



PATIENT

Riley Keefer

SPECIES

Canine

BREED

West Highland Terrier

SEX

Neutered Male

AGE

10 Years

WEIGHT

18.6 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Amanda Hockenbrock

HOSPITAL NAME

Lewisburg Veterinary
Hospital

REFERRING VET

Dr. Jamie Vincent

INVOICE

73815

DATE

3/19/26

PRESENTING CLINICAL SIGNS

Not eating well the past month - o is trying different toppers but nothing seems to interest p, still loves treats and eats them fine - green beans, carrots, dental treats etc. Patient on Zonisamide.

Abnormal PE/Chem/CBC/UA Results: ALT/ALKP Results: ALT 440, was 229 (10-125), ALKP 1366, was 1400 (23-212). SWO about liver insult, neoplasia, or cushings.

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

The left kidney presents normal size (4.6 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

Adrenal Glands

The adrenal glands were not seen on this exam.

Spleen

The spleen is normal in size, shape, margination and echogenicity. Multiple hyperechoic lesions are noted, consistent with benign myelolipomas.

Liver

The liver presents normal size and shape with smooth lobar margins. The parenchyma has normal echogenicity with normal echotexture. No focal lesions are seen. Intrahepatic bile ducts are normal. Normal vascular pattern.

Caudal to the right liver, there is a 1.0 cm hypoechoic lesion, potentially either an enlarged perihepatic lymph nodes or possibly a pancreatic lesion.

The gallbladder presents normal size with anechoic contents. There is a mild to moderate amount of echogenic gravity dependent debris. 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

Caudal to the right liver, there is a 1.0 cm hypoechoic lesion, potentially either an enlarged perihepatic lymph nodes or possibly a pancreatic lesion.



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Free Abdomen

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No free abdominal fluid is seen.

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ULTRASONOGRAPHIC FINDINGS

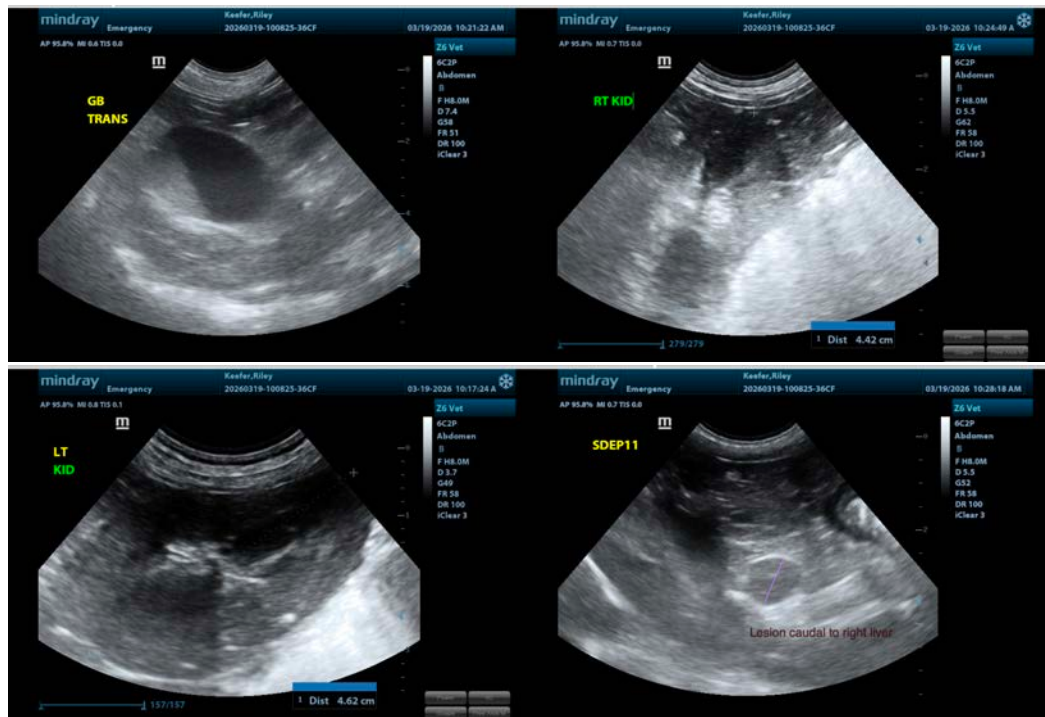
- Mild to moderate echogenic gallbladder debris.
- Hypochoic lesion caudal to the right liver - Possible enlarged perihepatic lymph node or pancreatic lesion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

To rule out bacterial cholangitis as a possible cause for liver enzyme elevations, consider ultrasound guided bile aspirate for aerobic and anaerobic cultures and cytology.

Recommend attempt at ultrasound guided fine needle aspirate of the lesion that is suspected to be an enlarged perihepatic lymph node or pancreatic lesion. If, given its location, you are unable to obtain FNA of this lesion, then consider CT scan to obtain more information as to tissue of origin of this lesion and determine if surgical resection is feasible.

Recommend 3-view chest radiographs if not already taken to rule out the possibility of metastatic neoplasia, given the hypochoic lesion caudal to the right liver.





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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

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