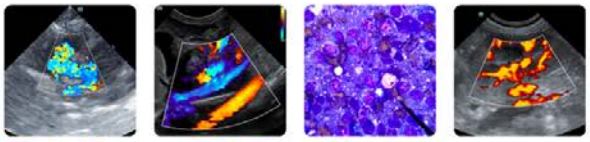

PATIENT

Teddy Bear Waldman

SPECIES

Canine

BREED

Maltese

SEX

Neutered Male

AGE

11 Years 11 Months

WEIGHT

6.1 lbs

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Megan Cassels-Conway, DVM

HOSPITAL NAME

Central Broward Animal Hospital

REFERRING VET

Janeen Lezcano, DVM

INVOICE

73597

DATE

3/11/26

PRESENTING CLINICAL SIGNS

P has chronic presumptive hx of onychodystrophy. P has been on Purina HA veg since hyperTG (1600) was detected in 7/2023; excellent response to diet change. P has recent hx of elevated ALT (224), GGTP (22) and PSL (311). P is asymptomatic at this time, changes were noted on routine wellness bw.

Abnormal PE/Chem/CBC/UA Results: 3/2026: CBC: plt ct: 696H, Chem: ALT: 224, GGTP: 22 and PSL: 311, TG: 180; T4: 2.0, UA: pending 9/2025: CBC: plt ct: 640H, Chem: ALT: 69, GGTP: 11, PSL: 56, TG: 134, UA: SG: 1.054, trace prot, quiet sediment

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 right kidney presents normal size (3.7 cm) with normal shape and architecture. There is mild loss of corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (3.4 cm) with normal shape and architecture. There is mild loss of 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 4.4 mm and the caudal pole measures 4.4 mm.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 4.3 mm and the caudal pole measures 4.1 mm.

Spleen

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

Liver

The liver is diffusely enlarged and mildly 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 gastric wall is normal in thickness, measuring 2.9 mm in width. It has a mildly thickened muscularis layer, which is most likely incidental. The duodenum appears mildly thickened and measures 3.6 mm in width. However, it has normal layering. The jejunum is normal in thickness at 2.4 mm in width. However, the mucosa diffusely has hyperechoic striations present throughout, consistent with possible inflammatory disease or lymphangiectasia. Colon contains normal contents with normal wall thickness.

Pancreas

The right limb of the pancreas appears normal. The left limb is not seen on this exam.

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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

- Decreased bilateral cortical medullary distinction – consistent with possible early chronic kidney disease.
- Enlarged, hyperechoic liver – consistent with vacuolar hepatopathy. Less likely differentials include infiltrative round cell neoplasia such as lymphoma or mast cell.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend full staging, monitoring, and managing of the patient's kidney disease per the International Renal Interest Society guidelines.

Recommend a search for secondary cause for the patient's suspected vacuolar hepatopathy and elevated liver values. Recommend urine cortisol to creatinine ratio, and if elevated, then perform a low-dose Dexamethasone suppression test. Normal urine cortisol to creatinine ratio most likely rules out hyperadrenocorticism.

Also recommend Texas A&M GI panel to screen the patient for occult pancreatic disease and determine if the patient does have a possible chronic enteropathy.

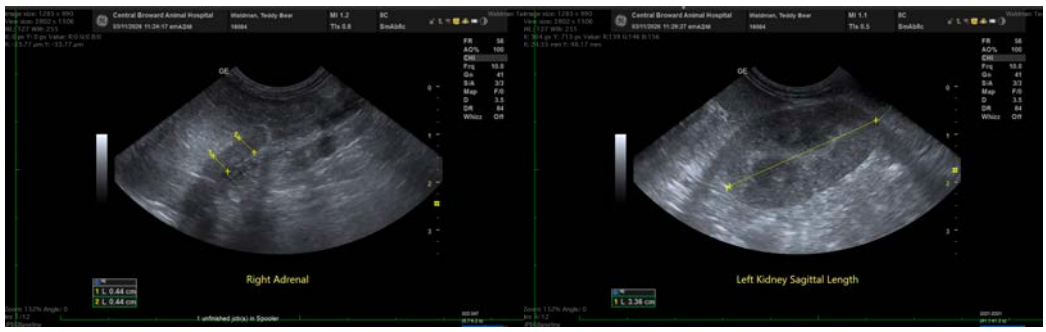
Also recommend thyroid panel to screen the patient for possible dyslipidemia causing the suspected vacuolar hepatopathy.

The patient is known to have hypertriglyceridemia, which is controlled with diet. This is most likely not the cause of the suspected vacuolar hepatopathy and elevated liver values.

Consider a fine needle aspirate of the liver, submitting for cytology to rule out round cell neoplasia.

If the patient's Texas A&M GI panel does suggest a chronic enteropathy, consider GI biopsies either surgically or endoscopically to determine optimal treatment plan. If the patient is diagnosed with chronic enteropathy, this may be the cause of the appearance of the patient's liver on this ultrasound and the elevated liver values.

Ultimately, if the patient's liver values remain persistently elevated and no secondary cause is identified for the hepatopathy, you would need to consider a primary hepatopathy and I would recommend a liver biopsy.



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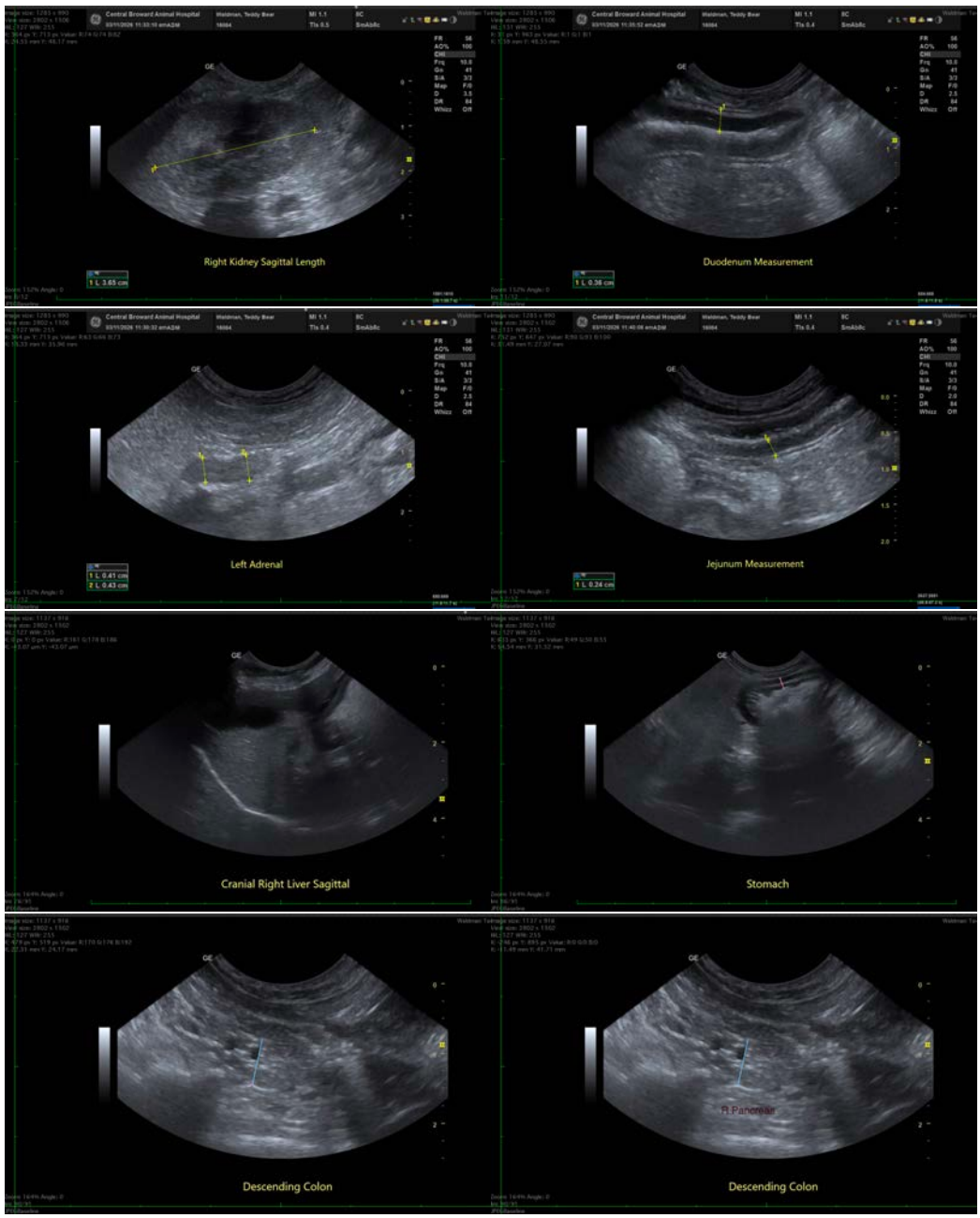

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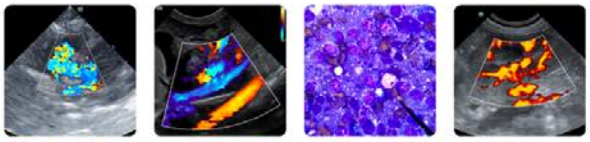

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Educational Teleconsultation Services™

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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