



## PATIENT

Olive Morley

## SPECIES

Canine

## BREED

Labrador Retriever

## SEX

FS

## AGE

12 years

## WEIGHT

72 lbs

## INTERPRETED BY

Greg Kuhlman, DVM,  
DACVIM (SAIM)

## IMAGING PERFORMED BY

Dr. Jessican Milligan

## HOSPITAL NAME

Dockside Veterinary  
Imaging

## REFERRING VET

Dr. Dawn Morgan-  
Winter

## INVOICE

11399

## DATE

2/27/2026

## PRESENTING CLINICAL SIGNS

- Chronic elevated liver enzymes, continues to increase after d/c carprofen.

Abnormal PE/Chem/CBC/UA Results: Please see attached records. 2-21-26: ALT 164, ALP 959, TBil 0.1. 2-7-26: ALT 161. ALP 599, TBil 0.2.

## 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 7.2 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 6.7 cm in length.

### Adrenal Glands

The left and right adrenal glands are not clearly visualized.

### Spleen

There is an isoechoic, capsular displacing, non-cavitated mass in the head of the spleen, measuring 2.9 cm x 3.1 cm.

### Liver

The liver is diffusely enlarged and hyperechoic, which gives the appearance of a possible benign vacuolar hepatopathy. Diffusely throughout the liver, there are ill-defined hypoechoic nodules. These are suspected to be benign regenerative nodules, less likely metastatic neoplasia given their appearance. No obvious evidence of metastatic neoplasia is observed. No other liver lesions are observed. Hepatic vasculature is normal.

The gallbladder contains a marked amount of aggregating debris, consistent with an early immature gallbladder mucocele. 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



## PATIENT

Olive Morley

## SPECIES

Canine

## BREED

Labrador Retriever

## SEX

FS

## AGE

12 years

## WEIGHT

72 lbs

## INTERPRETED BY

Greg Kuhlman, DVM,  
DACVIM (SAIM)

## IMAGING PERFORMED BY

Dr. Jessican Milligan

## HOSPITAL NAME

Dockside Veterinary  
Imaging

## REFERRING VET

Dr. Dawn Morgan-  
Winter

## INVOICE

11399

## DATE

2/27/2026

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

Cardiac function appears subjectively normal with no pericardial effusion observed.

## ULTRASONOGRAPHIC FINDINGS

- Capsule displacing, isoechoic, non-cavitated splenic mass in the head of the spleen.
- Marked amount of aggregating gallbladder debris.
- Enlarged, hyperechoic liver with ill-defined hypoechoic nodules.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Differentials for the splenic mass include malignant neoplasia, such as hemangiosarcoma or other malignant neoplasia. Less likely but possibly benign process such as a hemangioma. Given that it is non-cavitated, the splenic masses capsule displacing it is less likely that this is benign extramedullary hematopoiesis. Recommend an aspirate of the splenic mass with submission for cytology. If a diagnosis is not obtained, recommend splenectomy.

At the time of surgery, recommend obtaining liver biopsies. However, the patient's liver enzyme elevations are mild and a serious hepatopathy is not suspected at this time. Given the liver enzyme elevation pattern, and the appearance of the enlarged hyperechoic liver, differentials for this potentially could be hyperadrenocorticism. Recommend submitting urine cortisol to creatinine ratio. If elevated screen for Cushing's with a low dose dexamethasone suppression test.

Gallbladder disease could potentially be the cause of the appearance of the patient's liver as well as the liver enzyme elevation. Recommend ultrasound guided FNA of the gallbladder, submission of bile for aerobic/anaerobic bacterial culture and cytology is recommended. If aspirate is not performed, start antibiotics such as amoxicillin and ursodiol therapy as treatment for 30–60 days. Recheck lab work. If gallbladder disease does not resolve with treatment, liver enzymes continue to elevate, and bilirubin increases, then a cholecystectomy may be warranted. If the splenectomy is performed, consider cholecystectomy at the same time. Prognosis is open pending histopathology and cytology results of splenic mass.





## PATIENT

Olive Morley

## SPECIES

Canine

## BREED

Labrador Retriever

## SEX

FS

## AGE

12 years

## WEIGHT

72 lbs

## INTERPRETED BY

Greg Kuhlman, DVM,  
DACVIM (SAIM)

## IMAGING PERFORMED BY

Dr. Jessican Milligan

## HOSPITAL NAME

Dockside Veterinary  
Imaging

## REFERRING VET

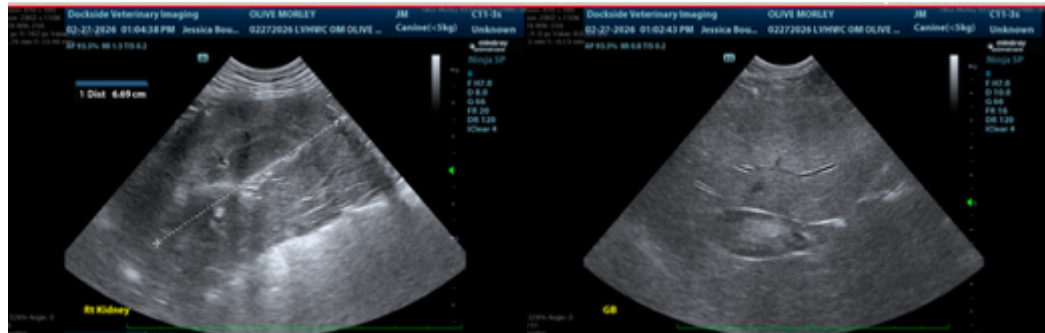
Dr. Dawn Morgan-  
Winter

## INVOICE

11399

## DATE

2/27/2026



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](mailto:info@SonoPath.com)