



PATIENT

Dude Heavner

SPECIES

Canine

BREED

Boxer x

SEX

Neutered Male

AGE

8 Years 10 Months

WEIGHT

106 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Ashley Whitesell

HOSPITAL NAME

Dickson Animal Clinic

REFERRING VET

Dr. Richard Hovis

INVOICE

73946

DATE

3/24/26

PRESENTING CLINICAL SIGNS

3-22-2026 Blood work on Dude looks great. With Cushing's Disease you should see an increase in the liver enzyme Alkaline Phosphatase 882 which we do but you should see a decrease in the urine specific gravite to around 1.010. Since the urine specific gravity is 1.034 this does not back up Cushing's Disease. We can do an abdominal ultrasound and ACTH stimulation test to prove if we have the disease if you like.

We can give 300mg Gabapentin and 300mg of trazodone when Dude arrives

Abnormal PE/Chem/CBC/UA Results: Alkp 882

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

The left kidney presents normal size (7.8 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

Adrenal Glands

The adrenal glands were not clearly seen on this exam.

Spleen

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

Liver

The liver is mildly diffusely enlarged and hyperechoic with a mildly mottled echogenic and rounded nodules. In the caudal mid liver, there is a non-capsule displacing hypoechoic nodule that measures 2.4 cm in width.

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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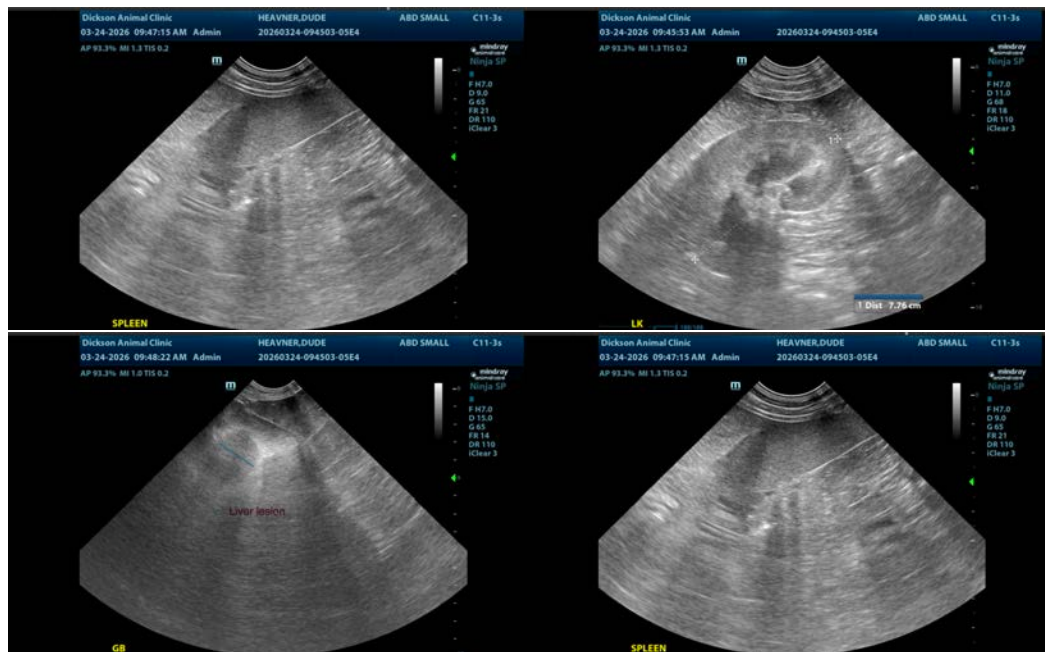
ULTRASONOGRAPHIC FINDINGS

- Enlarged, hyperechoic, mottled liver – Consistent with vacuolar hepatopathy, possibly due to endocrine disease such as hyperadrenocorticism.
- Hypoechoic liver nodule – Possible regenerative nodule or possibly primary hepatobiliary neoplasia such as hepatocellular carcinoma, less likely metastatic neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Other considerations for the appearance of the liver and the elevated ALP would be hypertriglyceridemia, pancreatic or GI disease, or possibly hypothyroidism. Less likely the appearance of the liver is due to infiltrative neoplasia such as lymphoma or mast cell disease or an infectious disease such as Leptospirosis. If there is clinical suspicion, recommend submitting Leptospirosis titers and PCR to rule out Leptospirosis. Also, if clinical suspicion exists, recommend fine needle aspirate of the liver and suspicion for cytology to rule out round cell neoplasia.

If these diseases are not clinically suspected or are ruled out, then consider screening for other endocrine or metabolic diseases as previously discussed. Screening for hyperadrenocorticism is warranted. Consider the ACTH stimulation test as discussed in the submission.





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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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