



## PATIENT

Mia Sookdeo

## SPECIES

Canine

## BREED

Maltese

## SEX

Spayed Female

## AGE

8 Years

## WEIGHT

13.25 lbs

## INTERPRETED BY

Greg Kuhlman, DVM,  
DACVIM (SAIM)

## IMAGING PERFORMED BY

Dr. Casper

## HOSPITAL NAME

Hometown Animal  
Hospital Florida

## REFERRING VET

Dr. Gavin Casper

## INVOICE

15665

## DATE

05/01/26

## PRESENTING CLINICAL SIGNS

Hx hyperlipemia and hepatopathy. P was switched to fresh-cooked, low fat diet. Few vomiting episodes noted over the interim

Abnormal PE/Chem/CBC/UA Results: Repeat lipid panel showed mild inc triglycerides 199 (prev 733) w/ normal chol and cPL. 4/22 labs - inc ALT 150, inc ALP 1291 (prev 1500 + 1200) UA SG 1027, trace protein Liver FNA- non-lipid vacuolar change, glycogen or hydropic type Chest rads - equivocal inc cardiac silhouette w/ VHS at 10.9

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The apical aspect urinary bladder is mildly focally thickened at 3.9 mm in width. The remainder of urinary bladder wall appears normal. This may be a normal variation and does not appear to be neoplastic.

The left kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted. The left kidney measured 3.8 cm in length.

The right kidney presents normal size with normal shape and architecture. Mild loss of corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The right kidney measured 3.9 cm in length.

### Adrenal Glands

The adrenal glands were not seen.

### 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. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion. This presentation is consistent with reported vacuolar hepatopathy, most likely benign hepatopathy. Ill-defined focal lesion within liver, most likely regenerative nodule, much less likely to be primary hepatobiliary neoplasia or metastatic neoplasia. The lesion measures 4.5 mm width.

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

Stomach contains a small amount of digested food material. Diffusely, stomach wall appears normal in thickness and layering. Stomach wall measures approximately 2.4 mm width.



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Diffusely, the small bowel is normal in thickness and layering with sections measuring up to 3.8 mm width. 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.

## **ULTRASONOGRAPHIC FINDINGS**

- Thickened urinary bladder wall.
- Hyperechoic hepatomegaly with lesion.
- Mild gallbladder debris.
- Loss of right renal corticomedullary distinction.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Consider screening patient for occult urinary tract infection by submitting urine culture. If urine culture ruled out, I would recommend periodic monitoring to determine if any changes are seen with this thickening area of the bladder.

Recommend periodic monitoring via ultrasound every three to six months to rule out progression and size of hepatic lesion.

Given the appearance of the right kidney, recommend full staging for possible chronic kidney disease via the International Renal Interest Society guidelines. If early chronic kidney disease is suspected or identified, recommend full monitoring and management per the IRIS guidelines.

Given that the patient most likely has a glycogen type vacuolar hepatopathy based off of a reported previous cytology report, recommend screening patient for hyperadrenocorticism via low dose dexamethasone suppression test. Patient's reported hypertriglyceridemia appears to be responding well to a low-fat diet.

The improvement in triglycerides is excellent. If hyperadrenocorticism is ruled out, consider screening for other diseases that may cause a vacuolar hepatopathy such as hypothyroidism via a dyslipidemia. Also consider screening for occult pancreatic or GI disease to rule out these diseases as possible cause of patient's vacuolar hepatopathy.



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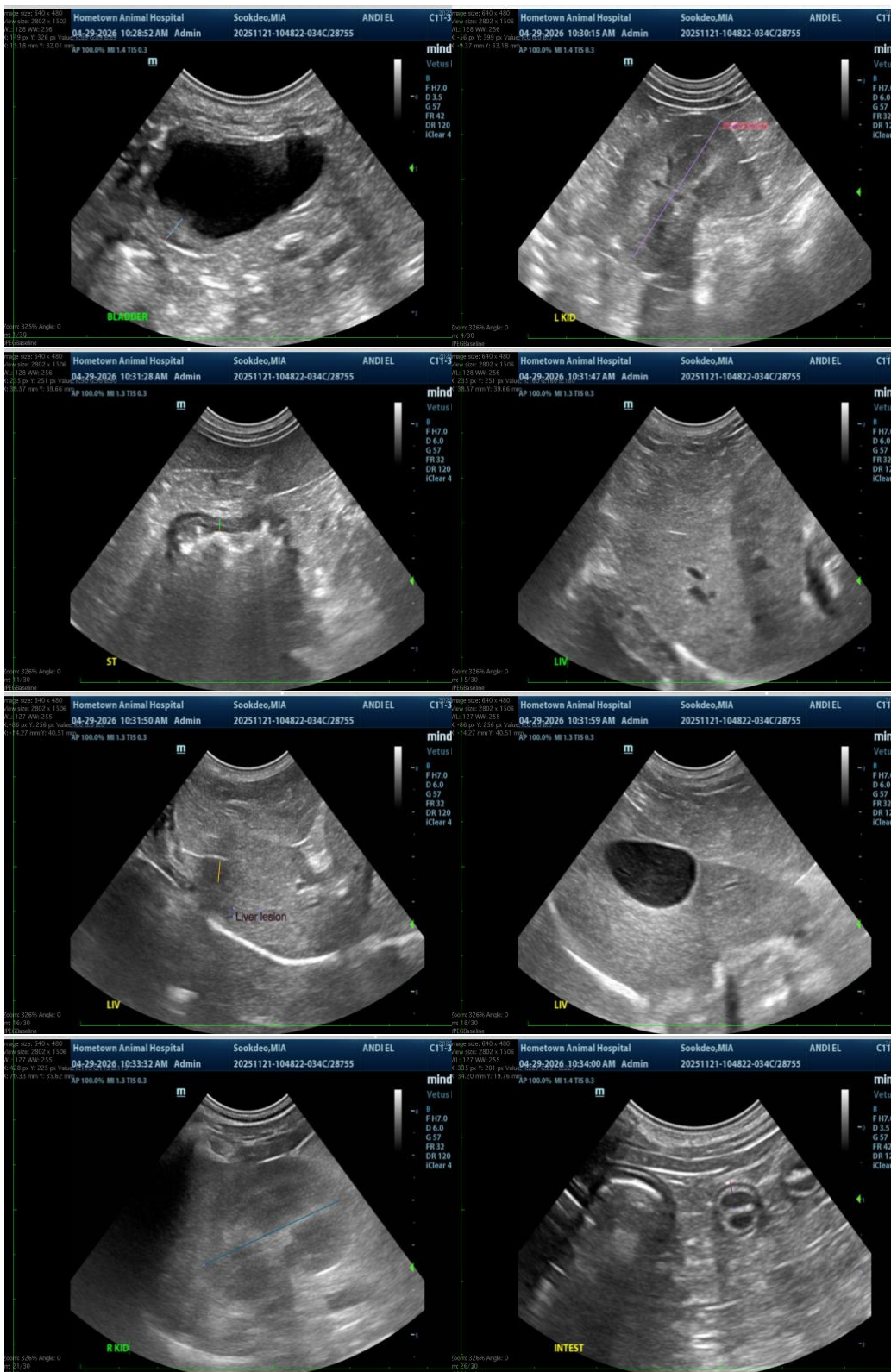
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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Maltese

**Greg Kuhlman, DVM, DACVIM (SAIM)**

Veterinary Internal Medicine Specialist

[info@SonoPath.com](mailto:info@SonoPath.com)

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