



PATIENT

Leo Morley

SPECIES

Canine

BREED

Labrador Retriever

SEX

Neutered Male

AGE

8 Years

WEIGHT

31.6 kg

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Gira

HOSPITAL NAME

Royal Loop VC

REFERRING VET

Dr. Ashley Hawley

INVOICE

15231

DATE

04/17/26

PRESENTING CLINICAL SIGNS

Originally booked for a dental procedure on March 20th, 2026 but we have cancelled it due elevated liver enzymes. We will also be doing the bile acids test today

Abnormal PE/Chem/CBC/UA Results: AST(SGOT) 74 U/L (15- 66) ALT(SGPT) 521 U/L (12 -118) Alkaline Phosphatase 189 U/L (5 -131) Bile Acids 7.5 umol/L <13.0 Bile Acids, Post 6.9 umol/L <25.0 Rest of the biochemistry and CBC - unremarkable

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 prostate was normal and measured 13.2 mm width with uniform echogenicity and appears symmetrical.

Mild sublumbar lymphadenopathy is present and appears reactive with a representative node measuring 12.1 mm by 5.1 mm in width.

The left kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured 6.5 cm in length.

The right kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The right kidney measured 5.7 cm in length.

Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 5.9 mm and the caudal pole measures 6.0 mm.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 6.4 mm and the caudal pole measures 5.9 mm.

Spleen

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

Liver

The liver presents normal size and shape with smooth lobar margins. The parenchyma has normal echogenicity with normal echotexture. No focal lesions are seen. Intrahepatic bile ducts are normal. Normal vascular pattern.

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



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The stomach and intestines have normal wall layering and thickness. Colon contains normal contents with normal wall thickness. Mild apparently reactive jejunal lymphadenopathy is present with a representative node measuring 10.0 by 5.1 mm.

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Pancreas

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

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Free Abdomen

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

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ULTRASONOGRAPHIC FINDINGS

- Gallbladder debris.
- Jejunal and sublumbar lymphadenopathy.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given these findings and the normal ultrasound, no cause for the patient's elevated liver values seen on this ultrasound. Suspect given the pattern of liver enzyme elevation, ALT being most elevated, and the patient's breed (Labrador Retriever), suspect primary hepatopathy, specifically primary differential copper storage disease, but chronic active hepatitis or other primary hepatic disease cannot be ruled out.

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Greg Kuhlman, DVM,
DACVIM (SAIM)

Recommend rolling out leptospirosis as a cause of the hepatopathy even though unlikely. Prior to considering liver biopsy, recommend fine needle aspirate of liver with submission for cytology to rule out the unlikely chance that the liver values are elevated due to infiltrative round cell neoplasia, such as lymphoma or mast cell. If infectious or round cell neoplastic cause is ruled out, recommend liver biopsy, submitting biopsy samples for histopathology to pathology groups specializing in liver pathology.

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Also recommend submitting liver sample for copper quantitation to Colorado State University and also submit liver sample for aerobic/anaerobic bacterial culture. Prognosis is open pending definitive diagnosis as to the cause of patient's hepatopathy.

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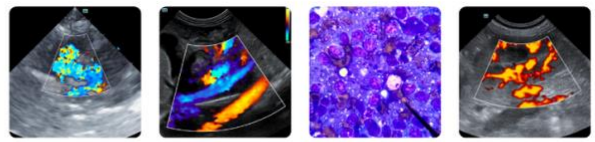
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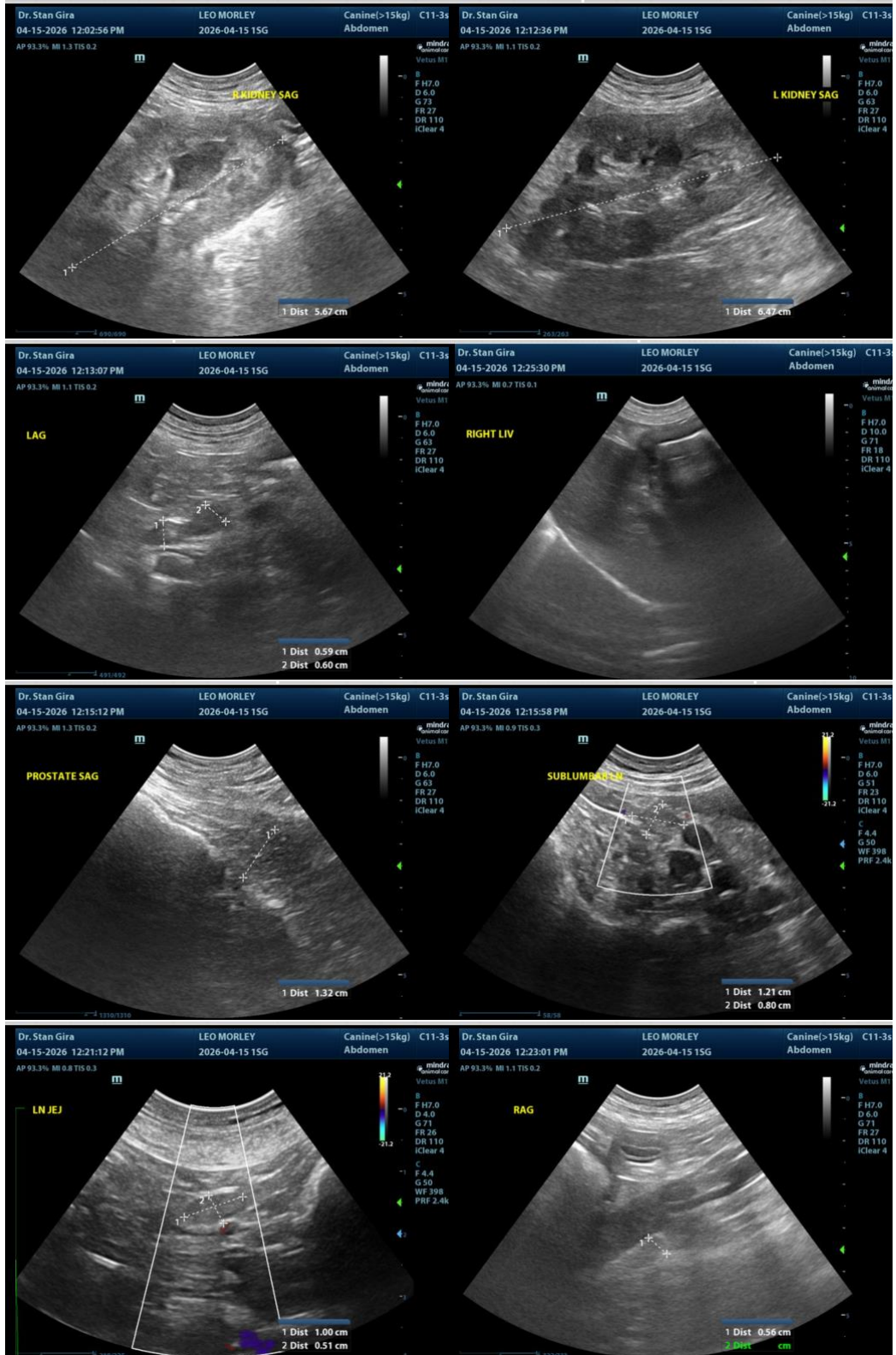
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
Veterinary Internal Medicine Specialist
info@SonoPath.com