



PATIENT

Mack McCuster

SPECIES

Canine

BREED

German Shorthair
Pointer

SEX

Neutered Male

AGE

6 Years 3 Months

WEIGHT

76.6 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Harmony Animal
Hospital

REFERRING VET

Dr. Ryan Epple

INVOICE

74161

DATE

4/2/26

PRESENTING CLINICAL SIGNS

BCS 5/9. Hx of anemia, elevated LE's. Bloody diarrhea (3/29

Current Medications: Metronidazole 250mg PO BID; Soft diet; Provable 1 cap PO SID; Tx previously w liver supplement.

Abnormal PE/Chem/CBC/UA Results: 3/31/2026 HCT- 33.7 (L 37.3); RBC -5.02 (L 5.65); HGB -11.4 (L 13.1); ALT -200 (H 125); ALP- 387 (H 212); 9/30/2025-Elevated ALT; ALP 237

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 prostate appears normal, measuring 6.4 mm in width. It is symmetrical and uniform in echogenicity.

The right kidney presents normal size (6.4 cm) with normal shape and architecture. Normal corticomedullary distinction. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted.

The left kidney presents normal size (6.8 cm) with normal shape and architecture. Normal corticomedullary distinction. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted.

Adrenal Glands

The right adrenal gland is mildly enlarged, measuring 8.9 mm at the caudal pole and 9.9 mm at the cranial pole.

The left adrenal gland is small, measuring 4.7 mm at the caudal pole and 4.5 mm at the cranial pole.

Spleen

The spleen is normal in size, shape, margination and echogenicity. There is a hypoechoic lesion in the spleen measuring 4.9 mm x 7.1 mm, non-capsule displacing.

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.

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.



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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

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

A cardiac image was provided. No pericardial effusion seen.

ULTRASONOGRAPHIC FINDINGS

- Hypochoic splenic lesion – Most likely a benign process such as extramedullary hematopoiesis, less likely round cell neoplasia.
- Small left adrenal gland and mildly enlarged right adrenal gland – Consistent with possible endocrine disease as a cause of the patient’s elevated liver values.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

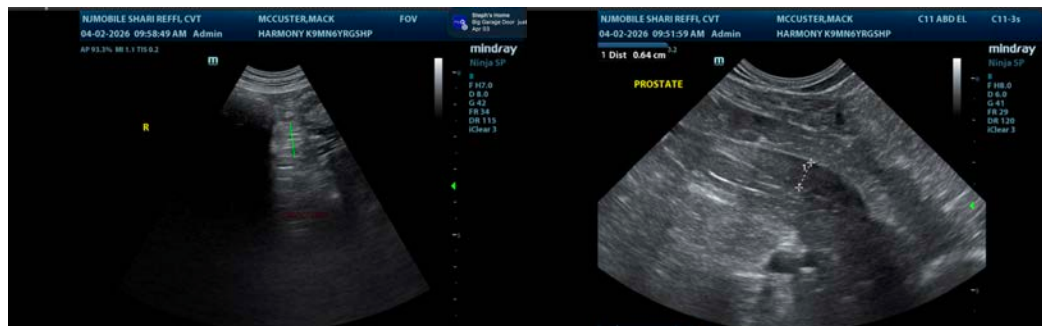
Recommend fine needle aspirate of the splenic lesion and submission for cytology to determine etiology.

Recommend screening for hypo- or hyperadrenocorticism via an ACTH stimulation disease. If endocrine disease is ruled out, recommend evaluating patient for other diseases that would potentially cause a vacuolar hepatopathy such as hypertriglyceridemia, chronic occult pancreatitis (not suspected on this exam), occult GI disease, hypothyroidism, etc.

Also consider screening for Leptospirosis as a cause for the patient’s chronically elevated liver values.

If no cause for the appearance of the liver or elevated liver values is determined, and liver values remain persistently elevated, especially ALT, a liver biopsy would be recommended.

No cause for the patient’s anemia is seen at this time. It potentially may be anemia of chronic inflammation.





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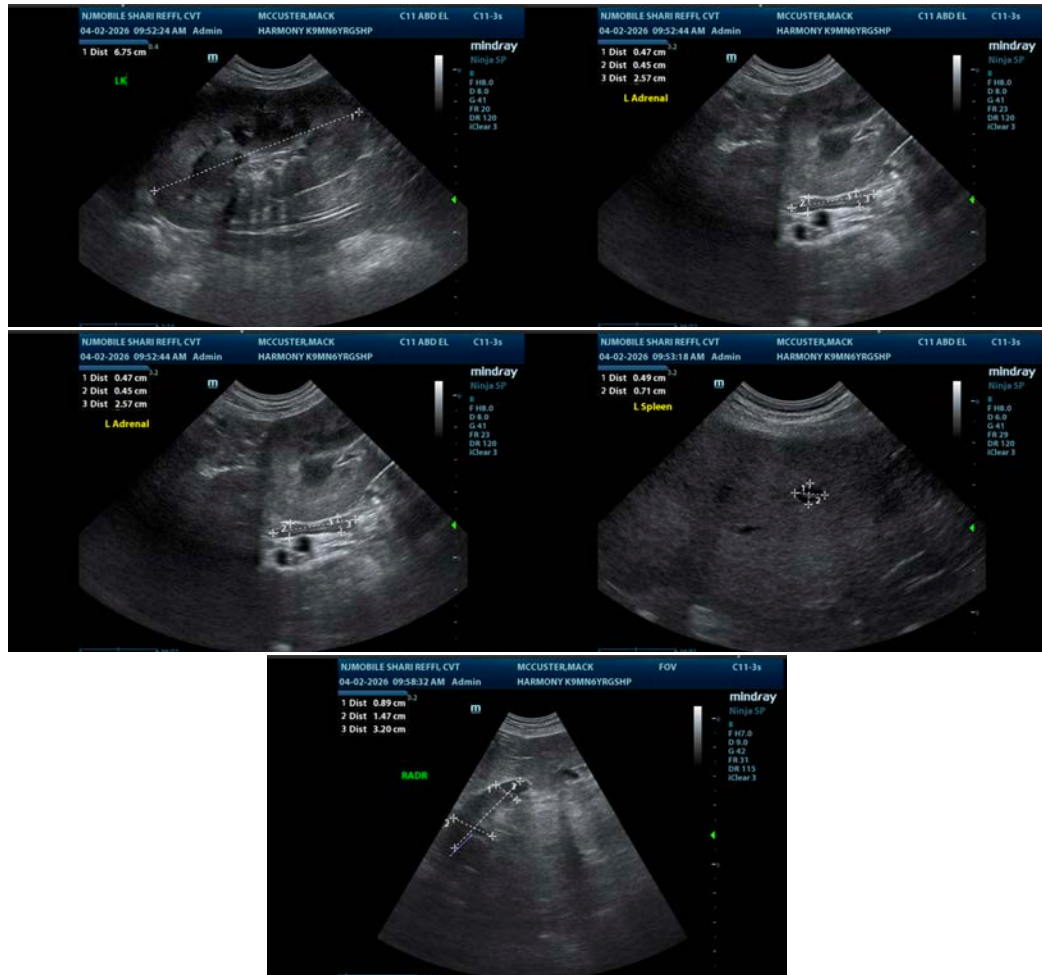
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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