



PATIENT

Diesel Baglolo

SPECIES

Canine

BREED

Lab

SEX

Neutered Male

AGE

10 Years

WEIGHT

42.1 kg

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Louise Corbeil

HOSPITAL NAME

Cochrane AC

REFERRING VET

Dr. Louise Corbeil

INVOICE

37399

DATE

6/6/26

PRESENTING CLINICAL SIGNS

History: Presented with 1 day dx vomiting and distended abdomen, slightly lethargic. Ascites and liver enz elevations see below. Ddx cirrhosis vs neoplasia, other. Cerenia injection and started zentoniil. Eating and no vomiting. Drained approx 1L transudate effusion (light yellow) today for palliative purposes. Otherwise has been clinically healthy, not on any meds. Was on metacam briefly May 2025 for corneal ulcer. ALT/ALP Elevation May 2024 noted on preanesthetic bloodwork for lumpectomy - ALT 197U/L ref: 10-125; ALP 219 U/L ref: 23-212 Abnormal PE/Chem/CBC/UA Results: June 5 2026 Hematocrit 0.37 L/L rr 0.373- 0.617 mild non regen anemia ALT 828 U/L rr 10- 125 ALP 1,980 U/L rr 23- 212 GGT 18 U/L rr 0 11 ALT/ALP Elevation May 2024 Noted on preanesthetic bloodwork for lumpectomy - ALT 197U/L ref: 10-125; ALP 219 U/L ref: 23-212

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 size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The right kidney measured 7.2 cm in length.

The left kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured 7.1 cm in length.

Adrenal Glands

The adrenal glands were not imaged.

Spleen

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

Liver

Liver is normal to subjectively small in size with slightly undulating or scalloped capsular contour or margins. Parenchyma is diffusely heterogenous with increased portal markings and coarse architecture. No focal nodules or masses are observed. Visible vasculature and biliary tree appear normal without distension or congestion. Given the patient's breed,

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

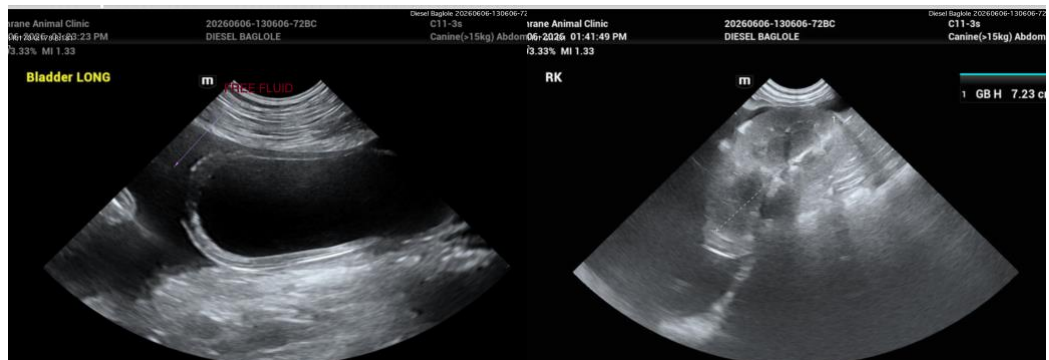
There are no enlarged abdominal lymph nodes seen on this exam. There is a moderate to marked amount of free abdominal fluid present.

ULTRASONOGRAPHIC FINDINGS

- Chronic inflammatory hepatopathy
- Moderate to marked amount of free abdominal fluid.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the patient's breed, consider most likely copper storage disease. Also consider chronic active hepatitis. If the patient is not vaccinated for leptospirosis, considered testing for this disease to start. Given the appearance of the liver, infiltrative neoplasia, such lymphoma and mast cell are not considered highly likely, however, it is recommended to perform fine needle aspirate of the liver to rule out infiltrative disease. Rule out infectious disease, such as leptospirosis. If the secondary causes are ruled out for the patient's liver disease, recommend submitting sample of abdominal fluid for fluid analysis and cytology. Prior to considering liver biopsy, recommend three view chest radiographs to screen for pulmonary metastatic disease.





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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)

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