



## PATIENT

Minnie Mouse Scherer

## SPECIES

Canine

## BREED

Chihuahua

## SEX

Spayed Female

## AGE

10 Years

## WEIGHT

9 lbs

## INTERPRETED BY

Greg Kuhlman, DVM,  
DACVIM (SAIM)

## IMAGING PERFORMED BY

Dr. Anthony Smatt

## HOSPITAL NAME

The Pets I Love

## REFERRING VET

Dr. Anthony Smatt

## INVOICE

74291

## DATE

4/8/26

## PRESENTING CLINICAL SIGNS

Patient came in for routine appt for wellness and assessment of teeth for dental. Patient pos for lyme disease and bw sent out for analysis. Elevated ALP came back therefore today performing Abdominal ultrasound to further find cause of elevated Liver enzyme.

Abnormal PE/Chem/CBC/UA Results: 4dx - pos lyme cbc: wnl chem: ALP - 1967 Cre - 0.5 U/A: wnl

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder contains minimal urine. No uroliths are seen. The bladder wall is normal in appearance and thickness. No masses are seen.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. Left kidney measures 3.6 cm. Right kidney measured 3.4 cm.

### *Adrenal Glands*

The right adrenal gland was not visualized.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The caudal pole measures 3.4 mm. The cranial pole is not clearly visualized.

### *Spleen*

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

### *Liver*

The liver appears to be mildly enlarged with rounded margins. It has a normal echogenicity and a mildly heterogeneous echotexture.

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

### *Gastrointestinal*

The gastrointestinal tract is mildly filled with ingesta. The stomach and intestines have normal wall layering and thickness. Colon has normal wall thickness.

### *Pancreas*

The right limb of the pancreas appears appropriately isoechoic to surrounding omental fat. The capsule is mildly irregular in shape. Parenchyma is mildly heterogenous and coarse. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation. The left limb of the pancreas was not clearly visualized.



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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

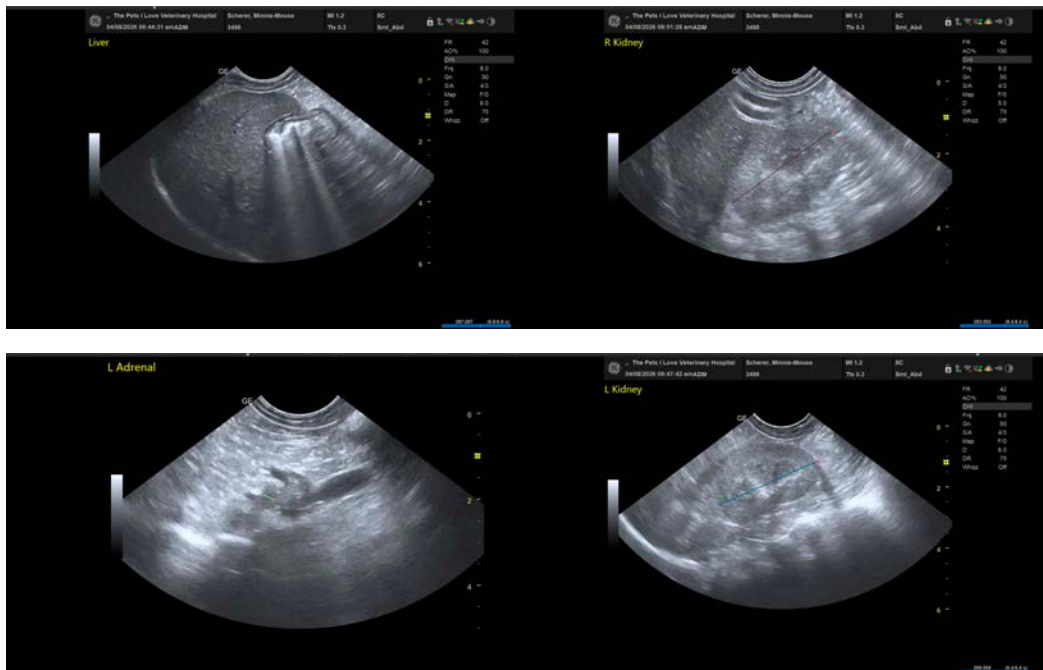
- Non-specific hepatopathy – Differentials include infiltrative neoplasia such as lymphoma, mast cell disease, possibly infectious disease such as Leptospirosis, secondary causes such as metabolic diseases such as hyperadrenocorticism, hypertriglyceridemia, hypothyroidism, or possibly occult gastrointestinal or occult pancreatic disease.
- Age related renal changes.
- Age related pancreatic remodeling.

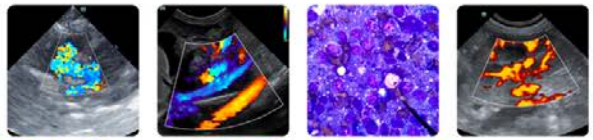
## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend fine needle aspirate of the liver and submit for cytology to rule out round cell neoplasia. If ruled out, consider testing for Leptospirosis if the patient is not currently vaccinated for this disease. If Leptospirosis is ruled out, recommend performing diagnostics to determine if a secondary cause is present for the hepatopathy.

Ultimately, if no cause for the hepatopathy and elevated liver values is identified, a liver biopsy would be recommended.

Regarding the renal changes, recommend full staging and monitoring. If chronic kidney disease is confirmed, then managing per IRIS guidelines 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)

Veterinary Internal Medicine Specialist

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