL NAME

Signal Hill AC

## REFERRING VET

Dr. Veronica Devall

## INVOICE

37432

## DATE

6/8/26

## PRESENTING CLINICAL SIGNS

History: Hx recent (2 weeks) intermittent V and more tired. No reports of D. Eating less and Drinking normal. P not on medication.

Abnormal PE/Chem/CBC/UA Results: Labs unremarkable.

## 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 in overall appearance with a small defect in the ventral mid aspect, most likely from a previous infarction. The right kidney measures 5.7 cm in length.

The left kidney presents normal size (5.7 cm in length) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

### Adrenal Glands

The right adrenal gland is mildly small for a patient of this size, measuring 4.3 mm at the cranial pole and 5.5 mm at the caudal pole.

The left adrenal gland is mildly small for a patient of this size, measuring 5.3 mm at the caudal pole and 4.6 mm in width at the cranial pole.

### Spleen

The spleen is diffusely enlarged, measuring 2.5 cm in width. It has a normal echogenicity, however, has a slightly mottled echotexture.

### 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.

Gallbladder is moderately distended with anechoic bile as well as moderate 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.



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The jejunum diffusely has normal layering and thickness, measuring 2.4 mm width. The duodenum diffusely has normal layering and thickness, measuring 3.3 mm width.

The colon contains formed stool. The colon wall is normal, measuring 0.8 mm in width.

### ***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.

## **ULTRASONOGRAPHIC FINDINGS**

- Mildly small adrenal glands bilaterally
- Enlarged spleen- The appearance of the spleen may be a normal variation; however, the spleen may also be enlarged due to infiltrative neoplasia such as lymphoma or mast cell disease, or less likely an infectious disease, such as ehrlichiosis, anaplasmosis or bartonellosis.
- Moderate gallbladder debris
- Full stomach

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

Given that both adrenals are mildly small, recommend submitting resting cortisol to screen for hypoadrenocorticism. If resting cortisol is <2.0, recommend ACTH stimulation test, if it is >2.0, hypoadrenocorticism would be effectively ruled out.

Recommend fine needle aspirate of the spleen with submission for cytology to further characterize the apparent splenic changes.

I would recommend starting ursodiol (15 mg/kg, by mouth, split into two daily doses).



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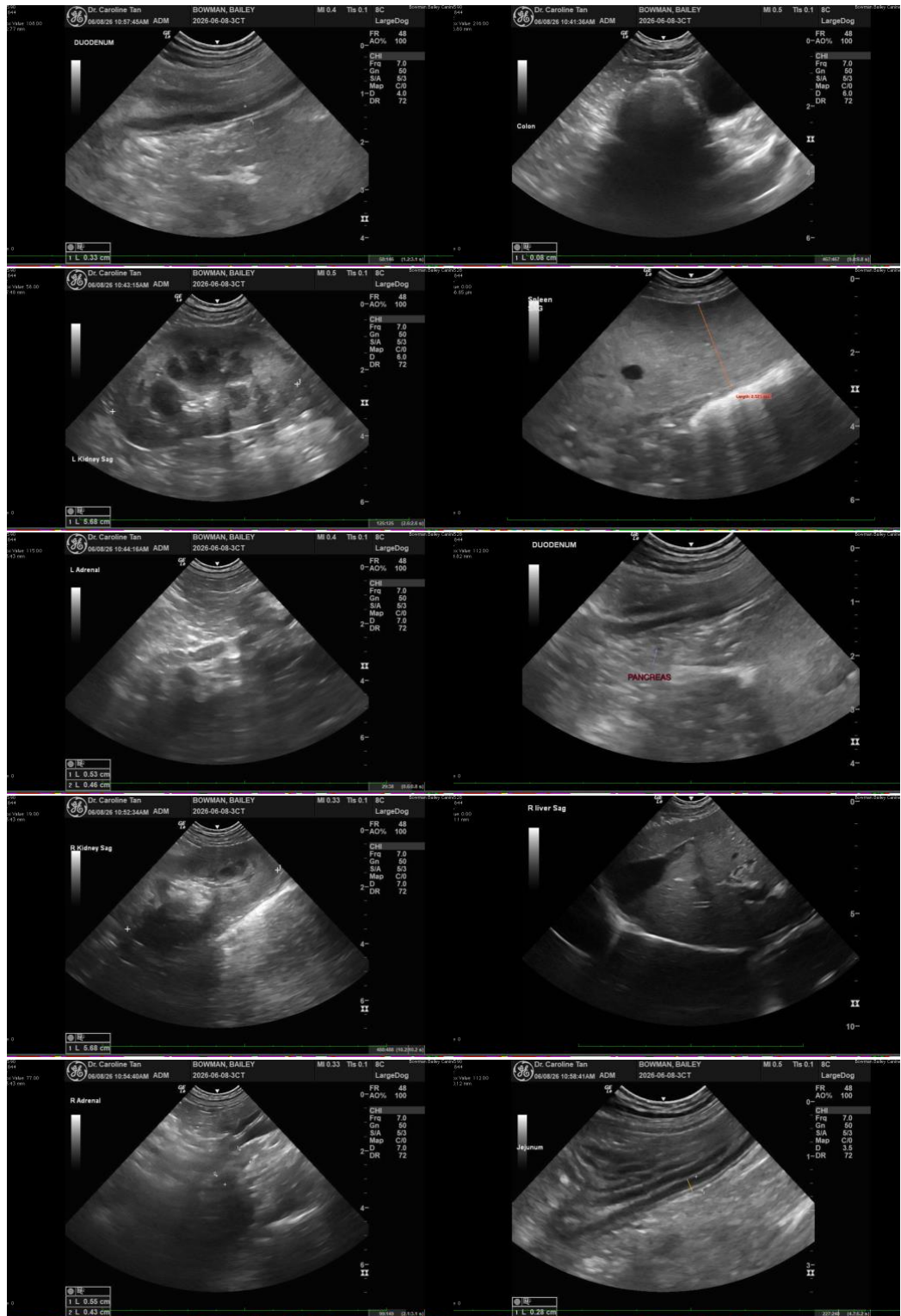
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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)