



**PATIENT**

Oreo Wyllie

**SPECIES**

Canine

**BREED**

Great Pyrenees x

**SEX**

Neutered Male

**AGE**

7 Years

**WEIGHT**

Not Provided

**INTERPRETED BY**

Greg Kuhlman, DVM,  
DACVIM (SAIM)

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Dog and Cat Clinic of  
Niagara

**REFERRING VET**

Dr. Aziz

**INVOICE**

74838

**DATE**

4/30/26

**PRESENTING CLINICAL SIGNS**

Presented for exam for a lump removal. After bloodwork liver values are high.  
Current Medications: Denamarin 425 mg

Abnormal PE/Chem/CBC/UA Results: ALP 1102 Cholesterol 9.01 labs 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.

The right kidney presents normal size (7.2 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (7.5 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

**Adrenal Glands**

The right adrenal gland is subjectively mildly enlarged, measuring 10.1 mm at the caudal pole and 15.7 mm at the cranial pole.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 7.3 mm and the caudal pole measures 7.9 mm.

**Spleen**

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

**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.

The gallbladder presents normal size with anechoic contents. Normal gallbladder wall. No evidence of bile duct distention or obstruction.

**Gastrointestinal**

The stomach and intestines have normal wall layering and thickness. The stomach is full. 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**

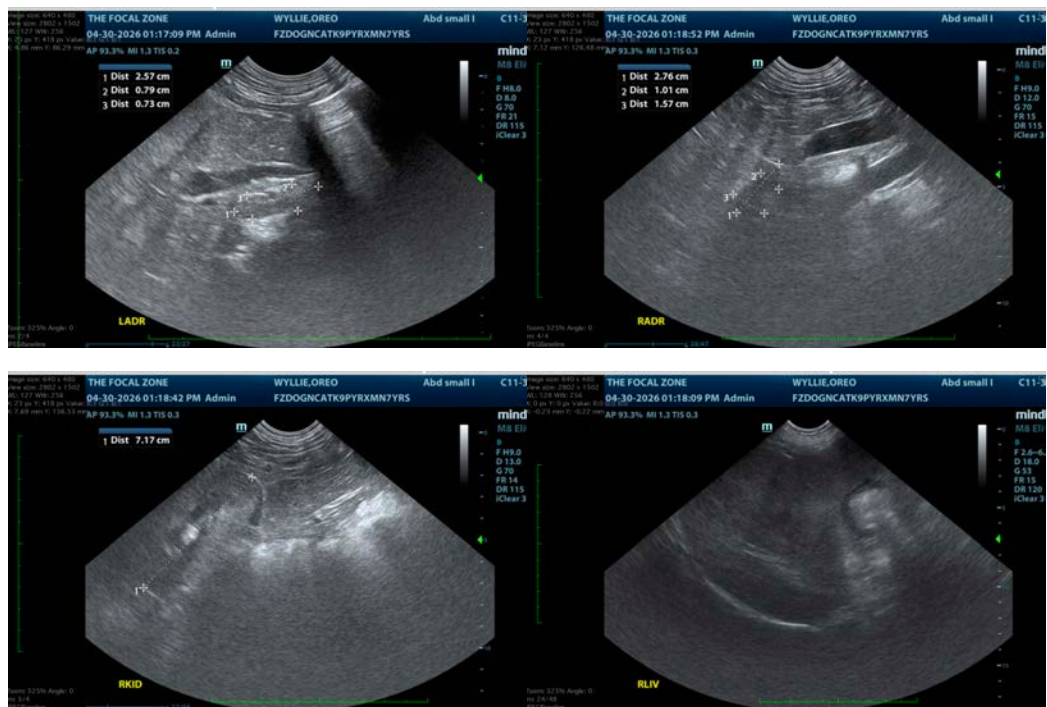
- Subjectively mildly enlarged right adrenal gland – Possible hyperadrenocorticism.
- Mild hyperechoic hepatomegaly – Consistent with benign vacuolar hepatopathy possibly due to hyperadrenocorticism or other secondary cause such as hypertriglyceridemia, hypothyroidism, occult pancreatic or occult GI disease, less likely due to an infectious disease such as Leptospirosis.
- Full stomach – Patient appears unfasted for exam.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given the mild enlargement of the right adrenal gland and the patient's elevated ALP, recommend performing a low-dose Dexamethasone suppression test to rule out the possibility of hyperadrenocorticism.

If not vaccinated for Leptospirosis and it is a disease endemic to patient's geographic location, consider screening the patient for Leptospirosis.

Ultimately, if no secondary cause for the suspected benign vacuolar hepatopathy is seen, continued monitoring would be recommended.





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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)

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