

## PATIENT

Bob Bosques

## SPECIES

Canine

## BREED

Yorkshire Terrier Mix

## SEX

Neutered Male

## AGE

7 Years

## WEIGHT

9.7 kg

## INTERPRETED BY

Greg Kuhlman, DVM,  
DACVIM (SAIM)

## IMAGING PERFORMED BY

Dr. Abby Gerenser

## HOSPITAL NAME

Abby Road Veterinary  
Hospital

## REFERRING VET

Dr. Abby Gerenser

## INVOICE

16446

## DATE

06/08/26

## PRESENTING CLINICAL SIGNS

Patient presented for several week long history of pu/pd and increased appetite. Has historically had enlarged liver (palpation and radiographs) but has not had any laboratory abnormalities to show liver issues. Labwork done 2 months showed urate crystal debris in urine but not visualized again on most recent labwork. Had a full adrenal panel performed 2 years ago that was inconclusive.

Abnormal PE/Chem/CBC/UA Results: Hepatomegaly Labwork was wnl Labwork is attached for reference

## 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 4.4 cm in length.

The right kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The right kidney measured 4.4 cm in length.

### *Adrenal Glands*

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 2.6 mm and the caudal pole measures 4.0 mm.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole is not clearly visualized and the caudal pole measures 4.4 mm.

### *Spleen*

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

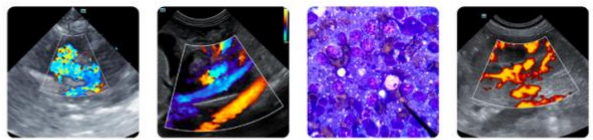
### *Liver*

Diffusely, the patient's liver appears enlarged and has mildly rounded margins. However, the echogenicity and echotexture of the liver appear normal. Hepatic vasculature appears normal.

The gallbladder presents normal size with anechoic contents. Normal gallbladder wall. No evidence of bile duct distention or obstruction.

### *Gastrointestinal*

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



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**Pancreas**

The visible pancreas is normal in size with normal echogenic parenchyma and surrounded by normal peri-pancreatic mesentery.

**Free Abdomen**

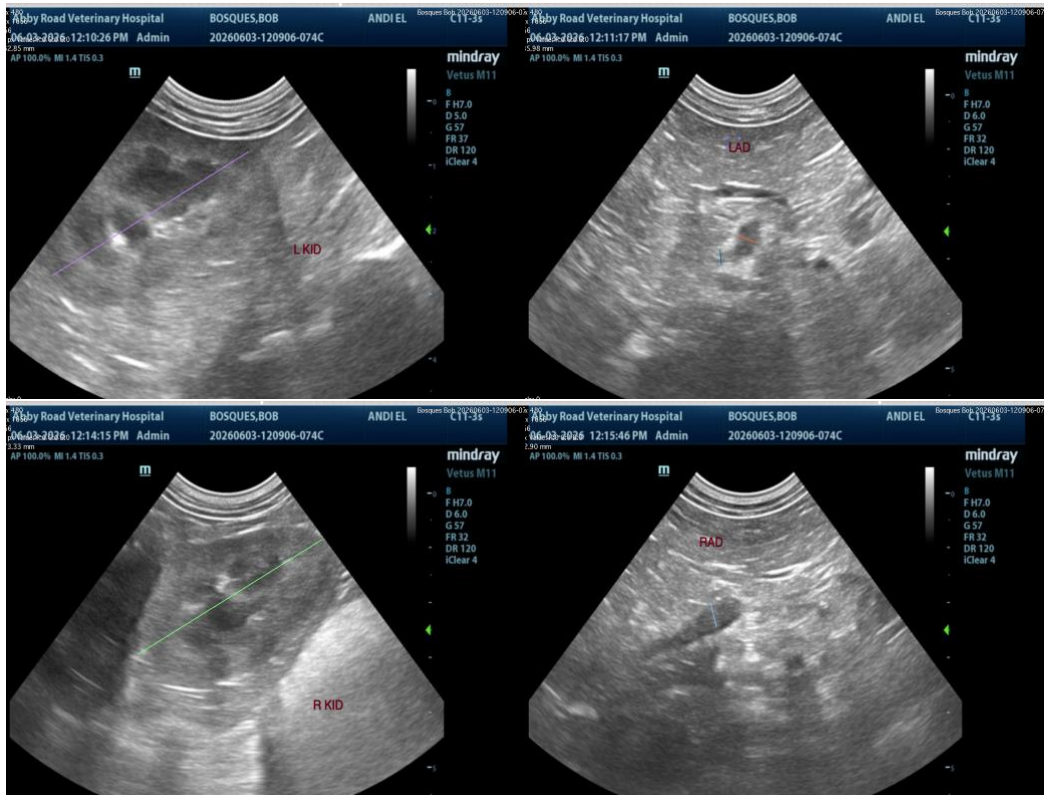
There are no enlarged abdominal lymph nodes seen on this exam. No free abdominal fluid is seen.

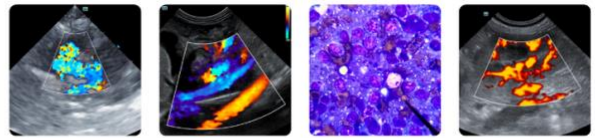
**ULTRASONOGRAPHIC FINDINGS**

- Mild hepatomegaly.
- Mild urinary bladder debris.
- Structurally unremarkable abdomen otherwise.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given the normal liver values, the hepatomegaly is most likely an incidental finding. Recommend periodic monitoring of liver values every 6 to 12 months or for changes in clinical signs. If liver values increase, consider recheck ultrasound at that time to evaluate liver for any changes.





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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)