



PATIENT

Sienna Divalentin

SPECIES

Canine

BREED

Labrador

SEX

Spayed Female

AGE

13 Years

WEIGHT

75.6 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Brandi Barry

HOSPITAL NAME

Bluegrass Animal
Hospital

REFERRING VET

Dr. Jessica Disney

INVOICE

72997

DATE

2/13/26

PRESENTING CLINICAL SIGNS

Last 1-2 months P has become PU/PD. Increased panting and increased appetite. Recurrent UTIs.

Abnormal PE/Chem/CBC/UA Results: Increased ALKP 1300, ALT 197 Low urine SPGR and proteinuria
ACTH stim and LDDST normal

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.

What I believe to be the right kidney presents normal size (6.5 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

What I believe to be the left kidney presents normal size (7.0 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

Adrenal Glands

What I believe to be the right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 5.2 mm and the caudal pole measures 3.6 mm.

What I believe to be the left adrenal gland is diffusely very mildly enlarged, appears normal otherwise. The cranial pole measures 7.8 mm and the caudal pole measures 8.1 mm.

Spleen

Within the head of the spleen there appears to be an approximately 2.6 cm x 3.4 cm isoechoic capsule displacing non-cavitated mass lesion. Normal blood flow noted. Splenic torsion is not suspected.

Liver

The liver appears mildly diffusely hyperechoic and mildly enlarged with rounded margins, consistent with patient's elevated ALP.

The gallbladder presents normal size with a small amount of aggregating hyperechoic debris, insignificant at this time. 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.

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.



PATIENT

Sienna Divalentin

SPECIES

Canine

BREED

Labrador

SEX

Spayed Female

AGE

13 Years

WEIGHT

75.6 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Brandi Barry

HOSPITAL NAME

Bluegrass Animal
Hospital

REFERRING VET

Dr. Jessica Disney

INVOICE

72997

DATE

2/13/26

ULTRASONOGRAPHIC FINDINGS

- Isoechoic capsule displacing mass in what appears to be the head of the spleen.
- Enlarged, hyperechoic liver – consistent with the elevated ALP.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend ruling out hypertriglyceridemia by submitting a fasted triglyceride. Submit a thyroid panel to rule out dyslipidemia caused by hypothyroidism as the cause of the liver appearance and ALP elevation.

Recommend submitting an Texas A&M GI panel to screen the patient for occult gastrointestinal and occult pancreatic disease. No evidence of pancreatic or GI disease seen on this ultrasound. It does appear that hyperadrenocorticism has been ruled out with both ACTH stimulation test and a low-dose Dexamethasone suppression test. Recommend screening for secondary causes for hepatopathy.

In this case there are two options for the splenic lesion. One would be to pursue a splenectomy. Given the patient's breed and age, I would recommend splenectomy if the patient is deemed to be a good surgical candidate and submitting the spleen for histopathology. During the same surgery I would recommend obtaining liver biopsies and submitting them for histopathology and copper quantitation to screen for the cause of the elevated ALP and the very mildly elevated ALT.

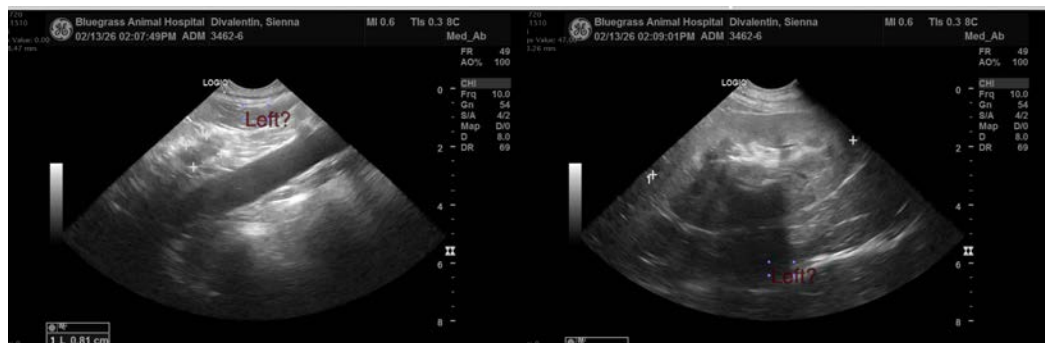
The other option is to come back in 6-8 weeks and re-image the spleen with ultrasound to determine if the splenic lesion is changing in size or appearance, and if it is, go to surgery. If it's not, then continue to monitor via ultrasound periodically for changes that would suggest that a splenectomy should be performed.

If the patient does not go to surgery for splenectomy, then recommend working up the liver enzyme elevation and the hyperechoic liver as already described.

In regards to the PU/PD, I did not really see an obvious cause on this ultrasound. Recommend submitting a urine culture to rule out the possibility of occult pyelonephritis as a cause for PU/PD, and submitting an ionized calcium to rule out possibility of hypercalcemia.

It's possible that the lesion within the patient's spleen is neoplasia. Differentials include a malignant hemangiosarcoma versus a benign hemangioma. If the patient has splenic cancer, it could be a paraneoplastic syndrome causing the PU/PD.

At this time, if not already performed, recommend obtaining 3-view chest x-rays to screen the patient for the possibility of metastatic neoplasia and pulmonary metastatic disease.





PATIENT

Sienna Divalentin

SPECIES

Canine

BREED

Labrador

SEX

Spayed Female

AGE

13 Years

WEIGHT

75.6 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Brandi Barry

HOSPITAL NAME

Bluegrass Animal
Hospital

REFERRING VET

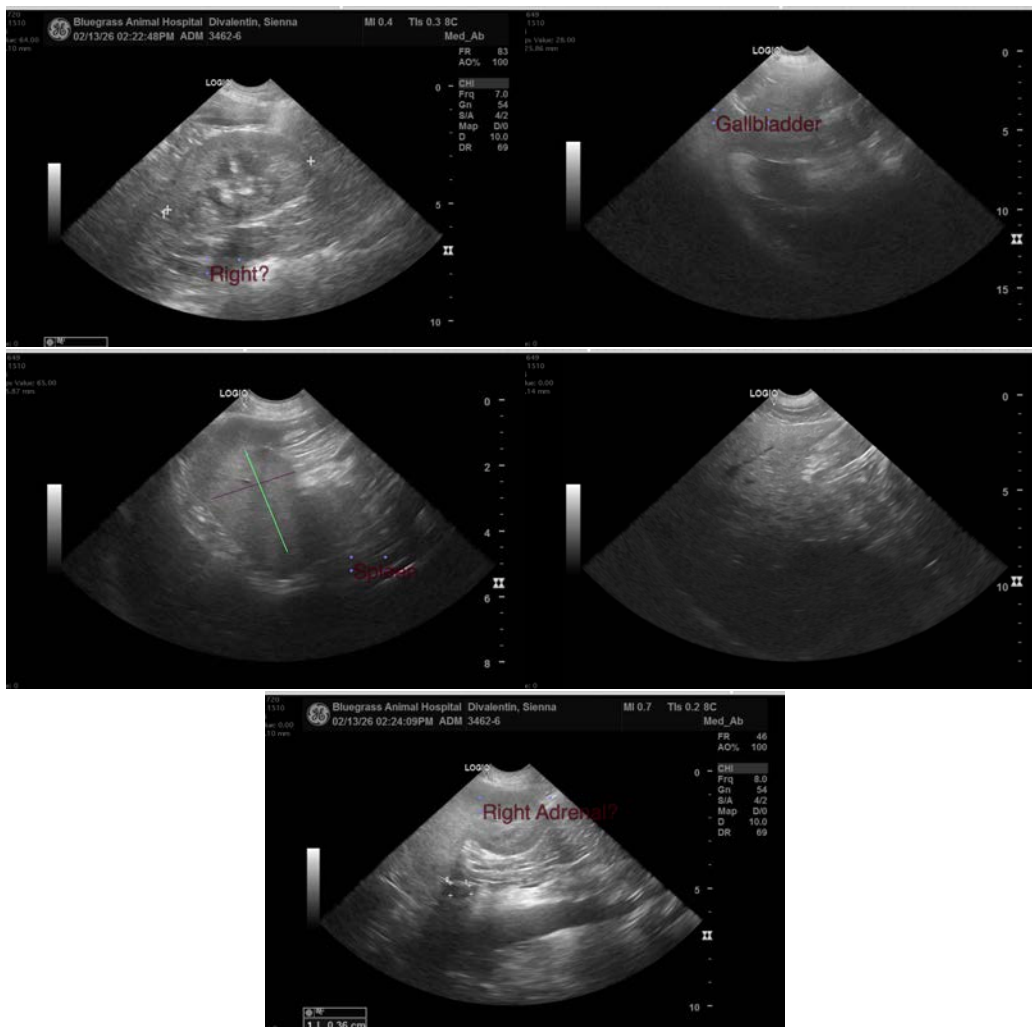
Dr. Jessica Disney

INVOICE

72997

DATE

2/13/26



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