

## PATIENT

Avett Hamilton

## SPECIES

Canine

## BREED

Mixed

## SEX

Neutered Male

## AGE

7 Years 7 Months

## WEIGHT

28

## INTERPRETED BY

Greg Kuhlman, DVM,  
DACVIM (SAIM)

## IMAGING PERFORMED BY

Dr. Johnathan Moss

## HOSPITAL NAME

Harvest Hills  
Veterinary Hospital

## REFERRING VET

Dr. Johnathan Moss

## INVOICE

14853

## DATE

04/03/26

## PRESENTING CLINICAL SIGNS

ALP trending up from previous years with proteinuria, chronic allergies

Abnormal PE/Chem/CBC/UA Results: bw attached

## 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 was seen.

The left kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. Moderate non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted. The left kidney measured 4.8 cm in length. There is a hypoechoic cyst in the cranial pole that appears benign that measures 4.3 mm in width.

The right kidney was not seen.

### Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole was not clearly seen and the caudal pole measures 2.9 mm.

The right adrenal gland was not seen.

### Spleen

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

### 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 has a diffusely mildly hyperechoic gallbladder wall. Gallbladder wall measures 2 mm in width and does not appear obstructed. There is no free fluid or hyperechoic fat surrounding the gallbladder.

### 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.



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## Free Abdomen

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

## ULTRASONOGRAPHIC FINDINGS

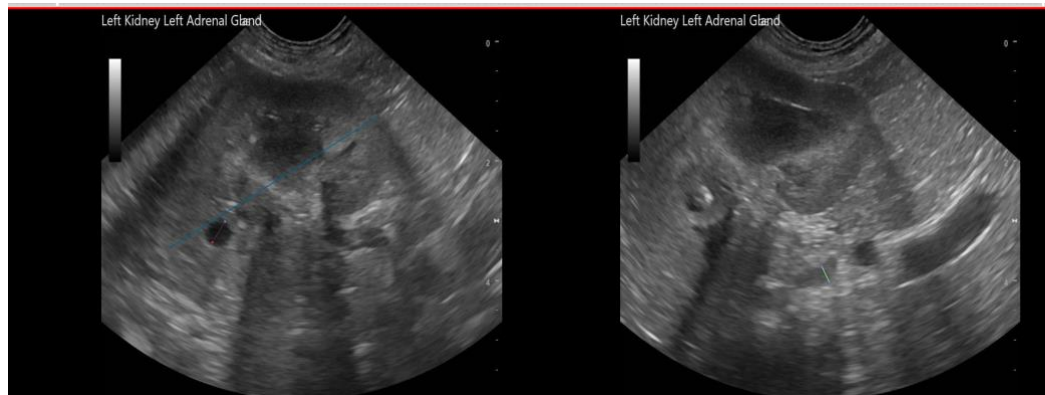
- Hyperechoic hepatomegaly.
- Hypoechoic gallbladder wall.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Suspected cause for the patient elevated ALP is most likely due to a secondary disease process, not a primary hepatopathy. Recommend screening patient for hyperadrenocorticism by submitting urine cortisol to creatinine ratio. If normal, hyperadrenocorticism is ruled out.

If elevated, recommend low-dose dexamethasone suppression test. If hyperadrenocorticism is ruled out, then additional screening that is recommended would be to evaluate for hypertriglyceridemia, hypothyroidism, occult GI, occult gastrointestinal, or occult pancreatic disease. If these diseases are ruled out as a cause of the patient's suspected benign vacuolar hepatopathy, then recommend aspirating the gallbladder under ultrasound guidance to submit a sample of bile for aerobic/anaerobic culture and cytology to evaluate the patient for bacterial cholangitis or other causes of cholangitis.

This is recommended given the appearance of the gallbladder on this ultrasound. Patient's prognosis appears good, most likely a secondary vacuolar hepatopathy is present and does not appear to be a primary hepatopathy at this time.



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)



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