

PATIENT

Klaus Ward

SPECIES

Canine

BREED

Poodle Mix

SEX

MN

AGE

3 years 1 months

WEIGHT

18 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Black River VH

REFERRING VET

Dr. Gano

INVOICE

11576

DATE

3/27/2026

PRESENTING CLINICAL SIGNS

- BCS 5/9
- Elevated ALT w concurrent vomiting
- Tense abdominal palpation
- Hepatomegaly on radiographs
- Current Medications: Metronidazole 100mg; Amoxicillin 100mg; Denamarin 225mg

Abnormal PE/Chem/CBC/UA Results: ALT-880; Lyme (+)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder contains minimal urine, otherwise appears normal. No uroliths are seen. The bladder wall is normal in appearance and thickness. No masses are seen.

Prostate is normal in size (9.0 mm), echotexture, and echogenicity for a neutered male.

The left kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured 4.0 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 4.1 cm in length.

Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 4.7 mm and the caudal pole measures 4.3 mm.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 6.5 mm and the caudal pole measures 3.7 mm.

Spleen

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

Liver

The liver presents normal size and shape with smooth lobar margins. The parenchyma has normal echogenicity with normal echotexture. There are ill-defined hyperechoic areas throughout the liver. One in the left liver measuring 1.5 cm x 1.7 cm.. Intrahepatic bile ducts are normal. Normal vascular pattern.

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.

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Pancreas

SPECIES

The visible pancreas is mildly hypoechoic with no surrounding steatitis.

Canine

Free Abdomen

BREED

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

Poodle Mix

ULTRASONOGRAPHIC FINDINGS

SEX

- Mildly hypoechoic pancreas.
- Ill-defined hyperechoic areas throughout the liver – Consistent with possible inflammatory hepatopathy.
-

MN

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

3 years 1 months

Recommend a CPLi if not already performed to determine clinically significant pancreatitis is present. If present, this could be the cause for the patient's vomiting, and possibly the cause for the patient's elevated ALT as well.

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The ill-defined hyperechoic areas throughout the liver are consistent with a possible inflammatory hepatopathy. Differentials include secondary hepatopathy from diseases such as pancreatitis or chronic enteropathy. Consider submitting an enteropathy panel to screen further for possible chronic enteropathy. Other differentials would potentially include infiltrative neoplastic diseases such as lymphoma or mast cell disease. Recommend fine needle aspirate of the liver to rule out round cell neoplasia.

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If secondary causes for the patient's hepatopathy are ruled out, such as pancreatitis, chronic GI disease, etc., consider screening for leptospirosis if patient is not vaccinated for this disease. If leptospirosis is the secondary cause for the hepatopathy, and round cell neoplasia is ruled out (and all secondary causes are ruled out), then consider a liver biopsy if ALT remains persistently elevated.

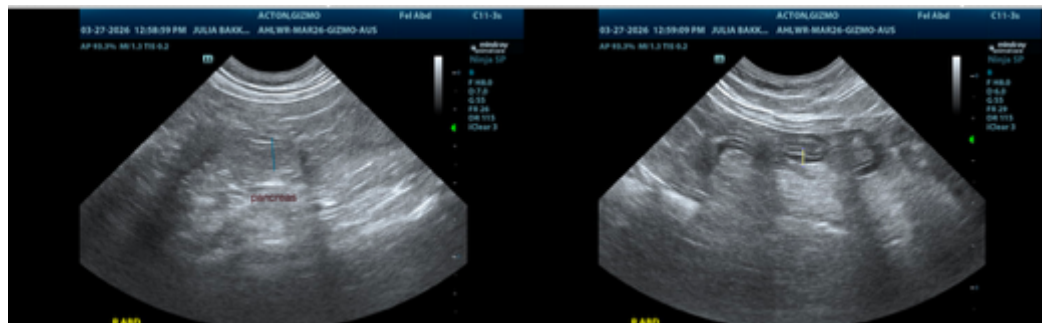
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Prognosis is open pending further diagnostics.

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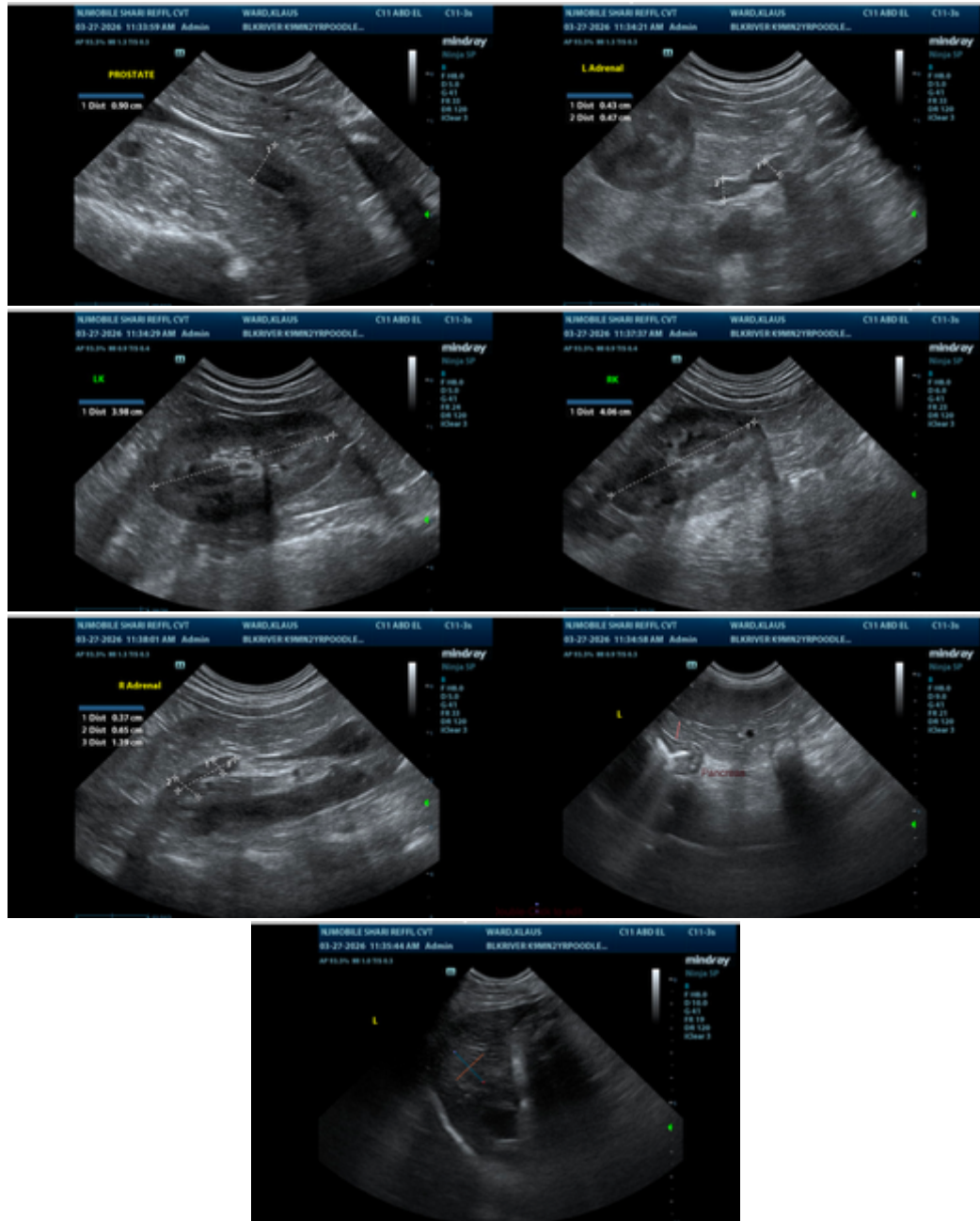
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)



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Veterinary Internal Medicine Specialist

info@SonoPath.com

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