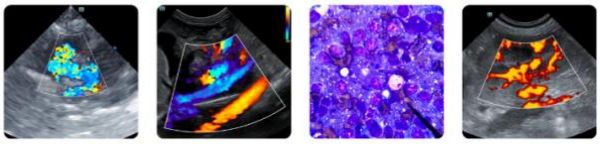


PATIENT

Cooper Miller

SPECIES

Canine

BREED

Cocker Spaniel

SEX

Neutered Male

AGE

12 Years

WEIGHT

44 pounds

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

All Creatures Great & Small Denville

REFERRING VET

Dr. Silas Ashmore

INVOICE

15224

DATE

04/17/26

PRESENTING CLINICAL SIGNS

Pu/Pd = ^ appetite

Abnormal PE/Chem/CBC/UA Results: ACTH Stim pending, ALP 835, PSL 169, USG 1.013

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 papilla is 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. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted. The left kidney measures 6.3 cm. The right kidney measures 6.9 cm.

Adrenal Glands

The left adrenal gland is diffusely enlarged. The cranial pole measures 9.8 mm and the caudal pole measures 9.5 mm.

The right adrenal gland is diffusely enlarged. The cranial pole measures 8.8 mm and the caudal pole measures 1.4 cm.

Spleen

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

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.

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

Gastrointestinal

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

Pancreas

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

Free Abdomen

PATIENT

Cooper Miller

SPECIES

Canine

BREED

Cocker Spaniel

SEX

Neutered Male

AGE

12 Years

WEIGHT

44 pounds

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

All Creatures Great & Small Denville

REFERRING VET

Dr. Silas Ashmore

INVOICE

15224

DATE

04/17/26

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

ULTRASONOGRAPHIC FINDINGS

- Age-related renal changes.
- Bilateral adrenomegaly.
- Gallbladder debris.
- Heterogenous liver.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given bilateral adrenomegaly and the patient's clinical signs, pituitary dependent hyperadrenocorticism is suspected. It's stated that an ACTH stimulation test is pending. If this test is definitive for hyperadrenocorticism, recommend treating with Trilostane at 1.0 mg/kg by mouth given every 12 hours. If ACTH stimulation test is inconclusive, then consider low-dose dexamethasone suppression test to definitively diagnose hyperadrenocorticism.

It is reported there is a mildly elevated PSL test that would be suggestive of pancreatitis. Generally, patients with hyperadrenocorticism will have a mildly elevated PSL. It does not appear based off this ultrasound that pancreatitis is present. If hyperadrenocorticism is present, this is the most likely cause for this mildly elevated PSL.

The appearance of the liver and gallbladder are most likely consistent with a diagnosis of hyperadrenocorticism. Excessive cortisol will often result in causing gallbladder debris to be present. The appearance of the liver is most likely due to age-related changes in combination with a vacuolar hepatopathy from the patient's suspected hyperadrenocorticism. If hyperadrenocorticism is not diagnosed in this patient, then consider other causes for the appearance of the patient's liver such as possible leptospirosis or other secondary causes such as hypertriglyceridemia. Less likely pancreatitis or occult GI disease.

Also consider leptospirosis if patient is not vaccinated. However, suspect these changes seen with the liver and the elevated liver values are due to hyperadrenocorticism. In regards to the gallbladder debris, if hyperadrenocorticism is diagnosed, suspect with treatment the gallbladder debris will improve or resolve.

If hyperadrenocorticism is not identified, consider starting ursodiol for eight weeks and then reassessing liver values and appearance of gallbladder via ultrasound.

PATIENT

Cooper Miller

SPECIES

Canine

BREED

Cocker Spaniel

SEX

Neutered Male

AGE

12 Years

WEIGHT

44 pounds

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

All Creatures Great & Small Denville

REFERRING VET

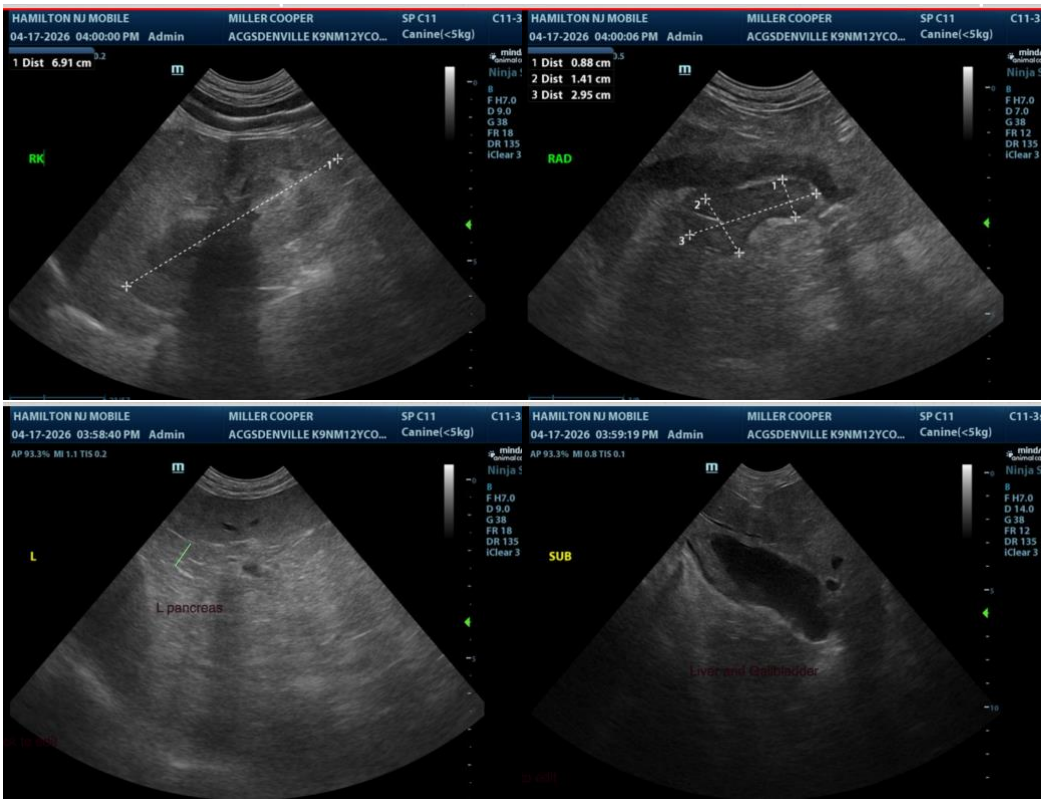
Dr. Silas Ashmore

INVOICE

15224

DATE

04/17/26



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