



PATIENT

Koda Constantino

SPECIES

Canine

BREED

Labrador Retriever

SEX

Neutered Male

AGE

7 Years 2 Months

WEIGHT

111

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Celia Galanti, DVM

HOSPITAL NAME

Craig Road Animal
Hospital

REFERRING VET

Wylie Cooper, DVM

INVOICE

73885

DATE

3/20/26

PRESENTING CLINICAL SIGNS

Client communications: Blood work revealed elevated ALT and markedly elevated ALP at 1,100 U/L (reference: <131 U/L), which may be associated with Cushing's disease. Urinalysis showed 2+ proteinuria and low urine specific gravity, also suggestive of Cushing's disease. Fecal parasite screen was negative. Cushing's disease can cause dermatologic changes, relevant due to recent ear infection. Awaiting further discussion; client may call for additional information.

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

The left kidney presents normal size (7.2 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 measures 10.3 mm and the caudal pole measures 6.7 mm.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal gland measures 6.8 mm at the caudal pole and 5.6 mm at the cranial pole.

Spleen

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

Liver

The liver is diffusely enlarged and hyperechoic with rounded margins. There are several multifocal ill-defined hypoechoic lesions throughout the liver. A representative lesion measures 5.5 mm in diameter.

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

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.



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ULTRASONOGRAPHIC FINDINGS

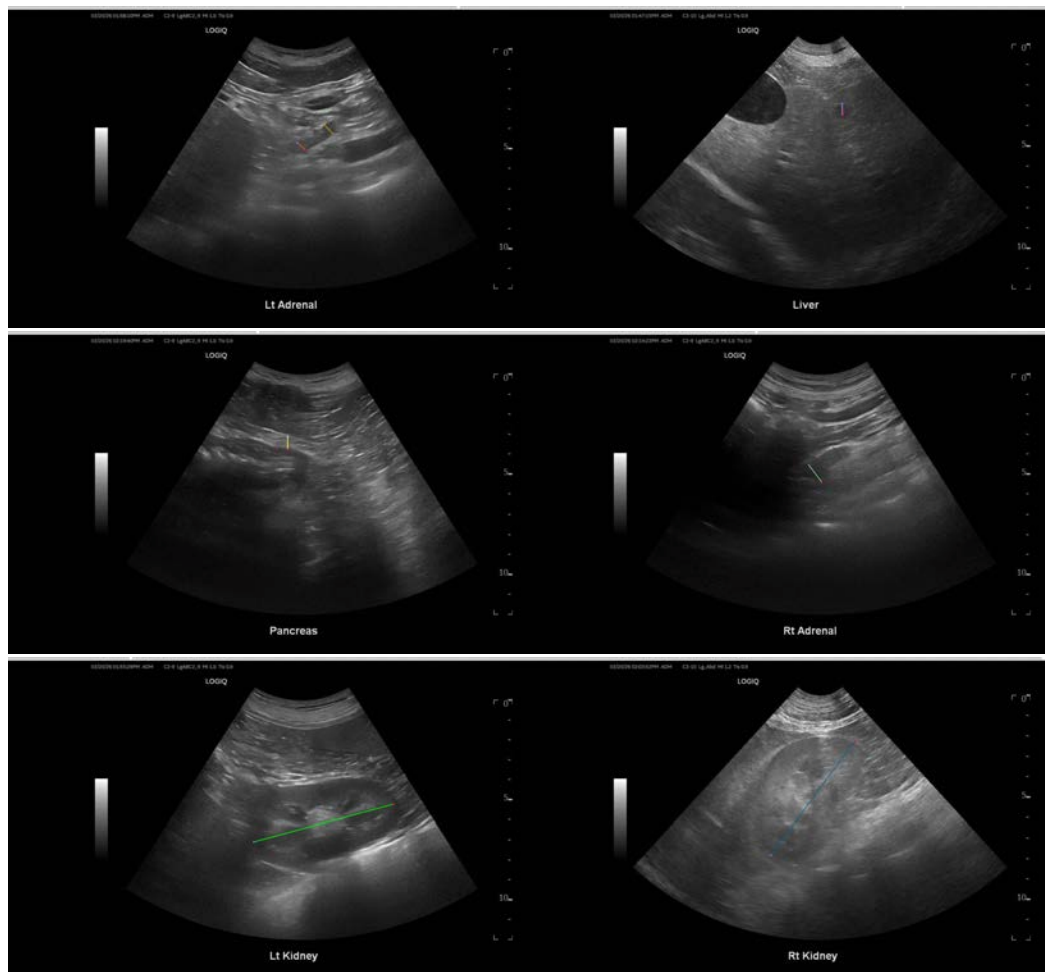
- Enlarged, hyperechoic liver with hypoechoic nodules – Consistent with a benign vacuolar hepatopathy. Nodules consistent with benign regenerative nodules, unlikely to be round cell or metastatic neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given that the adrenals appeared normal in size and there are no other abnormalities seen associated with the adrenal glands, the likelihood of hyperadrenocorticism causing the appearance of the patient's liver and elevated liver values is considered unlikely. However, recommend submitting urine cortisol to creatinine ratio. If normal, hyperadrenocorticism is ruled out. If UCCR is elevated, then perform a low-dose Dexamethasone suppression test to rule out hyperadrenocorticism.

Consider other causes for a vacuolar hepatopathy such as hypertriglyceridemia, hypothyroidism, Leptospirosis, or occult pancreatic or occult gastrointestinal disease. Recommend submitting Leptospirosis PCR and microagglutination testing to rule out Leptospirosis.

If all testing for secondary causes of hepatopathy are ruled out and liver values remain elevated or progressively elevate, then a liver biopsy would be recommended at that time.





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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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