



**PATIENT**

Simone Kane

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

Spayed Female

**AGE**

Not Provided

**WEIGHT**

56.8 lbs

**INTERPRETED BY**

Greg Kuhlman, DVM,  
DACVIM (SAIM)

**IMAGING PERFORMED BY**

Meghan Morse, LVT,  
CVT

**HOSPITAL NAME**

East Fishkill Animal  
Hospital

**REFERRING VET**

Dr. Baffi

**INVOICE**

73220

**DATE**

2/24/26

**PRESENTING CLINICAL SIGNS**

Wt loss that is not intentional and two mild elevations in ALT and ALP

Abnormal PE/Chem/CBC/UA Results: ALT 123, ALP 547

**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 (6.37 cm) with normal shape and architecture. Normal corticomedullary distinction. There are several small hyperechoic foci in the renal pelvis, consistent with benign nephrocalcinosis. No pyelectasia or ureteral dilation.

The left kidney presents normal size (5.6 cm) with normal shape and architecture. Normal corticomedullary distinction. There are multiple small hyperechoic foci in the renal pelvis, consistent with benign nephrocalcinosis. No pyelectasia or ureteral dilation.

**Adrenal Glands**

The right adrenal gland is mildly enlarged. The caudal pole measures 8.1 mm. The cranial pole measures 11.1 mm.

The left adrenal gland measures at the upper end of normal limits for size but is overall normal in appearance. The cranial pole measures 7.8 mm. The caudal pole measures 8.0 mm.

**Spleen**

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

**Liver**

The liver is mildly diffusely enlarged and hyperechoic with rounded margins, consistent with a vacuolar hepatopathy.

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. There is a mild amount of retained food within the stomach and duodenal lumen. No outflow tract obstruction is seen. It appears the patient may not be fully fasted for this exam. 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.



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**ULTRASONOGRAPHIC FINDINGS**

- Bilateral mild adrenomegaly.
- Enlarged, hyperechoic liver.

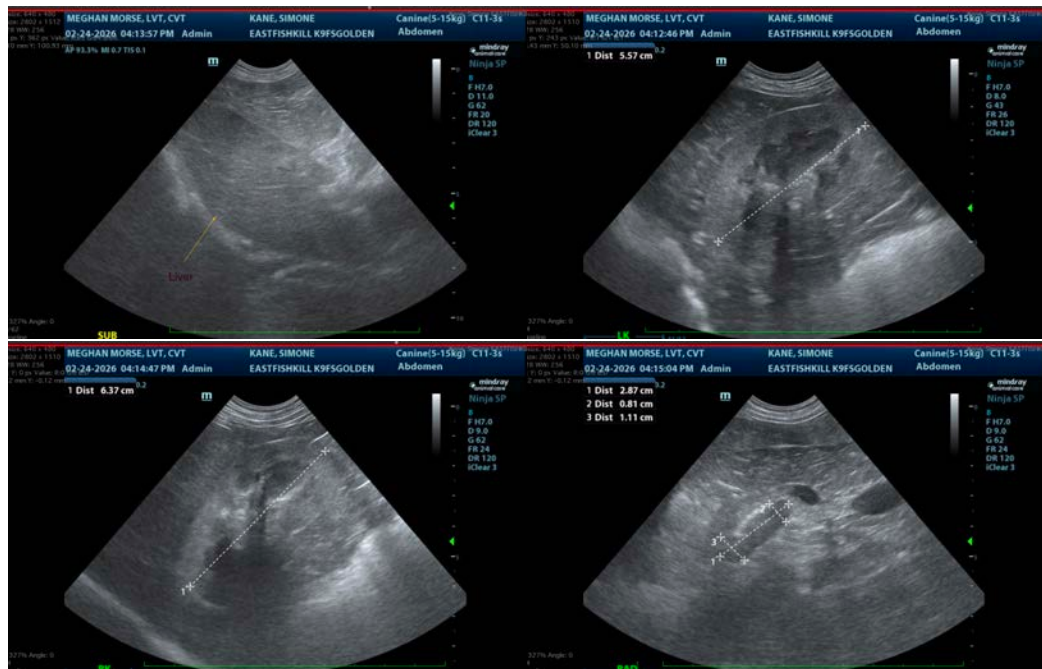
**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

These findings are potentially consistent with a diagnosis of hyperadrenocorticism, specifically pituitary dependent hyperadrenocorticism.

Recommend screening the patient for hyperadrenocorticism with preferably a low-dose Dexamethasone suppression test, as it is the test that has the best sensitivity and specificity. Otherwise, consider an ACTH stimulation test. If hyperadrenocorticism is diagnosed, recommend treating with Trilostane at 1 mg/kg by mouth twice daily.

If hyperadrenocorticism is ruled out, then given the appearance of the liver I would recommend evaluating the patient for other causes that may result in the suspected vacuolar hepatopathy such as hypertriglyceridemia, hypothyroidism, occult gastrointestinal or pancreatic disease.

At this time, patient's prognosis appears good pending further diagnostics.





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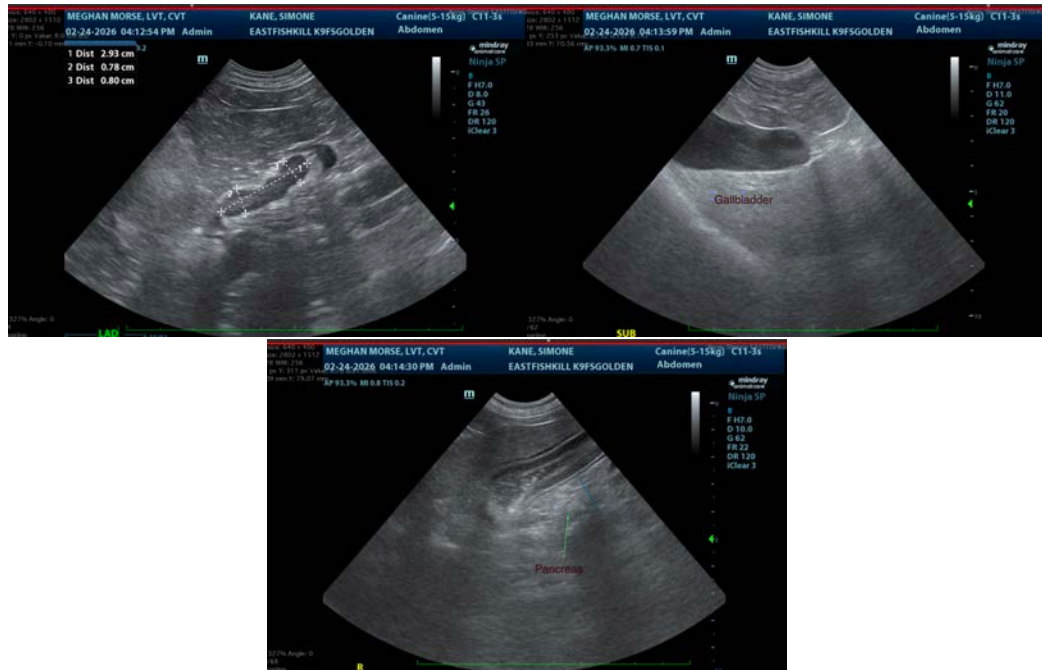
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
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