



PATIENT

Alice Lasseter

SPECIES

Canine

BREED

Coonhound x

SEX

Spayed Female

AGE

10 Years

WEIGHT

43.8 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Kitz

HOSPITAL NAME

Woodlands Animal
Hospital

REFERRING VET

Dr. Kitz

INVOICE

74312

DATE

4/8/26

PRESENTING CLINICAL SIGNS

Alice presented last week to establish as a patient. On exam, there are no significant findings. Owner reported one episode of vomiting out in the yard, and sudden weakness. He thought maybe she had ingested something, and the episode was transient with no further issues noted. Labwork showed significant elevation in liver enzymes. The owner reports maybe she has had issues with this in the past at previous vet, but it was never mentioned that it was severe. We do not have access to any previous records. Recommended abd u/s, sedated today with butorphanol and dexmedetomidine

Abnormal PE/Chem/CBC/UA Results: AST (SGOT) 162 15 - 66 IU/L HIGH ALT (SGPT) 1170 12 - 118 IU/L HIGH Alk Phosphatase 369 5 - 131 IU/L HIGH Platelets low end of normal range at ~157K with clumps noted PT/PTT normal today, and recheck CBC shows increase in platelets to 168K, mild lymphopenia and monocytopenia, all else completely normal

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 with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (6.6 cm) with normal shape and architecture. Normal corticomedullary distinction. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted.

Adrenal Glands

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 5.5 mm and the caudal pole measures 4.7 mm.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 5.4 mm and the caudal pole measures 6.4 mm.

Spleen

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

Liver

Diffusely the liver is small and hypoechoic with a moderately to markedly nodular echotexture

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. Small intestinal wall measures 3.2 mm in width. Colon contains normal contents with normal wall thickness.



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Pancreas

The left limb of the 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

- Small, hypoechoic, nodular liver – Findings are concerning for hepatic cirrhosis.

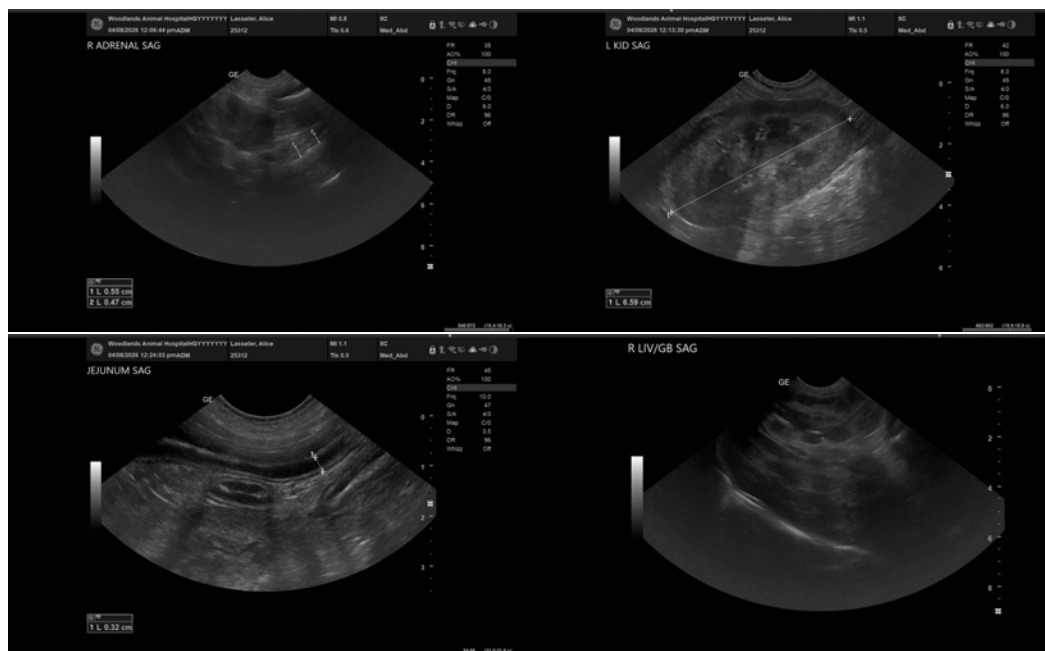
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

At this time, a liver biopsy would be recommended to determine the underlying cause. This patient's liver disease appears to be fairly progressed, and liver biopsy is recommended as soon as possible. The changes seen with the patient's liver are most likely due to a primary hepatopathy. Possible diseases include copper storage disease, chronic hepatitis, pyogranulomatous hepatitis. Round cell neoplasia as a cause for the changes to the liver seems highly unlikely.

Given that the patient lives in the Southeast US, recommend screening the patient for heterobilharzia via a fecal PCR which can be sent to Texas A&M GI lab to screen the patient for possible schistosomiasis as cause of liver changes.

The referring veterinarian attempted to aspirate the liver but was unsuccessful and wondered if there were anything they could do differently. Given the appearance of this liver, it is unlikely to obtain a quality aspirate sample. It is small and nodular, and most likely has significant fibrosis present, making an aspirate very difficult to obtain, and would most likely be non-diagnostic if obtained.

Prognosis at this time is guarded pending results of recommended liver diagnostics.





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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)

Veterinary Internal Medicine Specialist
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