



**PATIENT**

Rebel Kruse

**SPECIES**

Canine

**BREED**

Labrador Retriever x

**SEX**

Neutered Male

**AGE**

12 Years

**WEIGHT**

57.8 lbs

**INTERPRETED BY**

Greg Kuhlman, DVM,  
DACVIM (SAIM)

**IMAGING PERFORMED BY**

Meghan Morse, LVT,  
CVT

**HOSPITAL NAME**

Bergen County  
Veterinary Center

**REFERRING VET**

Dr. Moore

**INVOICE**

73533

**DATE**

3/10/26

**PRESENTING CLINICAL SIGNS**

Progressively increasing ALT, newly increased AST. Overweight, excessive shedding, multifocal lipomas and skin tags. Current meds: Apoquel SID

Abnormal PE/Chem/CBC/UA Results: ALT 298, AST 58, PLT 439

**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 prostate appears normal and measures 1.4 cm in width. It is symmetrical with normal echotexture and echogenicity.

The right kidney presents normal size (7.5 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (6.2 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 13.4 mm and the caudal pole measures 7.6 mm.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 7.6 mm and the caudal pole measures 7.0 mm.

**Spleen**

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

**Liver**

The liver is normal in size, shape and echogenicity. The echotexture is mildly heterogeneous, most likely an age related change. Normal vasculature.

The gallbladder presents normal size with a mild amount of aggregated debris that appears insignificant at this time. 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 right limb of the pancreas is normal in size with normal echogenic parenchyma and surrounded by normal peri-pancreatic mesentery. The left limb is not clearly seen.



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**Free Abdomen**

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

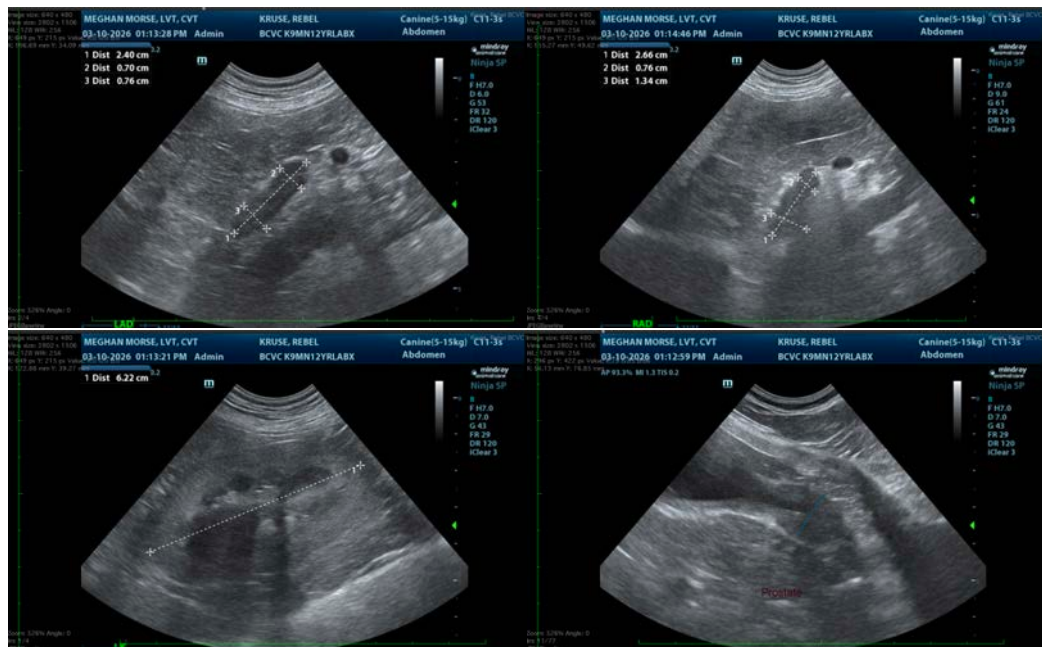
**ULTRASONOGRAPHIC FINDINGS**

- Mildly heterogeneous liver – likely an age related change.
- Mild gallbladder debris.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No significant findings seen on this ultrasound other than the mildly heterogeneous liver. A cause for the progressively elevating ALT and AST is not specifically seen on this ultrasound. No liver masses or liver lesions are seen. Given that the liver enzyme elevations of ALT And AST are progressive and that the patient is a Labrador Retriever, primary hepatopathy such as copper storage disease or chronic active hepatitis should be considered as primary differentials.

At this time, consider fine needle aspirate of the liver and submission for cytology. If fine needle aspirate liver cytology is inconclusive, recommend liver biopsy, submitting liver sample for histopathology, aerobic and anaerobic bacterial culture, and copper quantitation. Recommend 3-view chest x-rays prior to liver biopsy to rule out any concern for possible pulmonary or cardiac disease.





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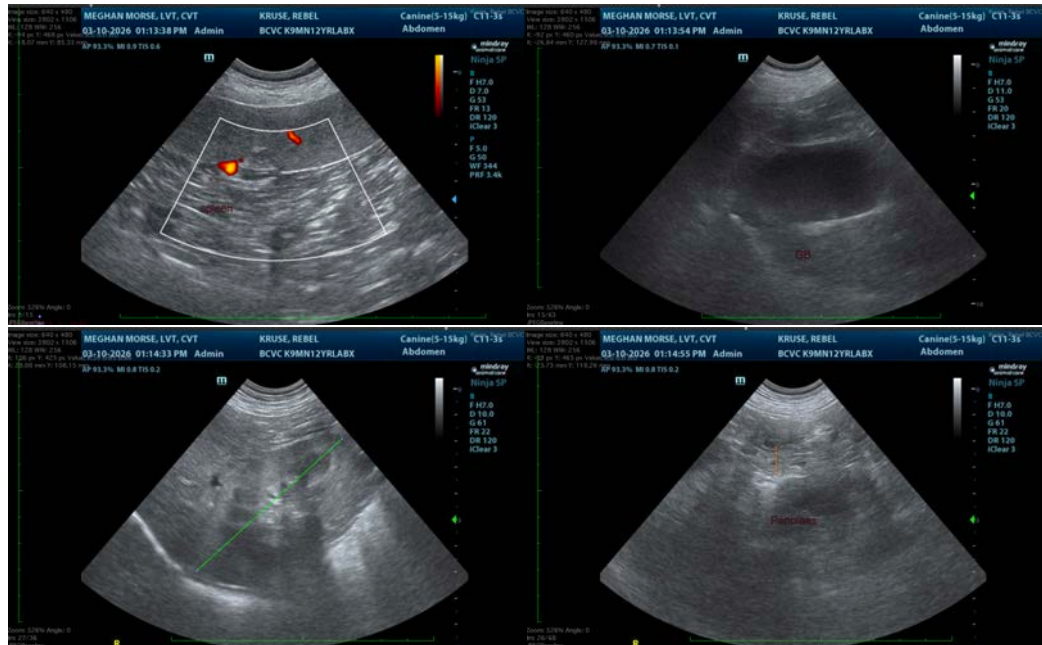
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)