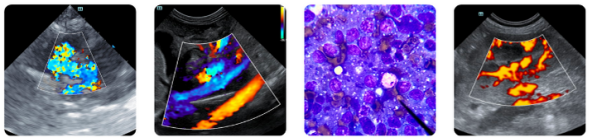


PATIENT

Sinjin Nelson

SPECIES

Canine

BREED

German Shorthaired Pointer

SEX

MN

AGE

10

WEIGHT

69

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Charlie Rodriguez

HOSPITAL NAME

Bethany Family Pet Clinic

REFERRING VET

Dr. Charlie Rodriguez

INVOICE

11786

DATE

4/23/2026

PRESENTING CLINICAL SIGNS

Mainly checking for elevated alkphos and o having previous histories of hemangiosarcoma's with other GSP's

Abnormal PE/Chem/CBC/UA Results: P presented for routine COHAT & 3 mass removals. clinically normal app/energy, no c/s/v/d/pd/pu. currently on Gabapentin 1200mg when o leaves home, Keppra 2000mg q12hr, omeprazole, cosequin; pre-anesthetic in house CBC/CHEM performed. HCT 34%, rechecked with PCV 37%. ALKP; remainder wnl newly noted at 269. hx of biceps bursitis and PRP injections; hx of chronic intermittent HGE; no recent seizures.

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. Ureteral papillae is not visualized.

The visible prostate appears normal.

The left kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured 5.4 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 5.6 cm in length.

Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The caudal pole measures 5.9 mm and the cranial pole is not clearly visualized.

The right adrenal gland is not clearly visualized in these images.

Spleen

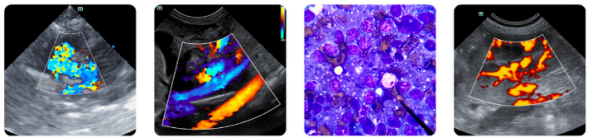
The spleen is normal in size, shape, margination and echogenicity. There is a heterogeneous non-capsular displacing lesion in the body that measures 5.7 mm x 10.4 mm.

Liver

Liver is subjectively mildly 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.

The gallbladder contains a moderate amount of aggregating hyperechoic debris. It does not appear obstructed at this time.

Gastrointestinal



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The visible stomach wall is normal in thickness and layering. The stomach is moderately distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. If patient was appropriately fasted, delayed gastric emptying could be considered. Non-shadowing foreign material is considered less likely but cannot be definitively ruled out.

If clinical signs are consistent (vomiting, etc.), recommendations include supportive medical care, 24 hours fasting and re-image.

The small 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.

ULTRASONOGRAPHIC FINDINGS

- Heterogeneous non-capsular displacing lesion in the body – Most likely a benign extramedullary hematopoiesis, and much less likely malignant neoplasia.
- Moderate amount of aggregating hyperechoic debris.
- Mild hyperechoic hepatomegaly – This appearance is non-specific and most consistent with a benign steroid (endocrine) or vacuolar hepatopathy or reactive or idiopathic hepatopathy. Inflammatory and/or infiltrative disease (such as round cell neoplasia) are also possible, but considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Consider an ultrasound guided fine needle aspirate of the lesion in the body of the spleen and submission for cytology to rule out neoplasia.

I suspect that patient's mildly elevated ALP may potentially be due to cholestasis. Consider starting ursodiol (15 mgs/kg by mouth BID.) After 8 weeks of this treatment then I recommend rechecking liver values and an ultrasound to evaluate for possible improvement or resolution of this problem.

Other considerations for the cause of this hepatopathy is most likely secondary causes. I recommend ruling out diseases such as hyperadrenocorticism. Consider a urine cortisol-creatinine ratio and consider fasted triglyceride to rule out hypertriglyceridemia.

A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

Consider a thyroid panel to rule out hypothyroidism.

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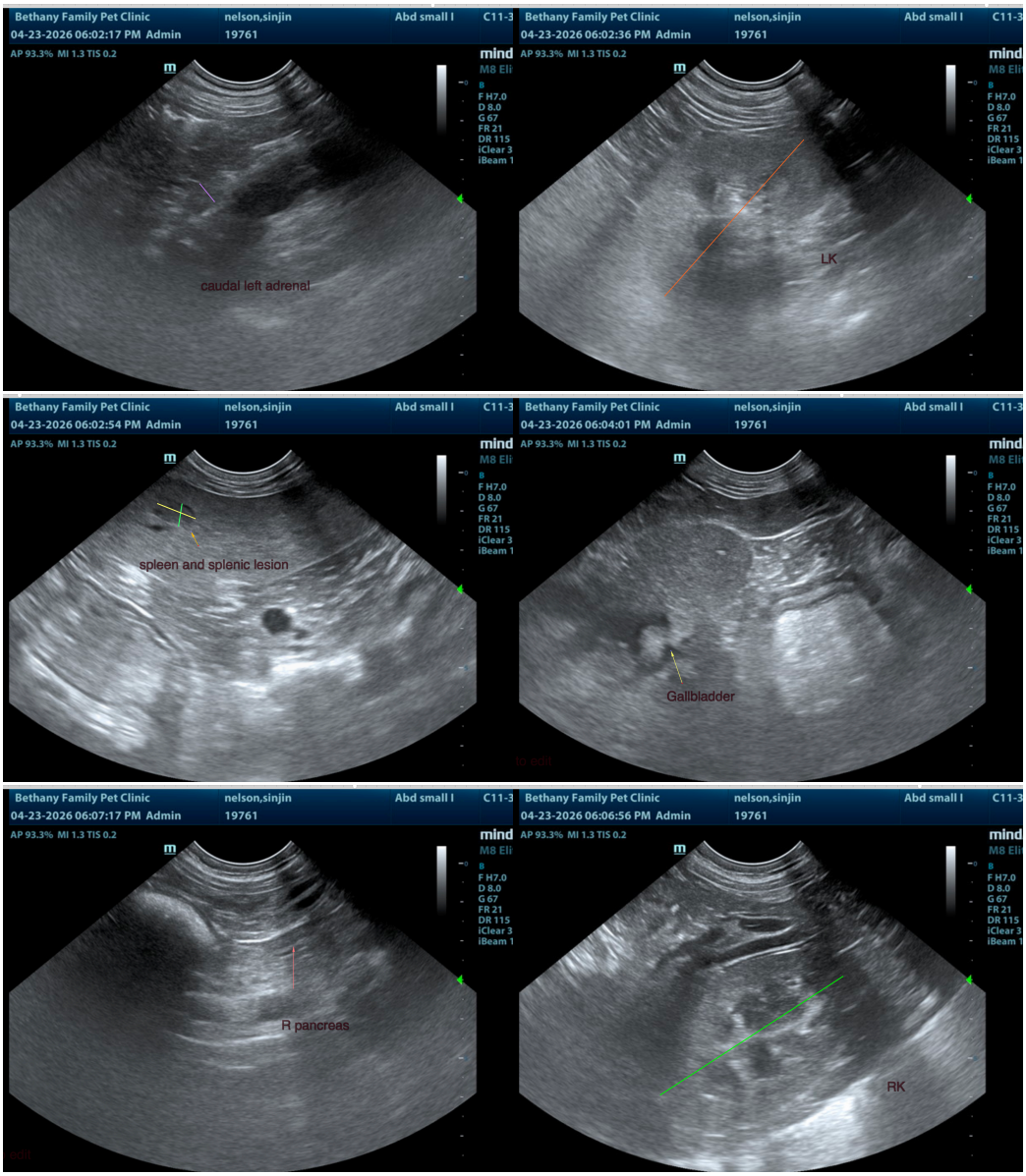
Infected diseases such as leptospirosis is not generally considered relevant for an elevated ALP, however, if the patient is not vaccinated for leptospirosis and there is no identifiable cause for the elevated ALP, then consider screening for leptospirosis.

Ultimately, if there is no secondary cause identified, recommend periodic lab work and monitoring. If ALP continues to elevate, or ALT begins to become persistently elevated then consider a liver biopsy.



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

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can be of any further assistance, please contact me.

Greg Kuhlman, DVM, DACVIM (SAIM)

Veterinary Internal Medicine Specialist
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