



PATIENT

Dice Gencarelli

SPECIES

Canine

BREED

Havanese

SEX

Neutered Male

AGE

7 Years 9 Months

WEIGHT

15.6 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Vincent Ravancho, CVT

HOSPITAL NAME

Ridge Road Animal
Hospital

REFERRING VET

Dr. Pathak

INVOICE

75117

DATE

5/13/26

PRESENTING CLINICAL SIGNS

PU/PD

Abnormal PE/Chem/CBC/UA Results: Elevated ALT (165), ALP (1009), GGT (31), Lipase 1331, U/A - Protein 3+/Blood -Trace

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 prostate is enlarged for a neutered male dog. If the patient was recently neutered (within the past several months) this could possibly be a normal finding. The prostate measured 2.1 cm in width and has a diffusely heterogeneous echotexture and an overall mildly hyperechoic echogenicity. It does appear symmetrical, and no lesions are seen.

The right kidney presents normal size (5.4 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia or ureteral dilation. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted.

The left kidney presents normal size (4.5 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia or ureteral dilation. 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 6.2 mm and the caudal pole measures 7.8 mm.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 6.5 mm and the caudal pole measures 6.3 mm.

Spleen

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

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.

There is a moderate amount of echogenic debris adhered to the luminal margin of the gallbladder.

Gastrointestinal

The stomach and intestines have normal wall layering and thickness. The stomach is gas-filled. Colon contains normal contents with normal wall thickness.



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Pancreas

The area of the left and right pancreas is seen, no pathology noted.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

- Enlarged prostate.
- Non-obstructive nephrolithiasis.
- Hyperechoic hepatomegaly.
- Gallbladder debris.
- Gas-filled stomach.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient is not reported to be having any urinary tract signs. If patient was neutered recently, the enlarged prostate is most likely an incidental finding, and the prostate will regress in size over time. If patient was neutered as a puppy, then this finding should be followed up on. Recommend submitting urine culture to rule out lower urinary tract infection that could be causing bacterial prostatitis. If bacterial prostatitis is ruled out, consider submitting BRAF testing to rule out transitional cell carcinoma or prostatic carcinoma. Ultimately, if there is no infection and BRAF testing is negative, and the enlargement of the prostate is persistent, consider a fine needle aspirate of the prostate with submission for cytology.

The liver presentation is consistent with benign vacuolar hepatopathy. Screening for secondary diseases causing the elevated liver values and the appearance of the liver is indicated. Screen for diseases such as hyperadrenocorticism. Recommend urine cortisol to creatinine ratio to screen for hyperadrenocorticism. Screen for hypertriglyceridemia via fasted triglycerides. Screen for hypothyroidism via thyroid panel. Ultimately, a GI panel would be warranted to screen for possible occult pancreatic or occult gastrointestinal disease. This testing can be performed in series, and I would not recommend performing them parallel.

The gallbladder debris is most likely clinically an incidental finding. However, gallbladder disease may be contributing to the patient's elevated liver values. Consider obtaining an ultrasound guided bile sample to submit for aerobic and anaerobic bacterial culture and cytology to rule out bacterial cholangitis as a cause of the patient's clinical signs. If owners elect not to have this procedure performed, then consider treating with Ursodiol and appropriate antibiotic such as Amoxicillin for 6-8 weeks and then reevaluating the appearance of the gallbladder at that time.



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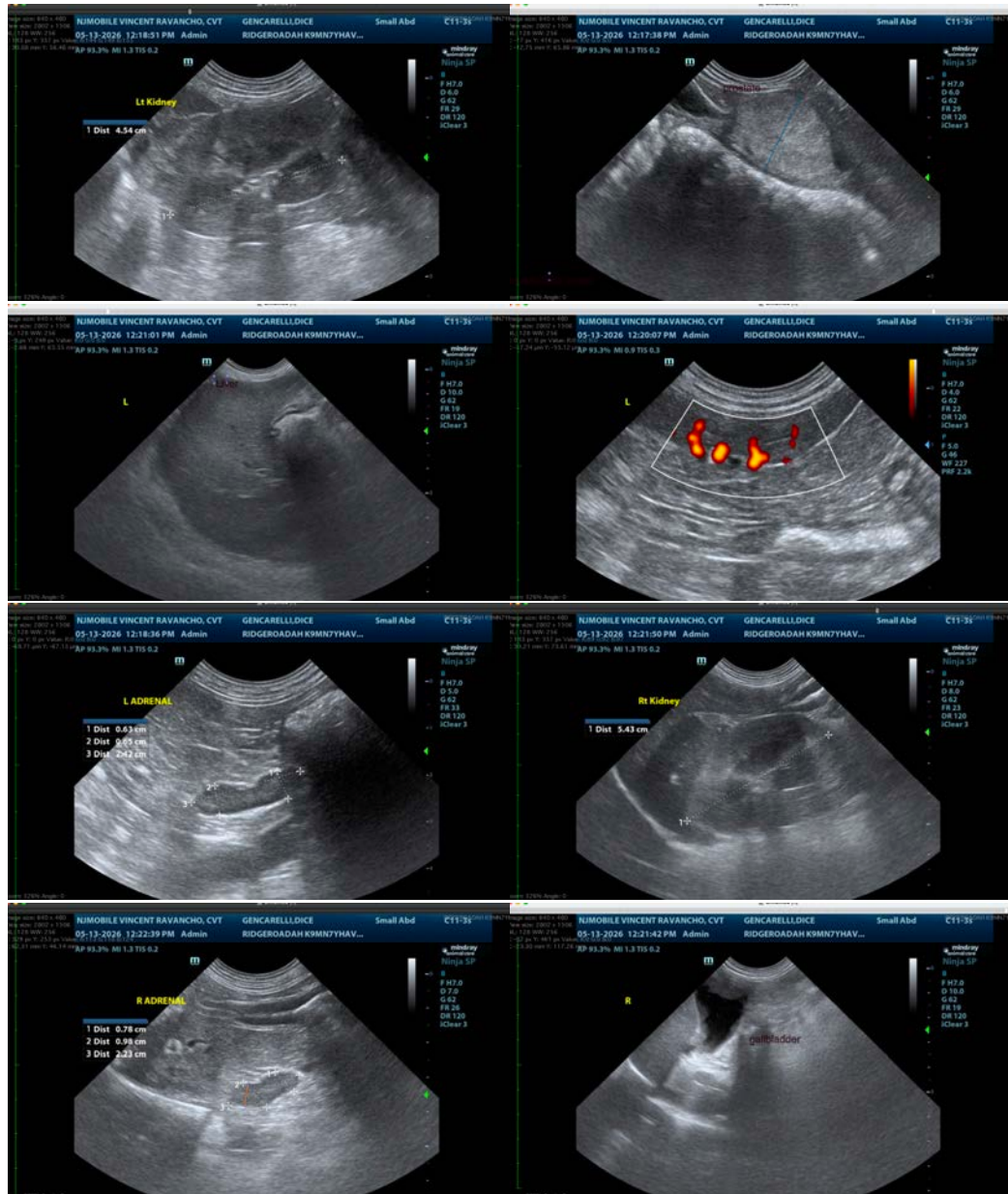
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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