



PATIENT

Benjamin Guerriero

SPECIES

Canine

BREED

Shih Tzu

SEX

Neutered Male

AGE

10 Years

WEIGHT

18 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Whippany Veterinary
Hospital

REFERRING VET

Dr. Smith

INVOICE

73528

DATE

3/10/26

PRESENTING CLINICAL SIGNS

Would like a dental, chronic elev alkp

Abnormal PE/Chem/CBC/UA Results: alkp-490 trig-412 plt-419 bun-32 K-5.5 nak-27 chol-106 tp-7.7 crea-253 bile acid pre-39.1 post-23.2 in June 2025 ua-bili-1+ ush-1.047

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 papillae seen.

The right kidney presents normal size (3.5 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (4.0 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

Adrenal Glands

The right adrenal gland is not seen on this exam.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 3.7 mm and the caudal pole measures 5.1 mm.

Spleen

The spleen is normal in size, shape, margination and echogenicity. No masses are seen. Normal blood flow. There are hyperechoic lesions at the splenic hilus region. A representative lesion measures 5.0 mm in width. These are most likely benign myelolipomas and not clinically significant at this time.

Liver

The liver is diffusely enlarged and hyperechoic with rounded margins.

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. 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.

Other

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

Images of the heart were included. No pericardial effusion seen. Cardiac function appears normal.



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ULTRASONOGRAPHIC FINDINGS

- Enlarged, hyperechoic liver - Consistent with a vacuolar hepatopathy, most likely a benign hepatopathy with likely a secondary reason.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

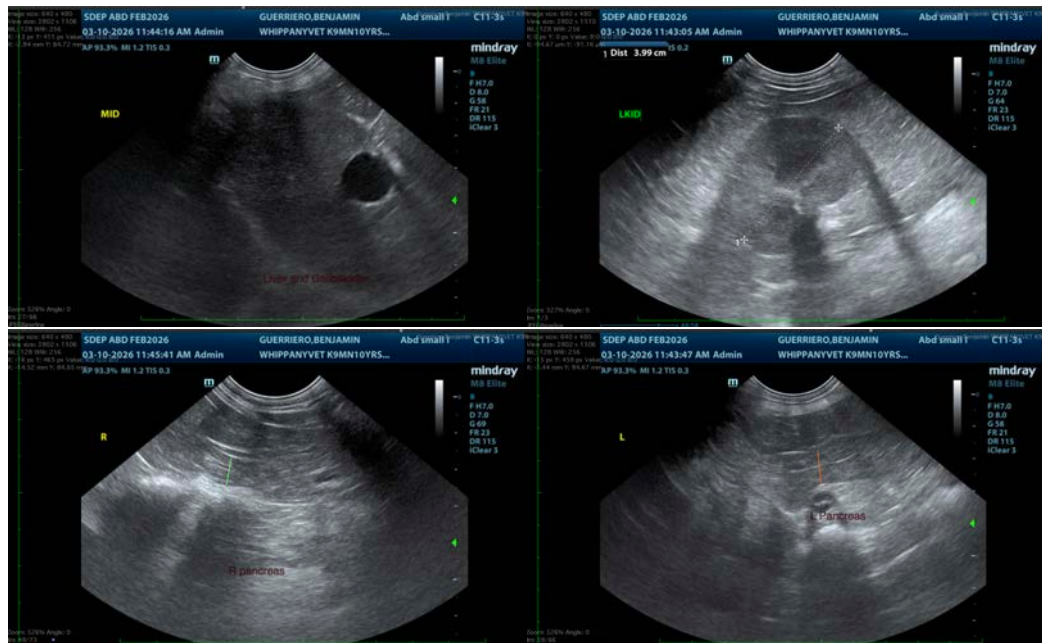
It was reported that patient's triglycerides are elevated. Suspect hypertriglyceridemia most likely causing the vacuolar hepatopathy and elevated ALP. Recommend switching patient to an ultra low-fat diet such as Purina EN low-fat, Royal Canin GI low-fat, or Hills ID low-fat. Recheck triglycerides in 10 days, and if not within normal range with a strict ultra low-fat diet, consider starting medication such as Gemfibrozil (150 mg by mouth every 12 hours), continuing the ultra low-fat diet, and rechecking triglycerides every 10 days until in a normal range, slowly tapering the Gemfibrozil upward in dose.

If treating hypertriglyceridemia does not resolve the patient's elevated ALP And appearance of the liver, screening for other secondary causes for a vacuolar hepatopathy such as hyperadrenocorticism.

Recommend submitting a urine cortisol to creatinine ratio. If elevated, recommend a low-dose Dexamethasone suppression test.

Full thyroid panel is recommended to screen for hypothyroidism as a possible cause of the elevated ALP and appearance of the liver.

Also recommend Texas A&M GI panel to screen for occult pancreatic or occult GI disease as a cause of these problems.





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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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