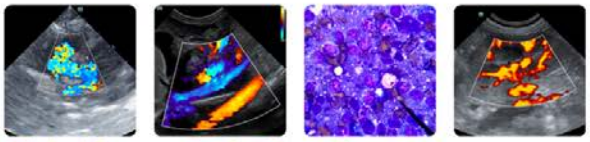

PATIENT

Kira Heffley

SPECIES

Canine

BREED

Mixed Terrer

SEX

Spayed Female

AGE

14

WEIGHT

18.8

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Laura Field

HOSPITAL NAME

Westview Veterinary Hospital

REFERRING VET

Dr. Laura Field

INVOICE

73477

DATE

3/7/26

PRESENTING CLINICAL SIGNS

Have been tracking liver enzyme elevations, mostly alp, since sept of last year, they have been stable at around 700 until the most recent check in feb 23 when it went up to 1576, and then today was 1700. Also has chronically low usg with recent hx of persistent hyaline and non-hyaline casts, though those were not present today.

Abnormal PE/Chem/CBC/UA Results: Mild mobility issues noted recently, a bit overweight, otherwise normal PE CBC last ran February was normal CHEM: wnl besides alkp high 1701 (23-212) chol high 8.97 (2.8-8.3) UA usg 1.015 ph 6.5 2 wbc/hpf 1 rbc/hpf otherwise naf

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. No papillae seen.

The right kidney presents normal size (5.0 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (5.5 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. The phrenic vasculature is unremarkable. The caudal pole measures 5.9 mm. The cranial pole was not seen.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The caudal pole measures 5.2 mm. The cranial pole was not seen.

Spleen

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

Liver

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

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 right limb of the pancreas is mildly diffusely hypoechoic. No surrounding steatitis. Multifocal hyperechoic striations are noted throughout the pancreas.

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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

- Enlarged, hyperechoic liver – consistent with benign vacuolar hepatopathy most likely due toa secondary cause, in this case possible chronic intermittent low-grade pancreatitis.
- Mildly hypoechoic pancreas with hyperechoic striations – These hyperechoic foci are suggestive of possible pancreatic fibrosis caused by chronic low-grade pancreatitis.

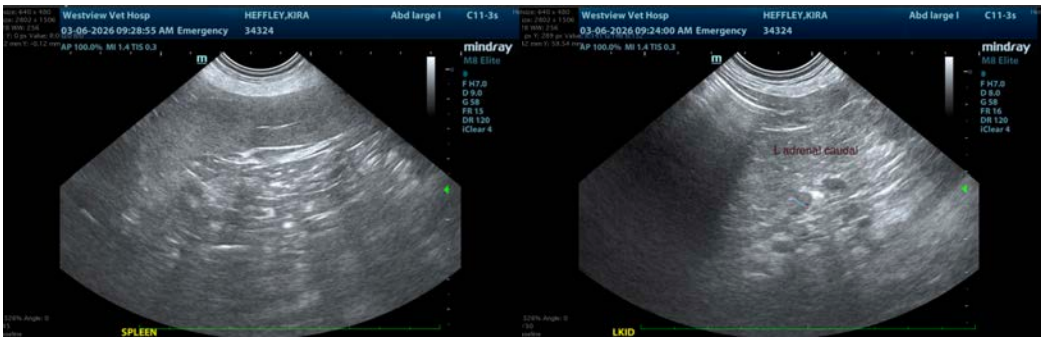
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend submitting a Texas A&M GI panel. Also recommend a fasted triglyceride to determine if this patient may have hypertriglyceridemia, which would likely be the cause of chronic intermittent pancreatitis. The Texas A&M GI panel would also assist in determining if possible occult GI disease is seen. The patient's GI tract appears normal on this ultrasound.

If pancreatitis and hypertriglyceridemia are ruled out as causes for the appearance of the pancreas, then it may be a normal variation, in which case I would recommend searching for other causes of the elevated ALP And suspected vacuolar hepatopathy such as hyperadrenocorticism, which does not seem highly likely, given the normal adrenals seen on this exam. If chronic pancreatitis is ruled out, recommend submitting a urine cortisol to creatinine ratio. If elevated, perform a low-dose Dexamethasone suppression test to rule out hyperadrenocorticism.

Other considerations may include hypothyroidism. If no cause is identified for the hepatopathy, submit a thyroid panel to determine if hypothyroidism causing a dyslipidemia may be the cause of the hepatopathy and elevated ALP.

It is unlikely that round cell neoplasia is the cause of the appearance of the patient's liver and elevated ALP. However, ultimately if no cause is identified, then recommend fine needle aspirate to rule out round cell neoplasia. If round cell neoplasia is ruled out and hepatopathy persists, ultimately consider liver biopsy.



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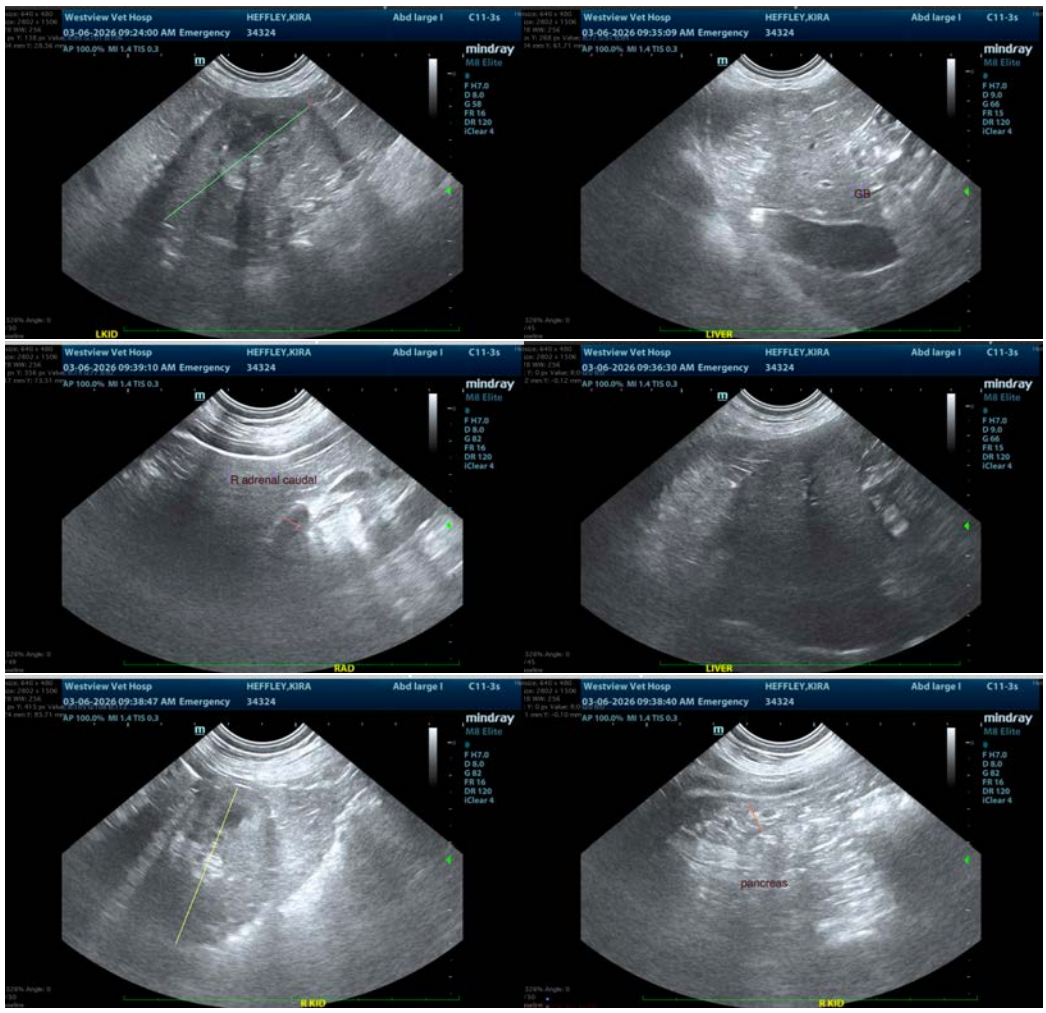

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com