



PATIENT

Lenny Gjidijia

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Neutered Male

AGE

11 Years 9 Months

WEIGHT

8.1 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
 DACVIM (SAIM)

IMAGING PERFORMED BY

Vincent Ravancho CVT

HOSPITAL NAME

Rahway Animal
 Hospital

REFERRING VET

Dr. Adapala

INVOICE

16251

DATE

05/14/26

PRESENTING CLINICAL SIGNS

Elevated ALT, ALKP, and Elevated Pre and Post Bile Acids. PE normal other than moderate dental tartar. Current Medications - Denamarin and Amoxi-Clav.

Abnormal PE/Chem/CBC/UA Results: ALT 999 (12-118), ALKP 637 (5-137), Platelets 752 (170-400). Pre Bile Acids - 93.7 (<13), Post 122.1(<25)

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. No papilla seen.

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

The right 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 right kidney measured 3.9 cm in length.

Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 5.3 mm and the caudal pole measures 5.6 mm.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The caudal pole measures 4.0 mm.

Spleen

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

Liver

In the caudal left aspect of the liver, there is an approximately 2.6 cm x 3.4 cm isoechoic cavitated ovoid mass lesion present. It appears to be pedunculated from the caudal aspect of the liver. Most likely primary hepatobiliary neoplasia such as hepatocellular carcinoma versus cholangiocarcinoma. Another differential would potentially be hemangiosarcoma. The remainder of the liver is subjectively enlarged with mildly irregular margins. Parenchyma is heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. Visible vasculature and biliary tree appear normal without distension or congestion.

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



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

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.

Rapid view of the heart revealed no obvious right auricular masses or pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

- Heterogenous liver with hepatic mass lesion.
- Right renal mineralization.
- Gas filled gastric lumen.
- Mild dependent gallbladder debris- appears clinically incidental.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend fine needle aspirates of hepatic mass lesion. If cytology results are inconclusive as to the etiology of the mass lesion, recommend CT scan as pre-surgical planning and recommend surgical resection of mass. The patient's elevated liver values are most likely attributed to the presence of the liver mass. However, if patient does have surgery, then recommend obtaining liver biopsies.

Recommend three view chest radiographs to rule out obvious pulmonary metastatic disease.

Prognosis is guarded pending definitive diagnosis as to the etiology of the hepatic mass.



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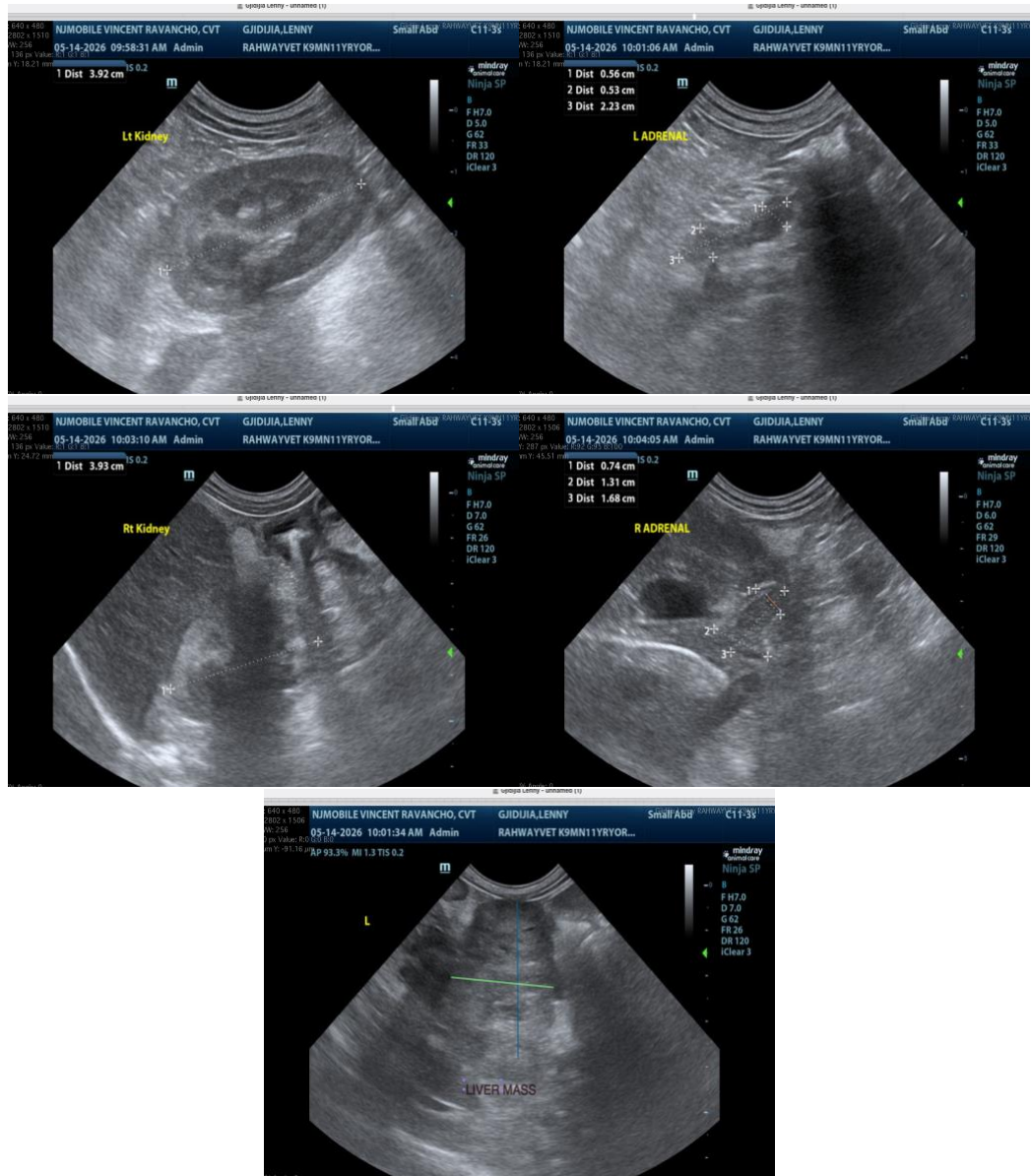
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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