



PATIENT

Harley Talick

SPECIES

Canine

BREED

Shetland Sheepdog

SEX

Neutered Male

AGE

7 Years

WEIGHT

24.4 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Ashley Whitesell

HOSPITAL NAME

Dickson Animal Clinic

REFERRING VET

Dr. Richard Hovis

INVOICE

74417

DATE

4/14/26

PRESENTING CLINICAL SIGNS

Has a history off seizures. pneumonia, bladder stones, and kidney insult. Friday 4-3-2026 after drive to Pennsylvania Harley was ataxic. This continued when returned home and owner started Posatex since ears itching. Harley came in Friday 4-10-2026 for work up and Posatex was stopped and KA 705 to Antech with measurement of seizure medication and radiographs. Since ataxic these seizure medications were stopped phenobarbital 30 mg tab1 bid, Zonisamide 100 mg capsules 1 bid, and Potassium Bromide 250 mg tab 1 bid. Harley is on Royal Canin Urinary SO and sentinel and effitix. 4-10-2026 blood work revealed ALT 471, Alkaline Phosphatase 2,448, Total Bilirubin 0.4. Therapy was begun with Denamarin Advanced Small/Medium 1 once a day, Prednisone 5mg twice a day, Amoxicillin Clavulanic Acid 500/125mg 1/2 once a day, and Enrofloxacin 136mg 1/4 once a day. Phenobarbital Level 34 and Bromide Level 2.9 and Zonisamide Level. Will are doing ultrasound to look into increased liver enzymes and look for gall bladder mucocele.

Abnormal PE/Chem/CBC/UA Results: 4-10-2026 blood work revealed ALT 471, Alkaline Phosphatase 2,448, Total Bilirubin 0.4. Phenobarbital Level 34 and Bromide Level 2.9 and Zonisamide Level.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder is moderately distended with anechoic urine. The bladder wall is normal in appearance and thickness. No masses are seen. There is a single 8.6 mm in width hyperechoic shadowing urolith present. This is a historical finding per the submission form/history. There is also a mild amount of gravity dependent debris within the urinary bladder.

The right kidney presents normal size (6.3 cm) with normal shape and architecture. Mild loss of corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

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

Adrenal Glands

The right adrenal gland was not clearly visualized.

The caudal pole of the left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The caudal pole measures 4.0 mm in width. The cranial pole is not clearly seen.

Spleen

The spleen is normal in size, shape, margination and echogenicity. No masses are seen. There are several hyperechoic, non-capsule displacing lesions near the splenic hilus.

Liver

Liver is subjectively enlarged (swollen contour) without disruption of architecture. It has a normal homogenous echotexture. Parenchyma is diffusely hyperechoic characterized by less prominent than normal portal vein walls and increased echogenicity relative to the spleen and falciform fat. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.



PATIENT

Harley Talick

The gallbladder contains a mild amount of echogenic debris. Some of this debris is adhered to the luminal margin of the gallbladder wall.

SPECIES

Canine

Gastrointestinal

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

BREED

Shetland Sheepdog

Pancreas

The visible pancreas is normal in size with normal echogenic parenchyma and surrounded by normal peri-pancreatic mesentery.

SEX

Neutered Male

Free Abdomen

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

AGE

7 Years

ULTRASONOGRAPHIC FINDINGS

WEIGHT

24.4 lbs

- Hyperechoic hepatomegaly – Most likely the patient has a benign vacuolar hepatopathy potentially due to chronic treatment with Phenobarbital, less likely but possibly other metabolic diseases such as hyperadrenocorticism, hypertriglyceridemia, occult pancreatic or occult gastrointestinal disease, or possibly hypothyroidism.
- Hyperechoic splenic lesions - Most likely consistent with benign myelolipomas. Unlikely to be present due to malignant neoplasia.
- Single urinary bladder urolith and minor urinary bladder debris.

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING PERFORMED BY

Ashley Whitesell

If not already performed, recommend urinalysis, and urine culture if patient has active urine sediment.

Recommend full screening for possible early chronic kidney disease via IRIS guidelines.

HOSPITAL NAME

Dickson Animal Clinic

The appearance of the liver is not suggestive of a primary hepatopathy. It is suggestive of secondary hepatopathy possibly due to bacterial cholangitis or other metabolic diseases. One other consideration for the elevated livers would be Leptospirosis if the patient is not vaccinated. If not vaccinated, consider submitting Leptospirosis testing to rule this out. Given that the Phenobarbital level is within the reference range, it is not highly likely that it is the cause of the patient's elevated liver values and appearance of the liver. However, this must be considered. Consider potentially transitioning the patient to a different medication such as Keppra and determining if liver values resolve and the appearance of the liver improves with the change in medication.

REFERRING VET

Dr. Richard Hovis

INVOICE

74417

DATE

4/14/26

No evidence of a mucocele seen. However, given the appearance of the debris within the gallbladder, recommend ruling out bacterial cholangitis as a possible cause of component of the patient's elevated liver values. Recommend ultrasound guided bile aspirate and submission for aerobic/anaerobic culture and cytology to rule out bacterial cholangitis or consider empirical treatment with Ursodiol and appropriate antibiotic such as Amoxicillin for 6-8 weeks and rechecking the gallbladder via ultrasound and liver values at that time to determine if improvement has occurred with that treatment plan.



PATIENT

Harley Talick

SPECIES

Canine

BREED

Shetland Sheepdog

SEX

Neutered Male

AGE

7 Years

WEIGHT

24.4 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Ashley Whitesell

HOSPITAL NAME

Dickson Animal Clinic

REFERRING VET

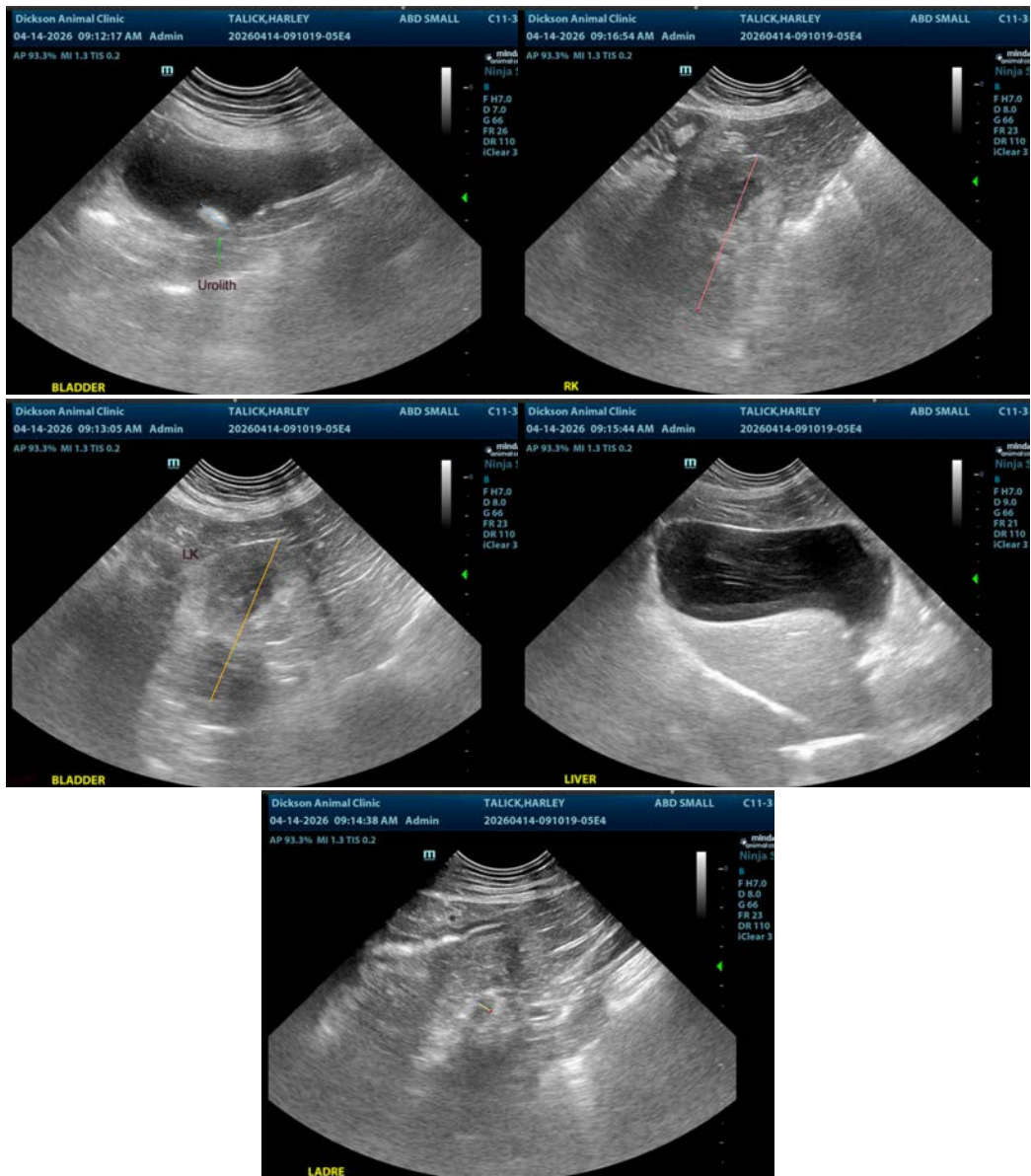
Dr. Richard Hovis

INVOICE

74417

DATE

4/14/26



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