



## PATIENT

Ella Daniel

## SPECIES

Canine

## BREED

Bichon Frise

## SEX

Spayed Female

## AGE

14 Years 4 Months

## WEIGHT

9.7 lbs

## INTERPRETED BY

Greg Kuhlman, DVM,  
DACVIM (SAIM)

## IMAGING PERFORMED BY

Ashley Whitesell

## HOSPITAL NAME

Dickson Animal Clinic

## REFERRING VET

Dr. Richard Hovis

## INVOICE

73945

## DATE

3/24/26

## PRESENTING CLINICAL SIGNS

Ella's blood work looks pretty good but the liver test ALT was 71 on 4-1-2023 and now is 296 - Abdominal ultrasound - will have 50mg trazodone and 100 mg gabapentin on board

Abnormal PE/Chem/CBC/UA Results: ALT 296

## 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 (4.7 cm in length) with normal shape and architecture. There is mild loss of corticomedullary distinction, most likely an age related change. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (3.6 cm in length) with normal shape and architecture. There is mild loss of corticomedullary distinction, most likely an age related change. 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 7.4 mm and the caudal pole measures 5.4 mm.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 4.2 mm and the caudal pole measures 4.8 mm.

### *Spleen*

Within the body of the spleen there is an isoechoic, round mass present, non-capsule displacing. The mass measures 1.2 cm x 1.5 cm in size. The remainder of the spleen appears normal.

### *Liver*

The liver is mildly diffusely enlarged and hyperechoic with rounded margins, consistent with vacuolar hepatopathy.

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.



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**Free Abdomen**

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

**ULTRASONOGRAPHIC FINDINGS**

- Bilateral loss of corticomedullary distinction in both kidneys.
- Splenic mass – Possible benign extramedullary hematopoiesis, less likely round cell neoplasia such as lymphoma, plasma cell tumor or mast cell tumor.
- Enlarged, hyperechoic liver- Most likely benign vacuolar hepatopathy.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Recommend full staging, monitoring and management of the patient per IRIS guidelines.

Recommend fine needle aspirate of the splenic mass to rule out neoplasia.

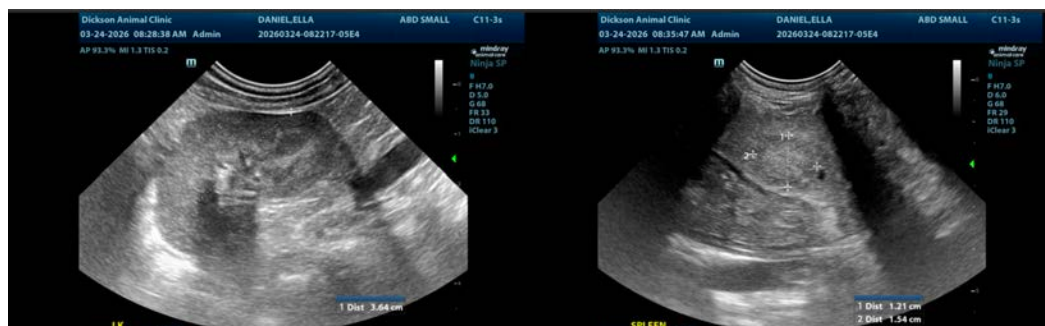
Recommend evaluating the patient for secondary causes for the elevated ALT and hepatopathy, including submitting a fasted triglyceride to rule out hypertriglyceridemia. Recommend a GI panel to rule out a chronic enteropathy or possible occult pancreatitis. Recommend a urine cortisol to creatinine ratio to rule out hyperadrenocorticism. Also recommend thyroid panel to rule out hypothyroidism. Recommend submitting Leptospirosis testing to rule this out as well.

If no secondary cause for the hepatopathy is identified, recommend fine needle aspirate of the liver and submission for cytology to rule out round cell neoplasia such as lymphoma or mast cell disease.

Ultimately, if no secondary cause for the patient’s elevated ALT is identified and round cell neoplasia is ruled out, recommend a liver biopsy.

Prognosis is open pending results for further diagnostics and determination as to the cause of the patient’s liver appearance and the elevated ALT.

It would also be important to determine the cause of the lesion within the body of the spleen to rule out neoplasia.





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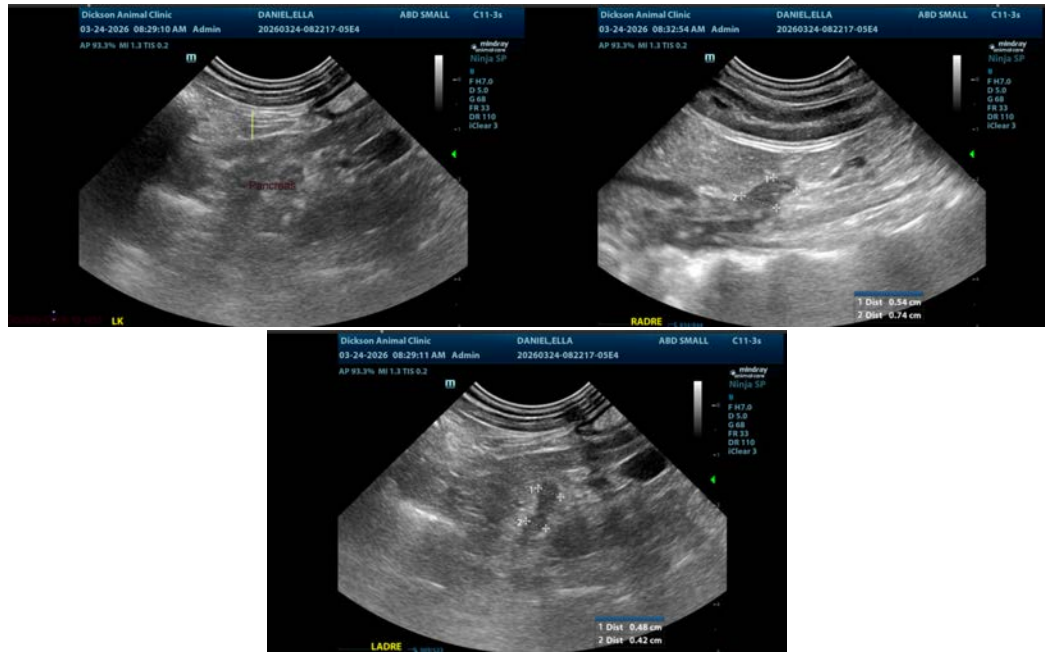
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
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