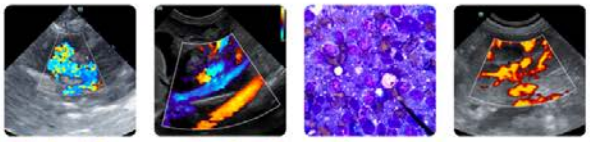

PATIENT

Maggie Mae Harvard

SPECIES

Canine

BREED

Yorkshire Terrier x

SEX

Spayed Female

AGE

12

WEIGHT

22

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Ray Caughman

HOSPITAL NAME

Dogwood Animal Hospital

REFERRING VET

Dr. Ray Caughman

INVOICE

74285

DATE

4/8/26

PRESENTING CLINICAL SIGNS

CHF maintained with Vetmedin and Lasix. PU/PD
Abnormal PE/Chem/CBC/UA Results: ALT 167 AlkPhos 1381 BUN 32

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with a mild amount of echogenic non-shadowing debris, most consistent with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can present with echogenic debris. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The right kidney presents normal size (4.3 cm) with normal shape and architecture. Normal corticomedullary distinction. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted.

The left kidney presents normal size (4.3 cm) with normal shape and architecture. Normal corticomedullary distinction. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted.

Adrenal Glands

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

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 3.6 mm and the caudal pole measures 4.3 mm.

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. In the mid liver there is a 7.5 cm x 1.5 cm ill-defined, hypoechoic lesion present. 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. Colon contains normal contents with normal wall thickness.

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Pancreas

In the area of the left limb of the pancreas there is no pathology seen. The right limb appears normal.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

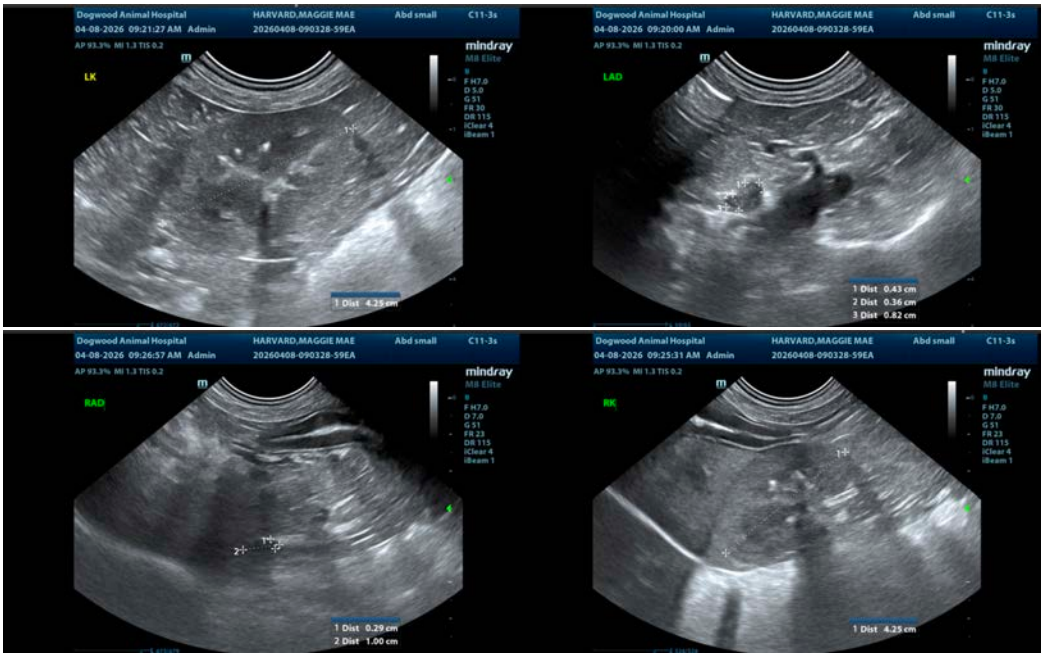
- Hyperechoic hepatomegaly – Suggestive of a benign vacuolar hepatopathy.
- Hyperechoic liver lesion suspected to be a benign regenerative nodule. Less likely neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If not already performed, recommend urinalysis. If active urine sediment, recommend urine culture.

Recommend rechecking the liver lesion via ultrasound in 6-8 weeks. If lesion is stable, no further action required. If the lesion appears to be increasing in size or number, recommend fine needle aspirate at that time to rule out neoplasia such as hepatocellular carcinoma, lymphoma, mast cell, although these diseases seem unlikely at this time.

Recommend evaluating the patient for secondary causes of their hepatopathy. The patient has already been screened for hyperadrenocorticism. It was reported an ACTH stimulation test was performed and was negative. Recommend submitting a fasting triglyceride to evaluate for hypertriglyceridemia. If triglycerides are normal, screen for hypothyroidism via thyroid panel, and a GI panel to screen for occult pancreatic or occult gastrointestinal disease. If no secondary cause is identified for this hepatopathy, monitoring the patient via lab work rechecks every 3-6 months would be recommended. If ALT is found to progressively increase over time, then a liver biopsy would be recommended at that time.



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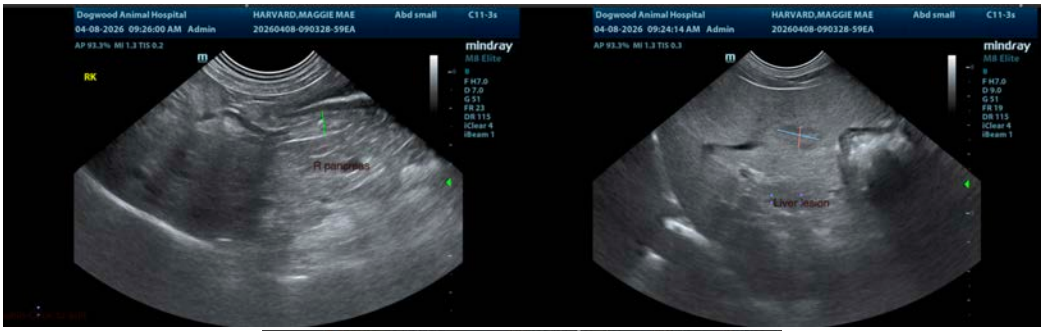

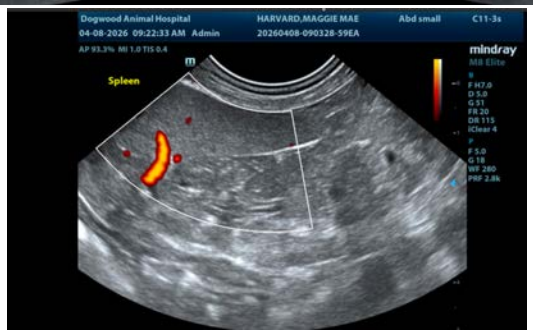

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com