



PATIENT

Sophie Benner

SPECIES

Canine

BREED

Shih Tzu

SEX

Spayed Female

AGE

13 Years 5 Months

WEIGHT

11.1 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Leck Veterinary
Hospital

REFERRING VET

Dr. Derr

INVOICE

73725

DATE

3/17/26

PRESENTING CLINICAL SIGNS

Elevated LE's (chronic). GGT acute elevation. Diabetic. Previous u/s report attached. Recent anorexia, uveitis-both resolved

Current Meds: Ursodiol 80mg sid; Vetsulin 6U, Hepatobenefits, topical Cyclosporine OU; (Gaba/Traz for scan)

Abnormal PE/Chem/CBC/UA Results: GGT-52; AST-93; ALT-358; ALP-941 (slightly improved w Amoxi + Metronidazole). UA: +3 glucose, UPC 1.3, USG: 1028

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

The left kidney presents normal size (4.4 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 13.5 mm and the caudal pole measures 5.1 mm. The size of the right adrenal gland is approximately double the size of what was described in 2023 on a previous ultrasound when it measured 6.5 mm in width.

No abnormalities seen in the area of the left adrenal gland. The patient is reported to have previously had a left-sided adrenalectomy. No left adrenal gland seen.

Spleen

The spleen has multiple hyperechoic foci present in perivascular regions, consistent with benign myelolipomas.

Liver

The liver is diffusely enlarged and hyperechoic with heterochoic echotexture similar to that seen in 2023. No specific liver lesions seen.

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.



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Pancreas

The pancreas was mildly hypoechoic as compared to surrounding mesentery. No surrounding steatitis.

Free Abdomen

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

Other

No pericardial effusion seen in provided cardiac images. Cardiac function appears normal.

ULTRASONOGRAPHIC FINDINGS

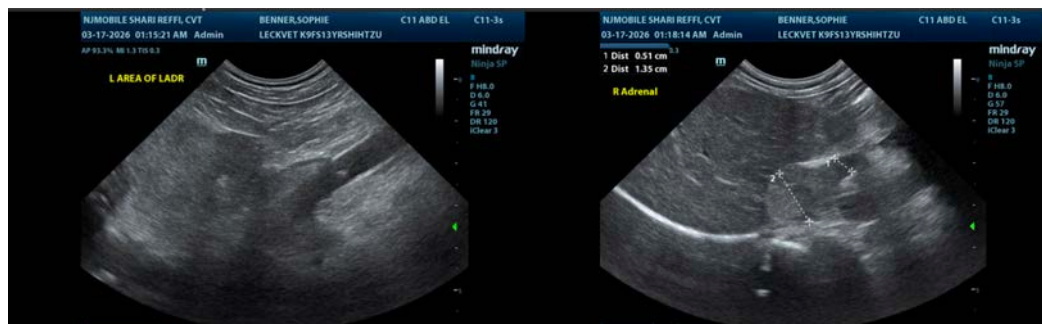
- The enlargement of the right adrenal gland may be due to benign adrenal hypertrophy due to possible pituitary dependent hyperadrenocorticism. It could also potentially be due to adrenal neoplasia such as adrenal cortical carcinoma, although this appears to be unlikely given that overall, the appearance of the adrenal gland is normal and uniform.
- The patient appears to have mild reactive pancreatic inflammation, most likely due to their known/suspected endocrine disease.
- Benign splenic myelolipomas – not clinically significant.
- I suspect that the appearance of the liver is most likely due to patient’s known endocrine disease, specifically diabetes mellitus. Hyperadrenocorticism may also be contributing to appearance of the liver.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Consider performing a low-dose Dexamethasone suppression test to rule out hyperadrenocorticism.

No cause for the elevated liver values is seen. If diabetes mellitus is well controlled and hyperadrenocorticism is ruled out, and liver enzyme elevations persist, then a liver biopsy would be recommended.

No specific recommendations currently regarding the mild pancreatic inflammation present. Recommend regulating the patient’s endocrine disease and I suspect the pancreatic inflammation will improve or resolve with these treatments.





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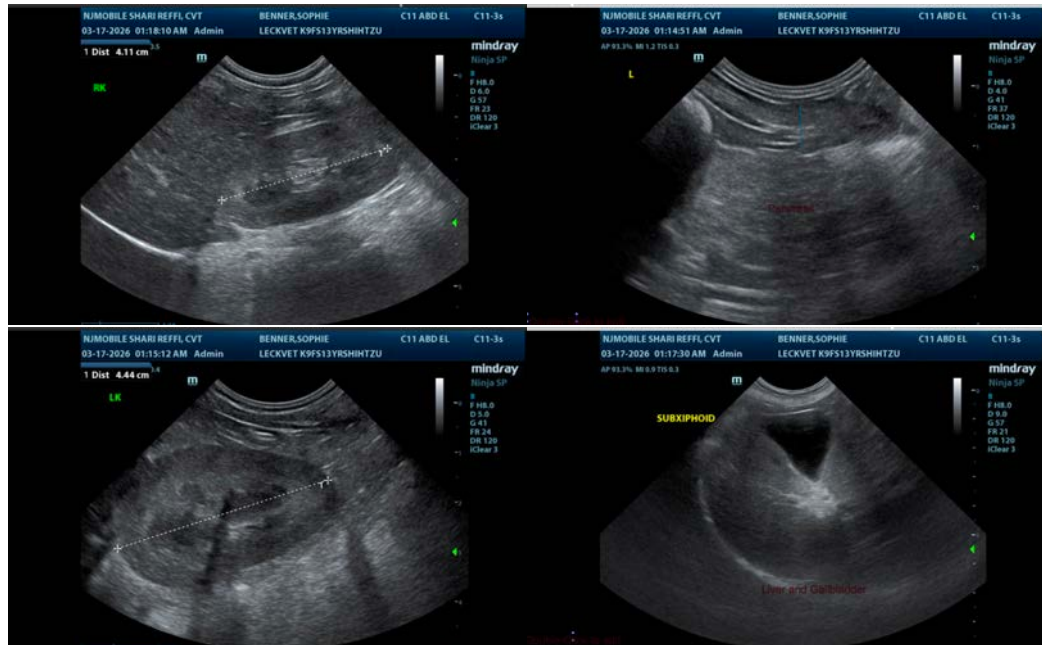
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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