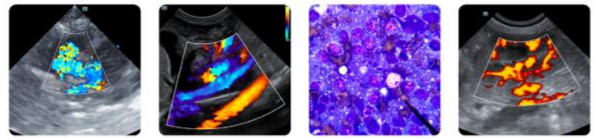
# SonoPath

FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology

Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

**PATIENT**

Max Jones

**SPECIES**

Canine

**BREED**

Labradoodle

**SEX**

Neutered Male

**AGE**

12 Years

**WEIGHT**

75 pounds

**INTERPRETED BY**

Greg Kuhlman, DVM, DACVIM (SAIM)

**IMAGING PERFORMED BY**

Dr. Mueller

**HOSPITAL NAME**

Cold Lake Veterinary Clinic

**REFERRING VET**

Dr. Mueller

**INVOICE**

14570

**DATE**

03/19/26

## PRESENTING CLINICAL SIGNS

- Bloodwork in November showed increased ALT, ALKP and GGT
- Recheck bloodwork in March shows mild hyperglobulinemia. ALT, ALKP and GGT continue to increase. Mild hypercholesterolemia. PU/PD and panting at night. On librela, no other medications.
- Concern for hyperadrenocorticism but also other causes of liver elevations.

Abnormal PE/Chem/CBC/UA Results: Recheck bloodwork in March shows mild hyperglobulinemia. ALT, ALKP and GGT continue to increase.

## 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 ureteral papilla is seen.

The left kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured 4.9 cm in length.

The right kidney is normal in size and appearance measuring 6.1 cm in length.

### *Adrenal Glands*

The adrenal glands are normal in size and appearance.

### *Spleen*

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

### *Liver*

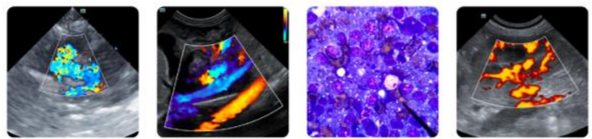
The liver is diffusely hypoechoic, mildly enlarged with rounded margins consistent with vacuolar hepatopathy. The liver has a diffusely mottled echotexture, which is most likely age-related. Within the liver cranial to the gallbladder, there is an approximately 1.0 cm in diameter hyperechoic lesion present. This is most likely a regenerative nodule, less likely to be primary hepatobiliary or metastatic neoplasia.

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*





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Pancreas is diffusely hypoechoic without any significant surrounding steatitis.

### *Free Abdomen*

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

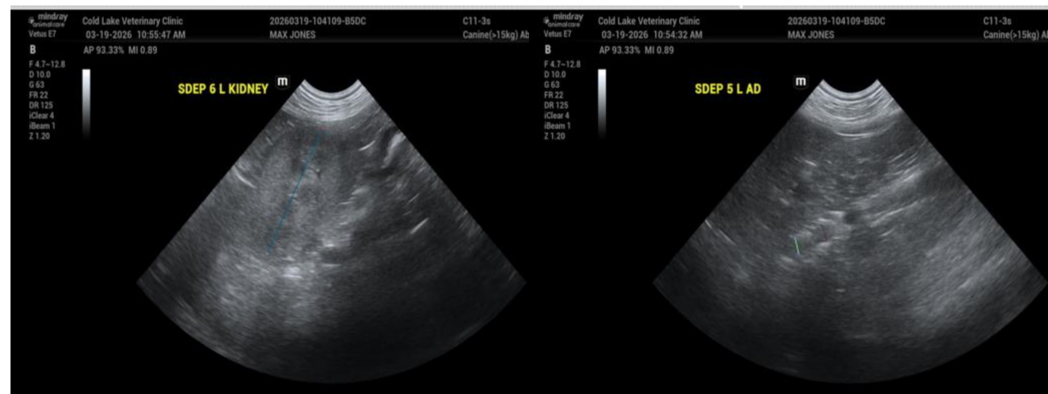
## ULTRASONOGRAPHIC FINDINGS

- Mild pancreatic inflammation.
- Vacuolar hepatopathy with hepatic lesion.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Correlate ultrasound finding of pancreatic inflammation with cPLI to determine if clinically significant pancreatitis is present. Recommend workup for secondary causes for vacuolar hepatopathy, including Texas A&M GI panel to screen for occult enteropathy, fasting triglycerides to screen for hypertriglyceridemia. If a thyroid panel has not been performed recently, recommend checking thyroid value to screen for hypothyroidism as a cause of the appearance of the liver. Also recommend submitting urine cortisol to creatinine ratio. If normal, hyperadrenocorticism is ruled out as a cause for the elevated liver values and the appearance of the liver. If UCCR is elevated, then recommend low-dose dexamethasone suppression test to screen further for hyperadrenocorticism.

Recommend fine needle aspirin of the hepatic lesion with submission for cytology to rule out a neoplastic cause. If none of the testing that may be causing a secondary hepatopathy returns with a definitive reason for the hepatopathy, at that time, if the liver values remain elevated, a liver biopsy would be recommended for histopathology, copper quantitation, and aerobic and anaerobic bacterial culture.



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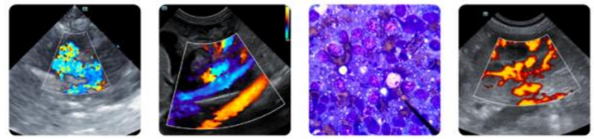

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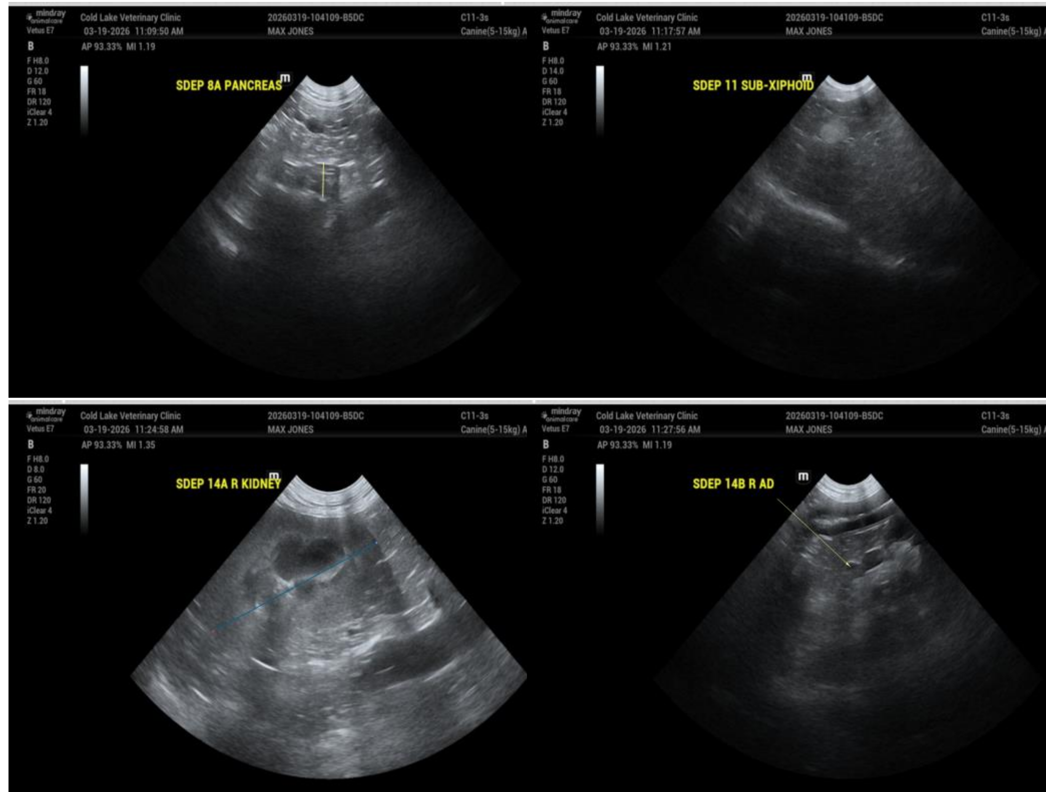


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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