



PATIENT

Marley Ho

SPECIES

Canine

BREED

Shih Tzu

SEX

Spayed Female

AGE

10 Years 11 Months

WEIGHT

9.4 kg

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Gira

HOSPITAL NAME

Britannia Kingsland VC

REFERRING VET

Dr. Katie Radcliffe

INVOICE

36403

DATE

3/27/26

PRESENTING CLINICAL SIGNS

Marley presented with a small (<0.5 cm), pink, raised dermal mass on the central dorsal head. Fine needle aspirate cytology revealed a mixed cell population with multifocal lymphocytes and rare cells with large blue cytoplasm and condensed nuclei; one cell suspicious for a mast cell was identified. The patient is otherwise clinically normal on examination, with normal mentation, gait, and musculoskeletal function.

Abnormal PE/Chem/CBC/UA Results: Baseline bloodwork showed CBC within normal limits, with a mild ALP 296 elevation and mild proteinuria on urinalysis (USG 1.036). 4DX testing was negative and TT4 was within normal limits.

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

The left kidney presents normal size (4.5 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

Adrenal Glands

The right adrenal gland presents normal shape and homogenous parenchyma in the visible portion. The phrenic vasculature is unremarkable. The cranial pole measures 7.7 mm and the caudal pole measures 6.5 mm.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 5.5 mm and the caudal pole measures 5.9 mm.

Spleen

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

Liver

The liver was mildly diffusely enlarged and mildly hyperechoic with rounded margins, consistent with benign vacuolar hepatopathy. This is most likely a secondary hepatopathy.

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

Gastrointestinal

The stomach and intestines have normal wall layering and thickness. Colon contains formed contents with normal wall thickness.

Pancreas



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The visible pancreas is diffusely 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.

A visible medial iliac lymph node measured 2.8 mm in width, which is normal in size.

ULTRASONOGRAPHIC FINDINGS

- Mildly hyperechoic, mildly enlarged liver- most likely secondary hepatopathy, most likely benign hepatopathy secondary to an endocrine pancreatic, gallbladder, or GI disease.
- Mild gallbladder debris

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend screening patient for metabolic disease, such as hypertriglyceridemia. Submitting a GI panel to screen for occult pancreatic or GI disease is recommended.

The mild gallbladder debris may possibly be a cause of the mildly elevated alkaline phosphatase. Recommend starting ursodiol at a dose of 15 mg/kg per day, can be split into two daily doses. Recommend ursodiol for 8 weeks and then rechecking liver values and gallbladder ultrasound to evaluate for improvement with this plan. Also recommend submitting urine cortisol to creatinine ratio to screen for hyperadrenocorticism. If these diseases are ruled out, then it would be safe to consider routine monitoring to determine if this alkaline phosphatase elevation persists or increases. If it progression occurs eventually over time, a liver biopsy may be warranted at that time.



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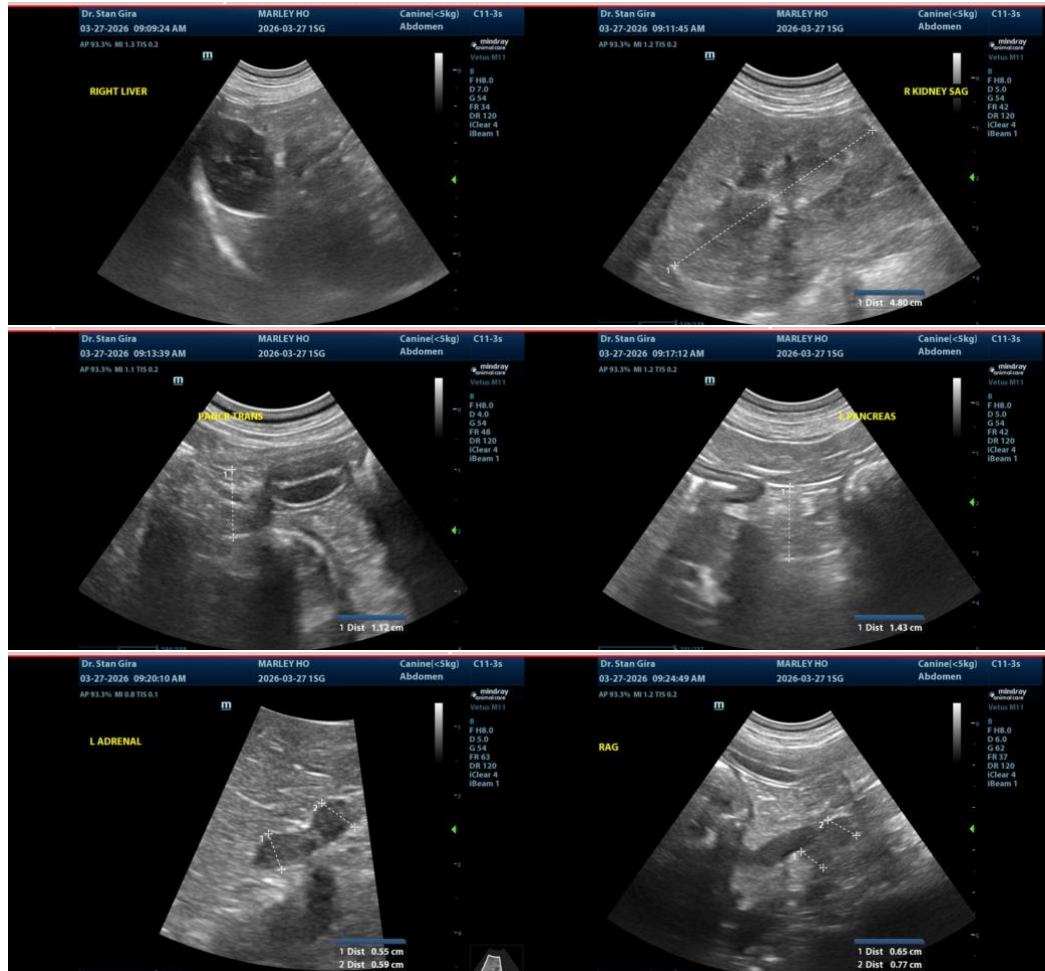
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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