



PATIENT

Haylee Paul

SPECIES

Canine

BREED

Mixed

SEX

Spayed Female

AGE

13 Years

WEIGHT

38 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Ken Leal

HOSPITAL NAME

VCA Blairstown Animal
Hospital

REFERRING VET

Dr. Carol Clegg

INVOICE

75062

DATE

5/12/26

PRESENTING CLINICAL SIGNS

Elevated ALT, lethargy. prominent nictitans membranes, ADR. Medications: Zonisamide, phenobarbital, denamarin, ursodiol.

Abnormal PE/Chem/CBC/UA Results: AlkPhos = 621 ALT = 201 K + = 6.0

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

The left kidney presents normal size (5.0 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

Adrenal Glands

The right adrenal gland is mildly diffusely enlarged, measuring 6.8 mm at the caudal pole and 10.3 mm at the cranial pole.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 5.2 mm and the caudal pole measures 6.7 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. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is mildly overdistended with a moderate amount of non-dependent, mildly aggregated/inspissated sludge. Hypo to anechoic cystic areas are noted between the gallbladder sludge and luminal wall. The wall is otherwise smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion.

Gastrointestinal

The stomach and intestines have normal wall layering and thickness. Colon contains normal contents with normal wall thickness.



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Pancreas

The observed 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.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

- Immature gallbladder mucocele.
- Hyperechoic hepatomegaly.
- Mild urinary bladder debris.
- Mildly enlarged right adrenal gland.
- Age related pancreatic remodeling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hyperechoic hepatomegaly is possibly due to the presence of an immature gallbladder mucocele or other diseases such as hyperadrenocorticism. Given that the patient's bilirubin is not reported to be elevated, it does not appear that the gallbladder mucocele is obstructing at this time. Recommend ultrasound guided fine needle aspirate of the gallbladder and submit bile for aerobic and anaerobic culture and cytology to determine if bacterial cholangitis may be contributing to the immature gallbladder mucocele and to determine appropriate antibiotic therapy if warranted. If owner's elect not to pursue aspirate of gallbladder, consider treating with an antibiotic such as Amoxicillin for 6-8 weeks as well as Ursodiol. Recheck gallbladder and liver values in 6-8 weeks to evaluate patient for improvement or resolution of this problem. If patient becomes ill and/or bilirubin begins to elevated, indicating that the gallbladder may be obstructing, consider cholecystectomy at that time.

Given the mildly enlarged right adrenal gland, consider screening the patient for hyperadrenocorticism via a low-dose Dexamethasone suppression test.





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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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