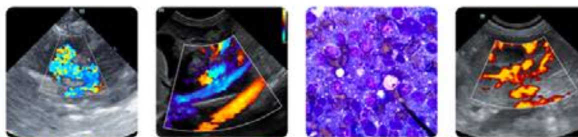


PATIENT

Mickey Fitzpatrick

SPECIES

Canine

BREED

Morkie

SEX

Neutered Male

AGE

12 Years

WEIGHT

15.5

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Han

HOSPITAL NAME

Tenafly Vet Center

REFERRING VET

Dr. Han

INVOICE

73176

DATE

2/21/26

PRESENTING CLINICAL SIGNS

12 yr old neutered male dog. Acvim stage B 2 patient . has been on Vetmedine 2.5mg at morning and 1.25 mg at evening. No clinical symptoms . no sedation for ultrasound today. blood work was done 1/2026 and alp is elevated (alp: 525). normal urine concentration (1.040) . Abdominal ultrasound was recommended due to elevated liver enzyme . Echocardiogram was recommended to monitor his cardiac structure and function.

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 (4.6 cm) with normal shape and architecture. There is mild loss of corticomedullary distinction. There are multiple hyperechoic foci that are causing shadowing within the renal pelvis, consistent with mild nephrocalcinosis. No pyelectasia or ureteral dilation. There is 4.3 mm hypoechoic benign appearing cyst present in the cranial pole of the right kidney at the ventral aspect.

The left kidney presents normal size (4.5 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

Adrenal Glands

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 4.8 mm and the caudal pole measures 6.4 mm.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 5.4 mm and the caudal pole measures 5.4 mm.

Spleen

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

Liver

The liver is diffusely enlarged and hyperechoic with normal vasculature. In what appears to be the mid liver there is a 6.5 mm x 4.1 mm hyperechoic lesion present.

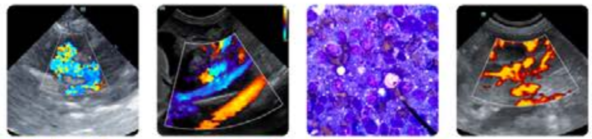
The gallbladder wall is normal in thickness. There is no hyperechoic fat surrounding the gallbladder at this time. No free fluid seen around the gallbladder either. Within the gallbladder there is a mild amount of highly aggregated echogenic debris. It does appear that the patient may have a very early mucocele forming at this time.

Gastrointestinal

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

Pancreas

The pancreas is diffusely mildly hypoechoic with hyperechoic striations noted throughout the parenchyma. The pancreas measures 1.1 cm in width.



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Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

- Early gallbladder mucocele.
- Hyperechoic striations throughout the pancreas.
- Enlarged, hyperechoic liver with a hyperechoic lesion.
- Age related changes within the right kidney.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

For the gallbladder, recommend starting Ursodiol at 15mg/kg split into two daily doses. Recommend starting with a two month course of this medication and recheck abdominal ultrasound in two months to determine if the appearance of the gallbladder has improved with medical management.

Differentials for the appearance of the patient's liver include most likely a vacuolar hepatopathy, which is corroborated by the elevated ALP. There is most likely a secondary non-hepatic cause for the appearance of the patient's liver and the elevated ALP that include possible hypertriglyceridemia, possible hyperadrenocorticism, potentially chronic pancreatitis, occult GI disease, or possibly (and highly likely) the gallbladder disease seen on this ultrasound. An unlikely but possible differential would be round cell neoplasia such as lymphoma or mast cell disease.

Recommend submitting a Texas A&M GI panel to screen for pancreatic or GI disease. Also recommend submitting a fasted triglyceride to screen for hypertriglyceridemia.

Recommend submitting a urine cortisol to creatinine ratio, and if the UCCR is elevated, recommend a low-dose Dexamethasone suppression test to rule out hyperadrenocorticism.

Also, hypothyroidism is a potential cause for the appearance of the liver and elevated ALP. Recommend submitting a thyroid panel as well.

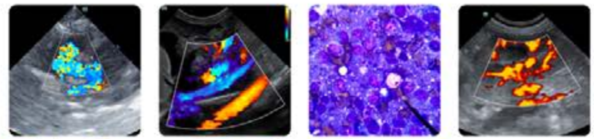
Consider a fine needle aspirate of the liver and submitting a sample for cytology to rule out round cell neoplasia.

The lesion in the liver is most likely a benign regenerative nodule. However, it is possible this lesion is due to primary hepatobiliary neoplasia such as hepatocellular carcinoma or cholangiocarcinoma, much less likely metastatic neolalia. Recommend fine needle aspirate of the lesion and submission for cytology to rule out a neoplastic cause.

Ultimately, if no secondary cause is identified for the appearance of the patient's liver and the elevated ALP, consider performing a liver biopsy for histopathology.

Regarding the patient's right kidney, recommend fully staging, monitoring and managing of the patient per the International Renal Interest Society guidelines.

Due to the appearance of the pancreas suggesting possible chronic, low-grade, intermittent pancreatitis switching the patient to an ultra-low fat diet should be considered.



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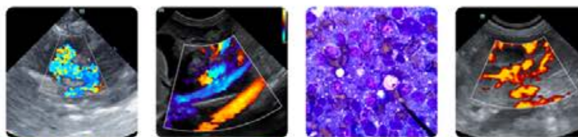

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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