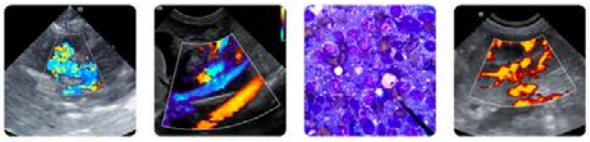

PATIENT

Rupert Valoo

SPECIES

Canine

BREED

Cockapoo

SEX

Neutered Male

AGE

10 Years

WEIGHT

16.1 kg

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Cassie Jackson

HOSPITAL NAME

Huntsville Animal Hospital

REFERRING VET

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INVOICE

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DATE

3/10/26

PRESENTING CLINICAL SIGNS

History of pancreatitis originally diagnosed December 30 2025. Responded well to medication and owners switched to low fat prescription diet - have been very strict on diet. cPL took >1 month to decrease to WNL. Mar 3 had recurrence of pancreatitis, responding well to treatment thus far but no known inciting cause of flare up

Abnormal PE/Chem/CBC/UA Results: Mildly to moderately elevated ALP since April 2025 - currently 499 (23-212) - Mar 7 CRP 54.9 (0-10) - Mar 7 USG 1.015 - Rest of BW/UA normal currently

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 (6.2 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (5.2 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 is mildly enlarged at 8.1 mm. There is a hyperechoic nodule in the cranial pole that measures 7.8 mm x 5.3 mm. The caudal pole measures 4.1 mm.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 5.3 mm and the caudal pole measures 6.1 mm.

Spleen

The spleen is normal in size and echogenicity. Multifocal variably sized hyperechoic lesions are noted peripheral to the splenic hilus, consistent with benign myelolipomas. A representative lesion measures approximately 3.1 mm in length. The spleen has normal blood flow. Caudal to the spleen there is a 6.6 mm x 17.6 mm hypoechoic, ovoid shaped object present. Differentials for this object appear to be either a daughter spleen (additional segment of spleen not attached to the mean splenic body) or possibly an enlarged mesenteric lymph node.

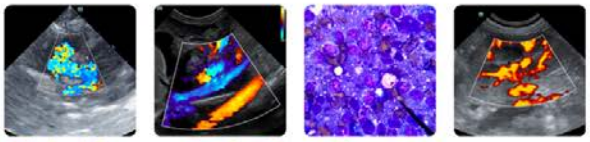
Liver

The liver is diffusely enlarged with normal echogenicity and normal echotexture. The liver has rounded margins. Cause for the enlargement is not seen on this exam. No mass lesions are seen within the liver.

The gallbladder presents normal size with a mild amount of suspended echogenic debris. Normal gallbladder wall. No evidence of bile duct distention or obstruction.

Gastrointestinal

Diffusely the gastric wall is normal in thickness, measuring 2.7 mm in width, with normal layering. The stomach contains a mild amount of retained ingesta. No pyloric outflow tract obstruction seen. It appears



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the patient may not be fully fasted for this exam. The 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

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

ULTRASONOGRAPHIC FINDINGS

- Enlarged liver and gallbladder debris.
- Hyperechoic nodule cranial pole right adrenal gland - This nodule is most likely incidental but could potentially be a cause for hyperadrenocorticism. Recommend screening for hyperadrenocorticism.
- Splenic myelolipomas.
- Ovoid, hypoechoic object caudal to the spleen – possible daughter spleen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend fine needle aspirate of the ovoid object caudal to the spleen and submission for cytology to help determine etiology. If diagnosed as splenic tissue, then there are no concerns, as this would be a normal phenomenon. If this is an enlarged lymph node, then it is hopeful that cytology will provide a reason why the lymph node is enlarged. Possibly round cell neoplasia such as lymphoma or mast cell disease.

Recommendations for the liver would be to perform a fine needle aspirate of the liver and submit for cytology to rule out round cell neoplasia such as lymphoma or mast cell disease. If infiltrative neoplasia is ruled out, look for other possible secondary causes for the appearance of the liver and the elevated ALP.

Recommend fasting triglyceride to rule out hypertriglyceridemia. Recommend thyroid panel to rule out dyslipidemia caused by possible hypothyroidism.

Also recommend urine cortisol to creatinine ratio to rule out hyperadrenocorticism. If UCCR is elevated, recommend low-dose Dexamethasone suppression test to definitively diagnose or rule out hyperadrenocorticism.

Also recommend a Texas A&M GI panel to rule out occult gastrointestinal disease as an underlying cause for the elevated ALP and the liver enlargement. If hypertriglyceridemia is diagnosed and the patient is eating an ultra low-fat diet as described in the submission form, referral to a veterinary nutritionist to talk about an even lower fat home cooked diet would be recommended.

Recommend Ursodiol at 15 mg/kg by mouth split into two daily doses. It is also possible that the patient's gallbladder debris is responsible for the elevated ALP and appearance of the liver. After treating patient with Ursodiol for two months recommend rechecking lab work and the appearance of

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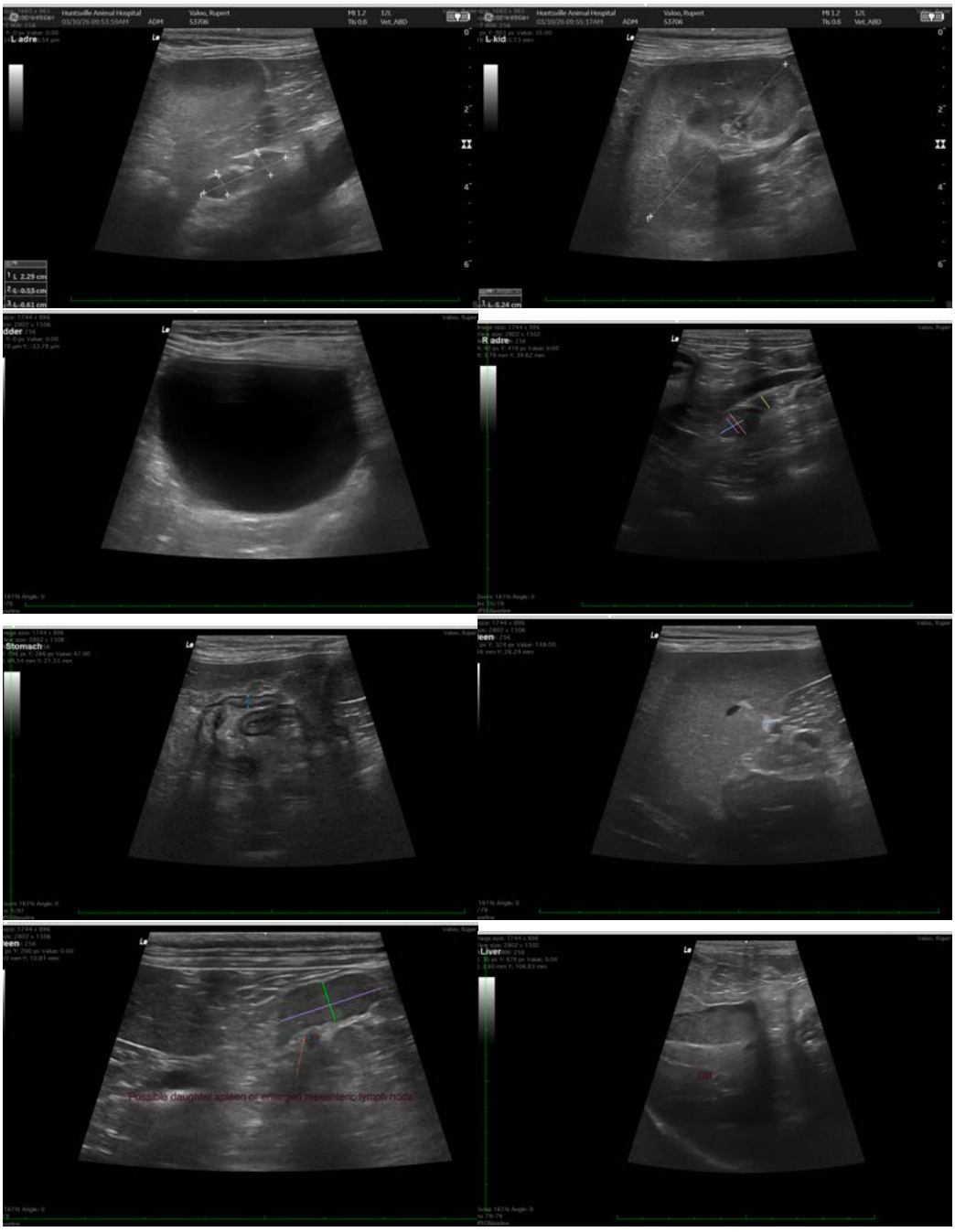
the gallbladder via ultrasound to determine if improvement has occurred with this treatment plan for the gallbladder.

Prognosis is open pending recommended further diagnostics.



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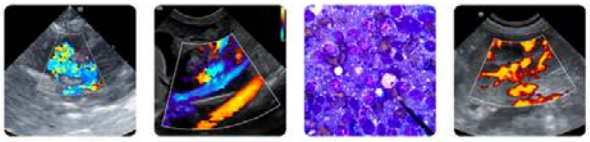

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com