



**PATIENT**

Dali Costa

**SPECIES**

Canine

**BREED**

English Springer  
Spaniel

**SEX**

Spayed Female

**AGE**

10 Years 1 Month

**WEIGHT**

45.2 Pounds

**INTERPRETED BY**

Greg Kuhlman, DVM,  
DACVIM (SAIM)

**IMAGING PERFORMED BY**

Rebecca Hamilton

**HOSPITAL NAME**

Packanack AH

**REFERRING VET**

Dr. Mahoney

**INVOICE**

35988

**DATE**

2/27/26

**PRESENTING CLINICAL SIGNS**

- Liver enzyme elevation
- h/o OA, 3 lb weight loss since 2/25
- no current meds
- Abnormal PE/Chem/CBC/UA Results: AST 219, ALT 1291, ALP 258, GGT 14, Chol 329, Urine: >100 Rods, USG 1.028

**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. No ureteral papilla was seen.

The right kidney presents normal size (6.3 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (6.0 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 9.8 mm and the caudal pole measures 6.2 mm.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 6.0 mm and the caudal pole measures 6.2 mm.

*Spleen*

The spleen is normal in size, shape, margination and echogenicity. No masses are seen. Normal blood flow is evident. The spleen is folded upon itself.

*Liver*

The liver presents normal size and shape with smooth lobar margins. The parenchyma has normal echogenicity with normal echotexture. No focal lesions are seen. Intrahepatic bile ducts are normal. Normal vascular pattern. No cause for patient's elevated liver values is seen.

The gallbladder appears normal and contains a small amount of suspended echogenic debris that appears insignificant. No posthepatic obstructive cause for patient's elevated liver values is seen on this exam.

*Gastrointestinal*

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

*Pancreas*



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The visible pancreas is normal in size with normal echogenic parenchyma and surrounded by normal peri-pancreatic mesentery.

**Free Abdomen**

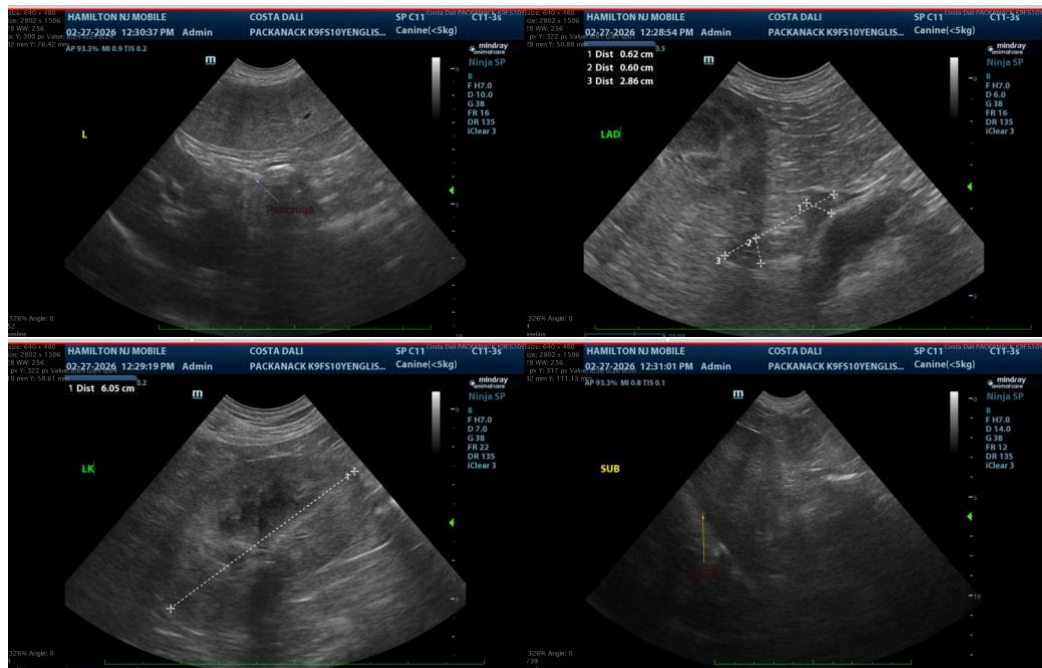
There are no enlarged abdominal lymph nodes seen on this exam. No free abdominal fluid is seen.

**ULTRASONOGRAPHIC FINDINGS**

- There are no significant findings on this exam that would explain the patient's elevated ALT, which is the most significant of the elevated liver values.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

It is reported the patient has a significant urinary tract infection at this time. Recommend starting by treating the urinary tract infection according to a urine culture and antibiotic sensitivity. Recommend treating for 30 days as a complicated UTI, and at the end of the treatment course, recommend rechecking a urine culture to verify resolution of the urinary tract infection. Also recommend rechecking liver values to determine if they normalized. It is possible patient's elevated liver values are due to a bacterial hepatitis from the source being in the urinary bladder. If liver values remain elevated, recommend fine needle aspirate of the liver to rule out infiltrative neoplasia such as lymphoma or mast cell, which are not highly suspected based on this ultrasound, but if infiltrative neoplasia is ruled out and liver values, especially ALT, remain elevated, then a liver biopsy will be warranted at that time.





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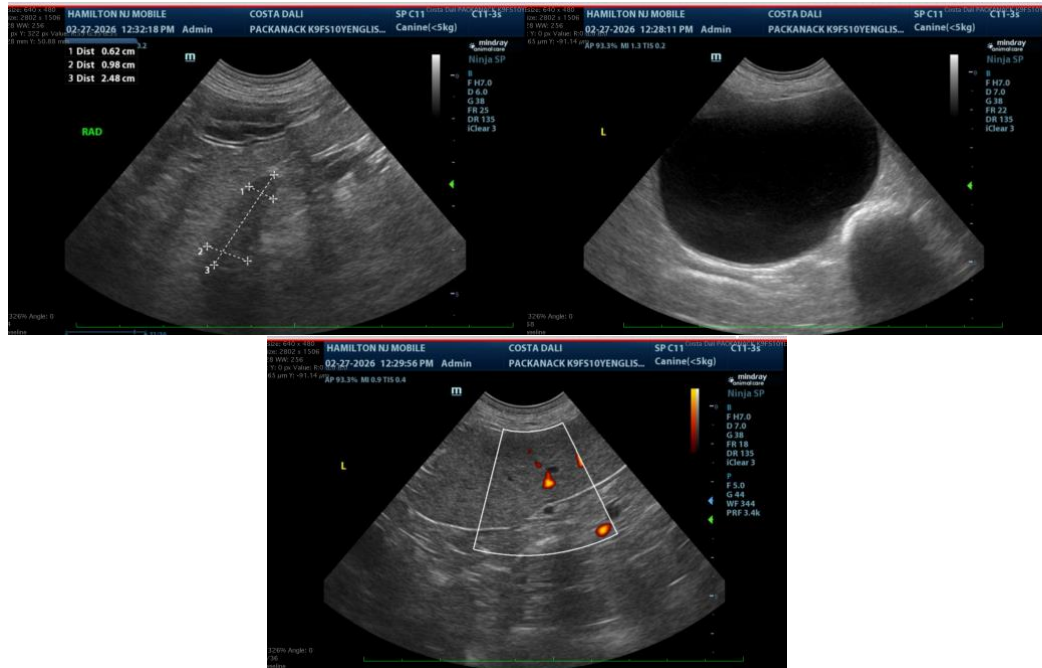
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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