



## PATIENT

Lexi Collins

## SPECIES

Canine

## BREED

Havanese

## SEX

Spayed Female

## AGE

14 Years

## WEIGHT

13 pounds

## INTERPRETED BY

Greg Kuhlman, DVM,  
DACVIM (SAIM)

## IMAGING PERFORMED BY

Julia Bakker DVM

## HOSPITAL NAME

Orange Blossom  
Veterinary Imaging

## REFERRING VET

Bruce McLaughlin  
DVM

## INVOICE

15499

## DATE

04/27/26

## PRESENTING CLINICAL SIGNS

Screening patient for Cushing's vs other causes of labwork changes. ALP is 2,742 Low dose dex test did not support hyperadrenocorticism. Labwork and radiographs attached

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The bladder is moderately distended with minimal urine. No uroliths are seen. The bladder wall is normal in appearance and thickness. No masses are 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. There is no evidence of pyelectasia, mineral or infarcts observed. The left kidney measures 4.0 cm. The right kidney measures 4.4 cm.

### Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 5.0 mm and the caudal pole measures 5.0 mm.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 8.3 mm and the caudal pole measures 5.1 mm. No obvious evidence of hyperadrenocorticism seen on this exam.

### Spleen

The spleen is normal in size, shape, margination and echogenicity. No masses are seen. Hyperechoic lesions are seen throughout spleen, consistent with benign myelolipomas.

### 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.

### Gastrointestinal

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

Small intestine is diffusely mildly thick with a relatively thick mucosa compared to other layers. Normal wall layering is preserved; however, the mucosa is more echogenic than normal and contains



## PATIENT

Lexi Collins

## SPECIES

Canine

## BREED

Havanese

## SEX

Spayed Female

## AGE

14 Years

## WEIGHT

13 pounds

## INTERPRETED BY

Greg Kuhlman, DVM,  
DACVIM (SAIM)

## IMAGING PERFORMED BY

Julia Bakker DVM

## HOSPITAL NAME

Orange Blossom  
Veterinary Imaging

## REFERRING VET

Bruce McLaughlin  
DVM

## INVOICE

15499

## DATE

04/27/26

hyperechoic striations perpendicular to the lumen. The lumen of the small intestine is empty with no evidence of obstruction or foreign material.

### **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**

- Age-related renal changes.
- Benign vacuolar hepatopathy.
- Mild gallbladder debris.
- Lymphangiectasia.

### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Suspect the low-dose dexamethasone suppression test that was performed and was negative for hyperadrenocorticism was correct.

Recommend screening patient for other secondary causes for this hepatopathy, such as hypertriglyceridemia. Given that the thyroid value is at the low end of normal, recommend adding on a TSH and free T4 to screen for possible hypothyroidism, which could potentially be a cause of the patient's elevated alkaline phosphatase and appearance of liver on ultrasound. Also recommend Texas A&M GI panel to screen for occult gastrointestinal and/or occult pancreatic disease that could be causes of appearance of liver and elevated alkaline phosphatase.

On recent lab work, patient's potassium was elevated, and sodium was at the low end of normal. Consider if cortisol values on the low-dose dexamethasone suppression test were on the low end of normal, consider screening patient for hypoadrenocorticism as possible cause of changes seen.

Recommend to submit GI panel to screen patient for possible chronic enteropathy. If chronic enteropathy is indeed present based off a GI panel, consider GI biopsies either surgically or endoscopically to determine cause of patient's possible lymphangiectasia. If GI panel is normal and does not suggest chronic enteropathy, then the findings on this ultrasound are most likely a normal variation for this patient. Prognosis is open pending results of recommended diagnostics.



**PATIENT**

Lexi Collins

**SPECIES**

Canine

**BREED**

Havanese

**SEX**

Spayed Female

**AGE**

14 Years

**WEIGHT**

13 pounds

**INTERPRETED BY**

Greg Kuhlman, DVM,  
DACVIM (SAIM)

**IMAGING PERFORMED BY**

Julia Bakker DVM

**HOSPITAL NAME**

Orange Blossom  
Veterinary Imaging

**REFERRING VET**

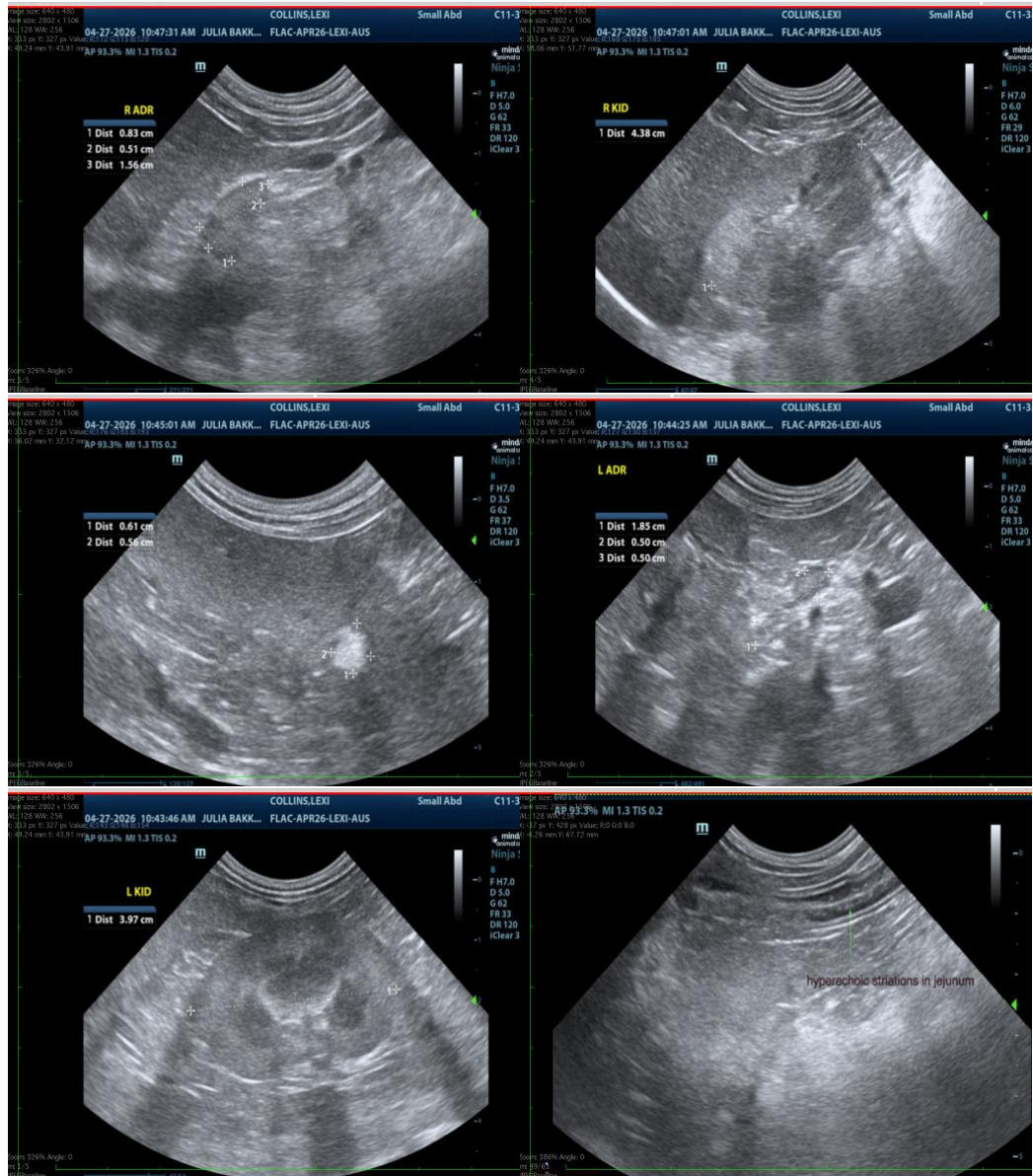
Bruce McLaughlin  
DVM

**INVOICE**

15499

**DATE**

04/27/26



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](mailto:info@SonoPath.com)