



PATIENT

Sophie Dunleavy

SPECIES

Canine

BREED

Silky Terrier

SEX

Spayed Female

AGE

11

WEIGHT

22.4 pounds

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Katie Velez

HOSPITAL NAME

Court Street
Veterinary Hospital

REFERRING VET

Dr. Katie Velez

INVOICE

13848

DATE

02/16/26

PRESENTING CLINICAL SIGNS

- Came in for annual and had severely elevated ALP, poor hair coat, and pot belly appearance

Abnormal PE/Chem/CBC/UA Results: Poor hair coat BCS 7/9 with pot belly appearance ALP - 824
Lyme + ACTH - Equivocal post-ACTH cortisol Lyme C6 - <10

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 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. No pyelectasia, ureteral dilation or nephrolithiasis. The right kidney measured 4.9 cm in length.

Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 6.2 mm.

The right adrenal gland is not seen on this exam.

Spleen

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

Liver

In what appears to be the right medial lobe, there is a 2.2 by 2.6 cm isoechoic round mass lesion present. There are two other ill-defined hypoechoic lesions present in the right aspect of the liver. The caudal mass measures 1.6 by 1.9 cm and the second measures 1.9 by 1.5 cm. Overall, the liver otherwise is normal in size and echogenicity. Normal vasculature is seen.

In the caudal aspect of what appears to be the lateral right liver lobe, there appears to be two pedunculated mass lesions extending from the caudal aspect of the liver. The larger, more dorsal mass measures 1.3 by 2.8 cm. The more ventral, smaller mass measures 1.3 by 1.6 cm. These two liver masses are hypoechoic and have smooth margins. Another differential could potentially be enlarged perihepatic lymph nodes.

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

Gastrointestinal



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The stomach is moderately fluid-filled. Gastric wall diffusely appears normal to have normal layering and thickness. It measures 2.2 mm in width. No pyloric outflow tract obstruction is seen. The 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.

ULTRASONOGRAPHIC FINDINGS

- Two ill-defined liver masses in what appears to be the right medial liver lobe and one well-defined mass in the right medial liver lobe as well as two separate other possible liver masses or possible enlarged perihepatic lymph nodes in the caudal aspect of what appears to be the right lateral liver lobe- either primary biliary neoplasia such as hepatocellular carcinoma or biliary adenoma or possibly metastatic neoplasia. Another differential would potentially be round cell neoplasia such as histiocytic sarcoma or lymphoma.
- Mildly fluid dilated stomach- suspect functional gastritis due to inflammation from hepatic disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend attempting fine needle aspirate of any or all of these liver lesions/possible lymph nodes that were described. Recommend fine needle aspirate submission for cytology. If cytology is inconclusive in terms of the etiology of the liver masses/enlarged lymph nodes, then recommend a CT scan of the patient's abdomen as pre-surgical planning to determine the feasibility of surgical resection of these mass lesions. Given their in the location of the gallbladder, surgical resection is considered potentially more difficult.

Recommend also CT scan of the patient's chest to rule out metastatic pulmonary neoplasia. No primary tumor was seen on this. No obvious primary tumor was seen on this exam. Supportive care is recommended. Recommend erythromycin as prokinetic (0.5-1.0 mg/kg PO TID). Diagnosis is open pending further diagnostics.



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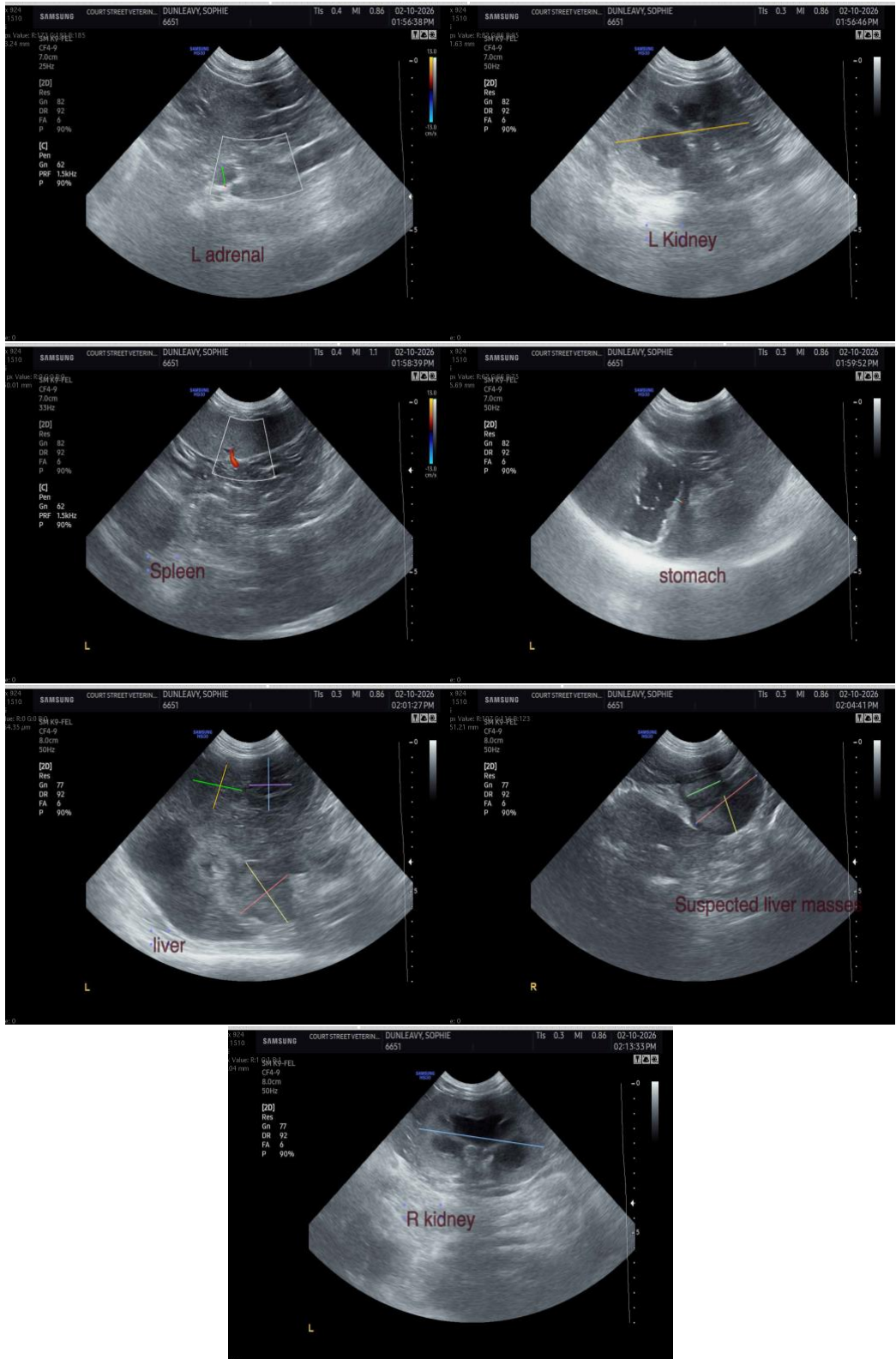
Dr. Katie Velez

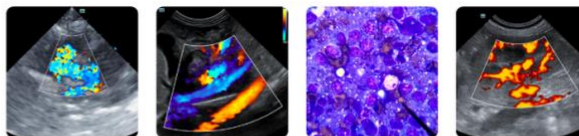
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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