



PATIENT

Piper Gardner

SPECIES

Canine

BREED

Chihuahua

SEX

FS

AGE

11 years

WEIGHT

13.5 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

**IMAGING
PERFORMED BY**

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

MountainView AH

REFERRING VET

Dr. Gordillo

INVOICE

11568

DATE

3/26/2026

PRESENTING CLINICAL SIGNS

- Highly elevated ALP and elevated ALT.
- Relevant Medical History and Physical Exam Findings: Hyperpigmentation of skin around abdomen and irregular hair growth after last shave.
- Recent Diagnostics: Relevant Laboratory Results / Abnormalities: ALT 1124.
- Current medications (include full name, dosage, and frequency): Dasuquin PO q48h, Heartgard monthly, Incurin 1 mg PO q48-72h; dispense 30 ct, 12-month supply, SAMe 100 mg PO q24h.

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 left kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured 4.3 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 3.8 cm in length.

Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 4.2 mm and the caudal pole measures 5.4 mm.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The caudal pole measures 6.8 mm.

Spleen

The spleen is normal in size, shape, margination and echogenicity. There is a hyperechoic, non-capsular displacing lesion noted near the splenic hilus, consistent with a benign myelolipoma.

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.

The gallbladder contains a moderate to marked amount of hyperechoic aggregating debris. An early immature gallbladder mucocele is present. The gallbladder does not appear obstructed at this time. The common bile duct is not dilated.

Gastrointestinal

The stomach has normal wall layering and thickness. The small intestines appear normal, but there are sections where the mucosa contains hyperechoic striations diffusely, possible due to an underlying



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inflammatory GI disease or lymphangectasia. 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. The right pancreas appears normal.

Free Abdomen

Reactive appearing, mildly enlarged left iliac lymph node, measuring 6.4 mm x 15.8 mm. Another iliac lymph node present measures 3.8 mm in width, and appears normal. Less likely to be enlarged due to neoplasia. Mild mesenteric lymphadenopathy is present. The representative node measures 3.7 mm x 21 mm in size.

No free abdominal fluid is seen.

ULTRASONOGRAPHIC FINDINGS

- Iliac & mesenteric lymphadenopathy.
- Hyperechoic, non-capsular displacing lesion noted near the splenic hilus
- Gallbladder debris, and an early immature gallbladder mucocele.
- Segmental hyperechoic striations in the jejunum mucosa.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gallbladder debris and the early gallbladder mucocele may be the cause for the elevated liver values. A fine needle aspirate of the gallbladder, and submission cytology and aerobic/anaerobic bacterial culture to rule out bacterial cholangitis as the cause, is recommended. If gallbladder aspirates is not pursued, recommend treatment with 6-8 weeks of amoxicillin (20 mgs/kg by mouth, BID), and ursodiol (15 mgs/kg per day, can be split into two daily doses).(Use antibiotic sensitivity profile to determine the appropriate antibiotic for treatment.) Recommend recheck of liver values and ultrasound in 6-8 weeks. This is still recommended if the aspirate is performed.

Recommend submitting an enteropathy panel to evaluate the cobalamin and folate to determine if a chronic enteropathy may be present. If present, it may also be contributing to the patient's evaluated liver values. If enteropathy is suspected, recommend a hydrolyzed diet trial. If the diet does not resolve the issue, consider surgical or endoscopic GI biopsies. If biopsies are pursued, then I'd recommend obtaining liver biopsies at the same time and consider cholecystectomy.

The lymphadenopathy is mild and appears insignificant. Most likely reactive and suspected to be non-neoplastic.

Imaging performed by



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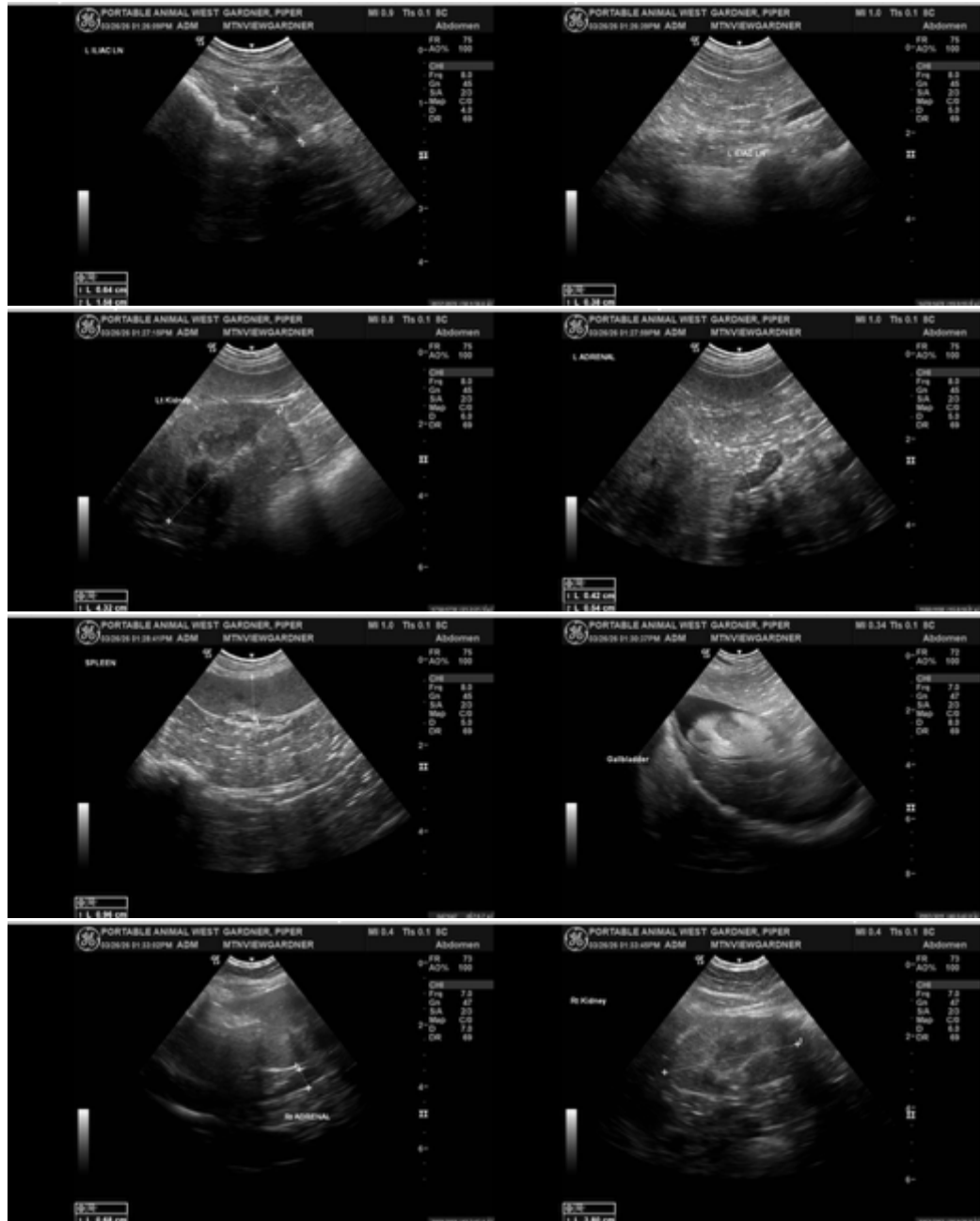
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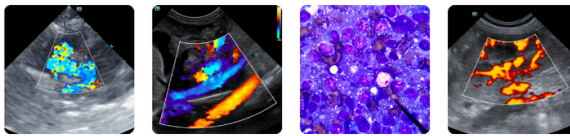
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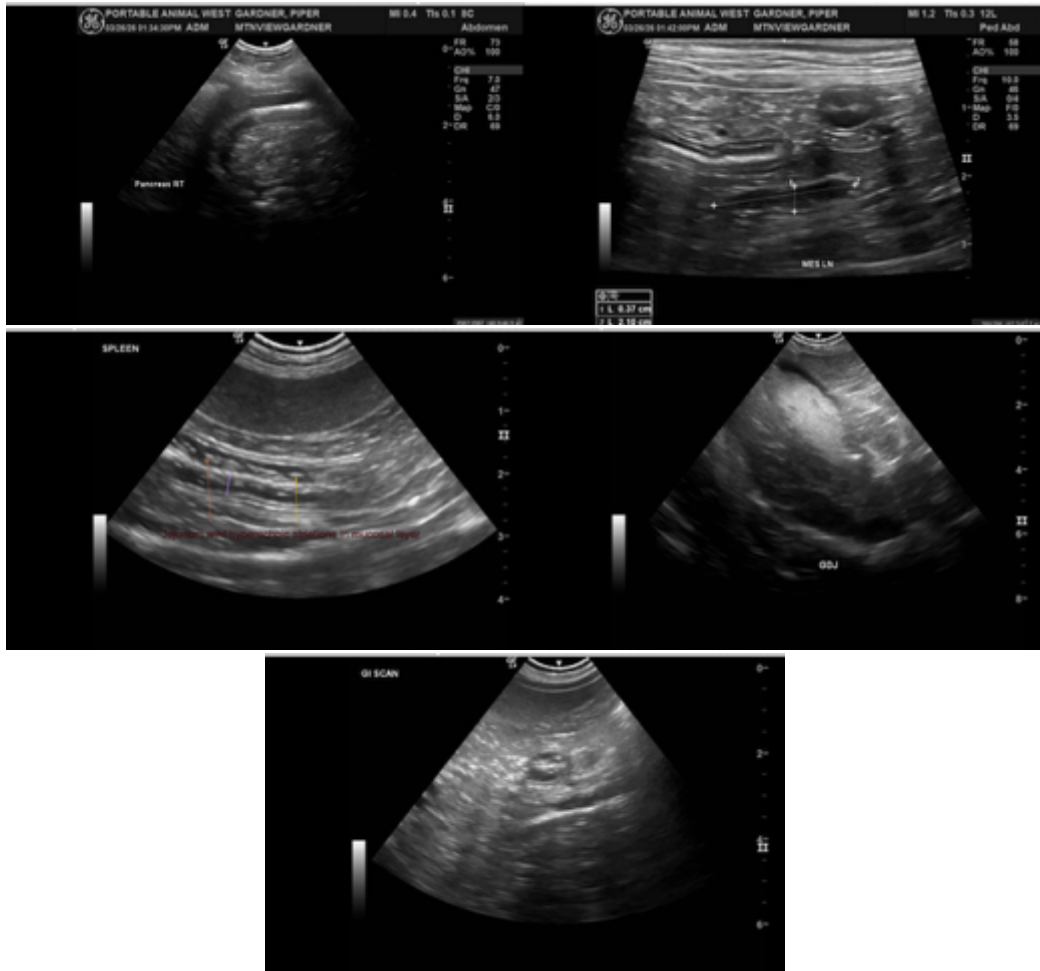
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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