



## PATIENT

Oliver Rudy

## SPECIES

Canine

## BREED

Corgi

## SEX

Intact Male

## AGE

6 Months

## WEIGHT

16 kg

## INTERPRETED BY

Greg Kuhlman, DVM,  
DACVIM (SAIM)

## IMAGING PERFORMED BY

Dr. Gira

## HOSPITAL NAME

Sabadilla Animal Clinic

## REFERRING VET

Dr. Nathaniel  
Asemadahun

## INVOICE

14498

## DATE

03/20/26

## PRESENTING CLINICAL SIGNS

- Pre Sx elevation of ALT, patient is nonclinical. BA normal

Abnormal PE/Chem/CBC/UA Results: BW attached

## 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 prostate was normal in size measuring 1.5 cm width with symmetrical uniform echogenicity.

Normal medial iliac lymph nodes were present measuring 7.7 mm in length and 2.5 mm in width. Normal age-related jejunal lymph nodes were present with a representative nod measuring 2.03 cm x 0.55 cm.

The left kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured 5.4 cm in length.

The right kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The right kidney measured 5.4 cm in length.

### Adrenal Glands

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 4.7 mm.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 5.7 mm and the caudal pole measures 5.8 mm.

### Spleen

The spleen is normal in size, shape, margination and echogenicity. No masses are seen. Normal blood flow was evident.

### 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. The ratio of the portal vein to caudal vena cava is normal at 0.88 cm, which is not consistent with a portosystemic shunt. Portal vasculature appears normal.

The gallbladder presents normal size with anechoic contents. Normal gallbladder wall. No evidence of bile duct distention or obstruction.

### Gastrointestinal



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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.

**ULTRASONOGRAPHIC FINDINGS**

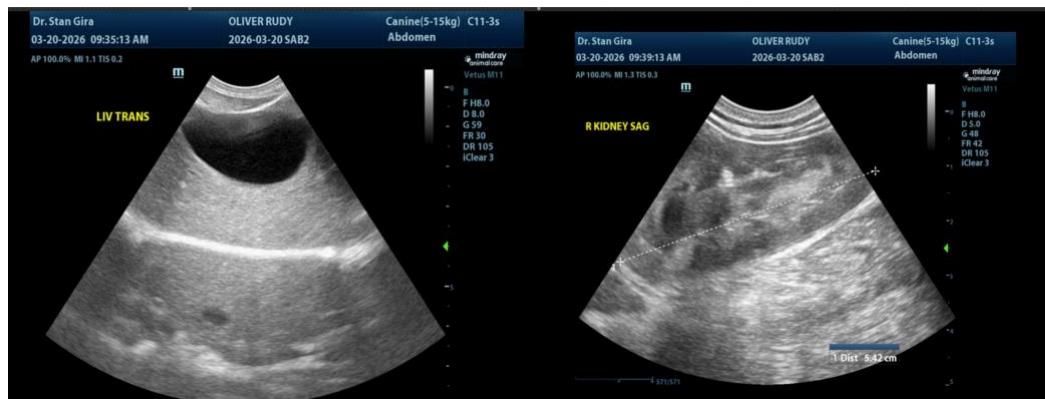
- Sonographically unremarkable abdomen.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No cause for the patient's elevated alkaline phosphatase or ALT seen on this exam. A portosystemic shunt is ruled out given the patient's lab work, normal bile acids, and this ultrasound.

Recommend testing for possible infectious disease as cause of the hepatopathy. Recommend submitting leptospirosis, PCR and microagglutination testing to rule out leptospirosis. Also consider testing for Bartonellosis, although this disease seems would be unlikely, however, it is possible.

If infectious disease testing is negative and ALT remains elevated, there would be concern for possible primary hepatopathy, such as copper storage disease or chronic active hepatitis. If ALT remains elevated over the next two to three months, at that time recommend liver biopsy and submitting liver samples for histopathology, copper connotation, and aerobic and anaerobic bacterial culture.





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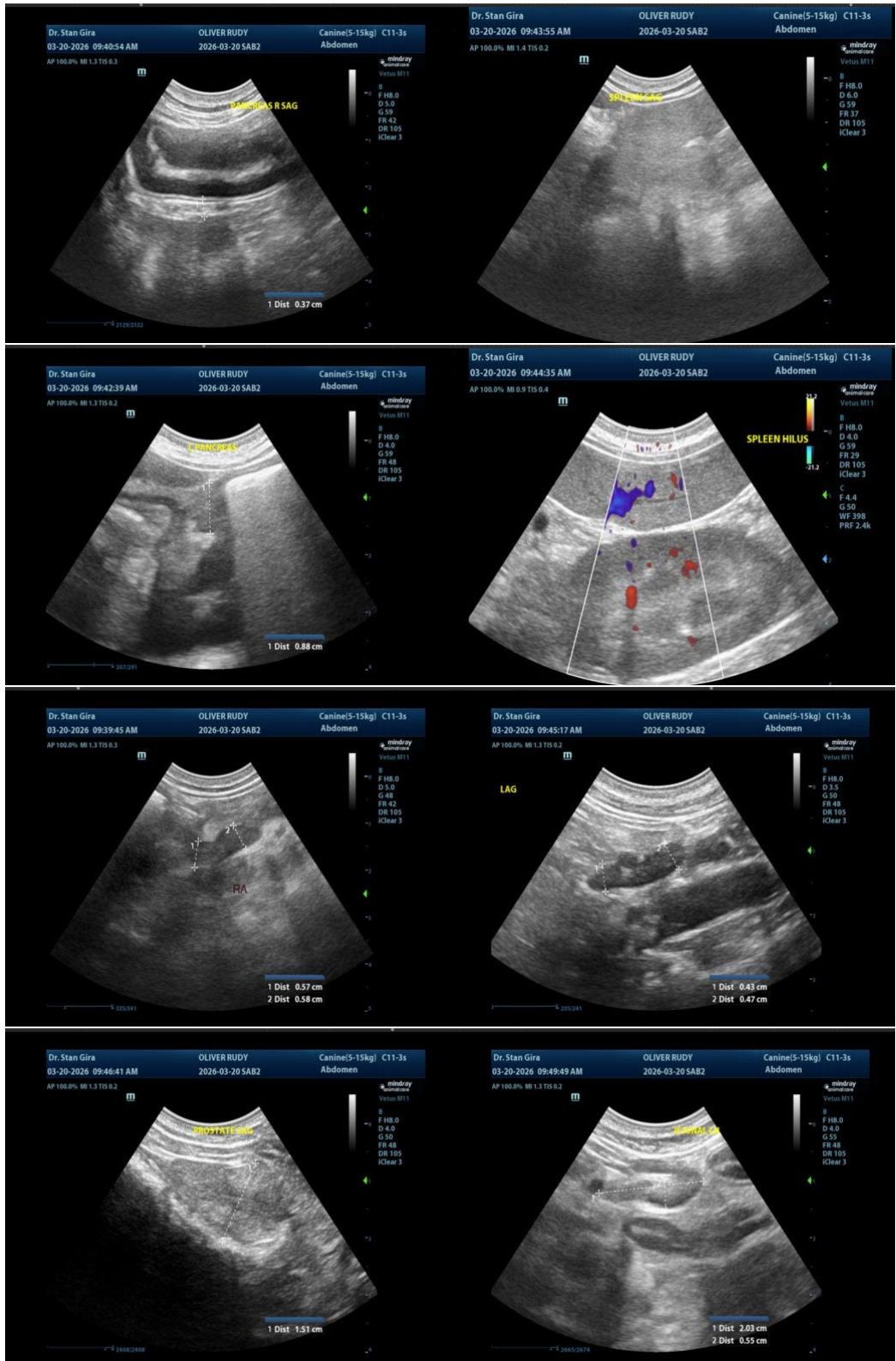
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)