

PATIENT

Cleo Laughher

SPECIES

Canine

BREED

Rotti

SEX

Spayed Female

AGE

9 Years

WEIGHT

90 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Dog and Cat Clinic of
Niagara

REFERRING VET

Dr. Habib

INVOICE

74247

DATE

4/7/26

PRESENTING CLINICAL SIGNS

Persistently elevated liver enzymes.

Abnormal PE/Chem/CBC/UA Results: 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 (8.9 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (6.8 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

Adrenal Glands

The right adrenal gland is not seen.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 8.2 mm and the caudal pole measures 8.7 mm.

Spleen

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

Liver

The liver presents normal size and shape with smooth lobar margins. The parenchyma has normal echogenicity with normal echotexture. No focal lesions are seen. Intrahepatic bile ducts are normal. Normal vascular pattern.

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. 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.



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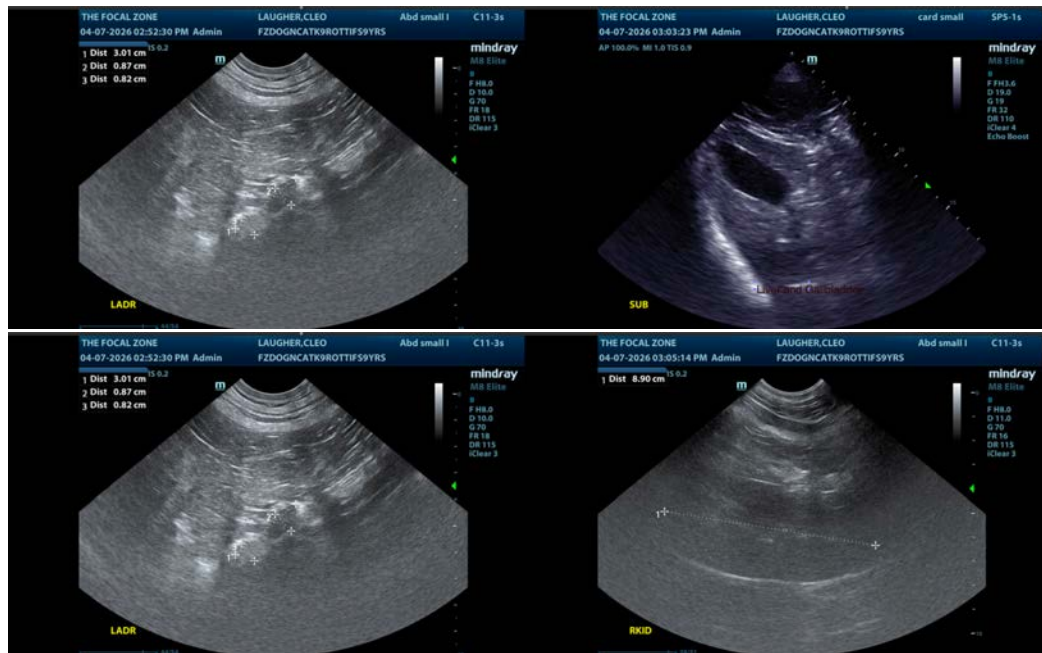
4/7/26

ULTRASONOGRAPHIC FINDINGS

- No significant findings on this ultrasound.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Cause for the patient's persistently elevated ALP is not determined based on this ultrasound. Given that ALP is the only liver enzyme that is elevated, suspect a secondary cause for this hepatopathy. Recommend screening for hyperadrenocorticism, hypothyroidism, occult pancreatic or occult gastrointestinal disease. If no secondary cause is ultimately identified for the elevated ALP, recommend continued monitoring. If at any point the patient's ALT begins to elevate in addition to the ALP, recommend liver biopsy at that 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