



PATIENT

Butterscotch Dellith

SPECIES

Canine

BREED

Pomeranian

SEX

Spayed Female

AGE

12 Years

WEIGHT

9.2 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Vincent Ravancho, CVT

HOSPITAL NAME

The Venturing Vet

REFERRING VET

Dr. Herzog

INVOICE

74388

DATE

4/10/26

PRESENTING CLINICAL SIGNS

Increased liver enzymes. Current medications- Denamarin, tried trial of amoxicillin

Abnormal PE/Chem/CBC/UA Results: AST 557, ALT 1800, Alk Phos 8898, Tbili 1.1, creatinine 0.4, Cholesterol 628,

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with a mild amount of echogenic non-shadowing debris, most consistent with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can present with echogenic debris. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface. Papillae not clearly seen.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. Left kidney measured 3.7 cm. Right kidney measured 4.0 cm.

Adrenal Glands

The right adrenal gland was enlarged for a patient of this size. The caudal pole measured 6.5 mm. Cranial pole measured 7.7 mm. The left adrenal gland is enlarged at the caudal pole, measuring 7.1 mm at the caudal pole and 4.7 mm at the cranial pole. No mass lesions are seen associated with the adrenal glands.

Spleen

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

Liver

Liver is subjectively enlarged with mildly irregular margins. Parenchyma is heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. Visible vasculature and biliary tree appear normal without distension or congestion.

In the visible gallbladder there is a mild amount of gravity dependent echogenic debris present. No evidence of gallbladder mucocele seen.

Gastrointestinal

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

Pancreas

The pancreas appears appropriately isoechoic to surrounding omental fat. The capsule is mildly irregular in shape. Parenchyma is mildly heterogenous and coarse. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.



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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

- Heterogeneous liver – Differentials would include neoplastic causes such as lymphoma or mast cell disease, less likely metastatic neoplasia or primary hepatobiliary neoplasia. Infectious causes are possible such as Leptospirosis, much less likely bartonellosis.
- Mildly enlarged adrenal glands.

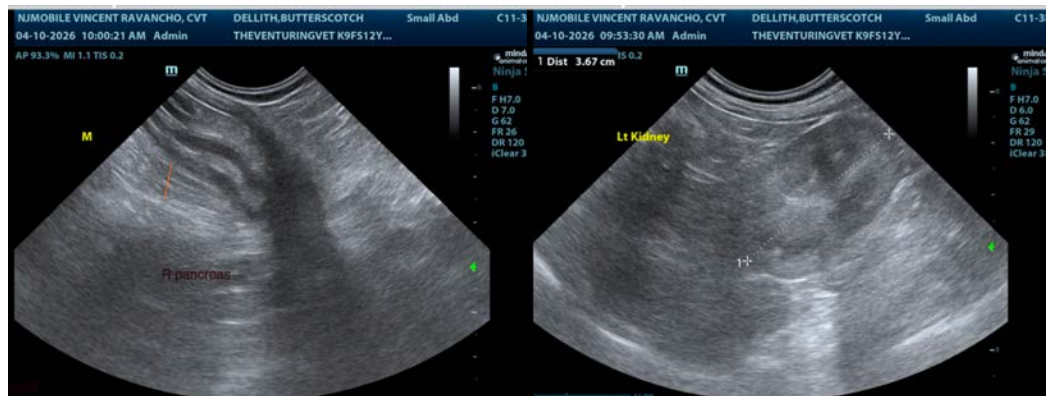
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Consider performing a low-dose Dexamethasone suppression test to rule out hyperadrenocorticism.

If patient is not vaccinated for Leptospirosis, recommend screening for Leptospirosis. Consider submitting bartonella titers to North Carolina State University. Recommend fine needle aspirate of the liver to rule out round cell neoplasia. If round cell neoplasia and infectious disease are ruled out as cause of elevated liver values and the appearance of the liver, and the liver values remain persistently elevated, then a liver biopsy would be recommended. Given the significance of the elevations, it would be important to proceed rapidly in this case.

Pancreatitis does not appear to be a cause of the patient's elevated liver values.

Prognosis is open pending definitive diagnosis as to the cause of the elevated liver values and the appearance of the patient's liver.





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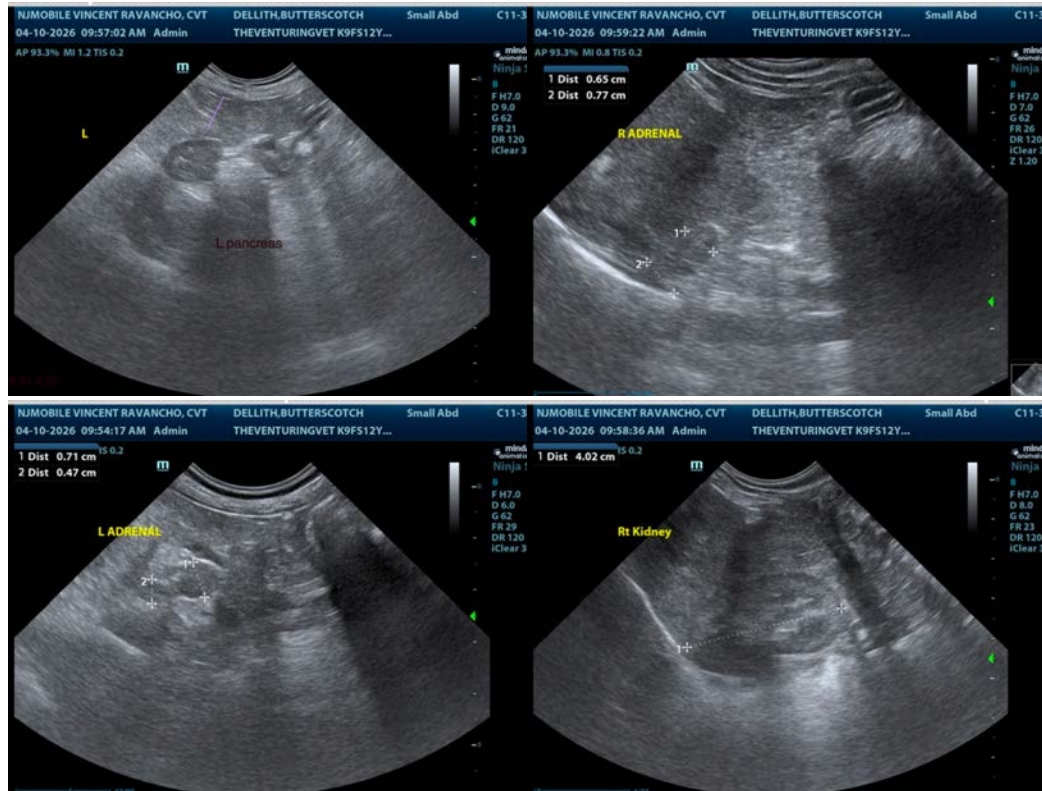
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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