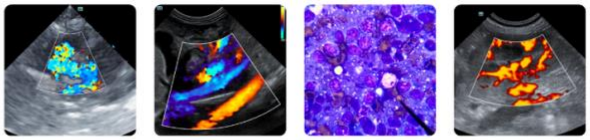


PATIENT

Flynn Picking

SPECIES

Canine

BREED

Australian Blue Heeler Mix

SEX

Neutered Male

AGE

11 Years

WEIGHT

40.4 lbs

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Mary Pearce

HOSPITAL NAME

Chambersburg Animal Hospital

REFERRING VET

Dr. Tanya Miller

INVOICE

16262

DATE

05/15/26

PRESENTING CLINICAL SIGNS

Elevated Alkp since 2024. O thinks abdomen becomes distended intermittently. Consistent appetite, no v/d issues, no pu/pd, or panting noted. Reason for Ultrasound: preventative AUS, check for any GB changes. Though not displaying HAC signs, adrenal gland check would be good.

Recent BW 5/6 cbc wnl, Alb 4.1g/dL, Gob 3.3g/dL, ALP 878 (previously 566 10/2025, 484 10/2024).

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 prostate was normal and measured 7.0 mm width with symmetrical uniform echogenicity.

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 5.4 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 6.0 cm in length.

Adrenal Glands

The left adrenal gland presents diffusely enlarged. The cranial pole measures 10.2 mm and the caudal pole measures 7.9 mm. A hypoechoic nodule at the cranial pole measures 6.0 mm, most likely an incidental finding.

The right adrenal gland presents diffusedly enlarged. The phrenic vasculature is unremarkable. The cranial pole measures 8.1 mm and the caudal pole measures 8.3 mm.

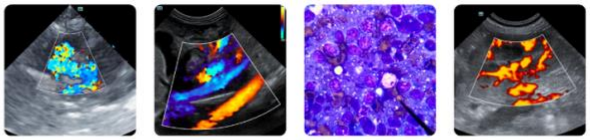
Spleen

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

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.

The gallbladder contains a moderate amount of both suspended and dependent echogenic debris with



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some debris adhered to luminal margin. No evidence of gallbladder mucocele is seen. The gallbladder does not appear obstructed.

Gastrointestinal

The stomach and intestines have normal wall layering and thickness. Colon contains a marked amount of soft stool with normal wall thickness.

Pancreas

The visible left and right 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

- Suspect pituitary dependent hyperadrenocorticism.
- Renal mineralizations.
- Urinary bladder debris.
- Soft stool in colon.
- Hyperechoic hepatomegaly.
- Gallbladder debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend low-dose dexamethasone suppression test to rule out hyperadrenocorticism. Recommend urinalysis if not already performed. Urine culture if warranted from urinalysis results.

The gallbladder finding is most likely clinically incidental at this time, however given the elevated alkaline phosphatase, recommend starting ursodiol for two months and re-imaging gallbladder to determine if clinical improvement is seen. The appearance of the liver is most likely consistent with a benign vacuolar hepatopathy. In this case, most likely due to hyperadrenocorticism. If hyperadrenocorticism is ruled out, screen for other causes for benign vacuolar hepatopathy including hypertriglyceridemia, hypothyroidism, occult pancreatic or occult GI disease. Unlikely that the appearance of the liver is due to infiltrative neoplastic disease such as lymphoma or mast cell.

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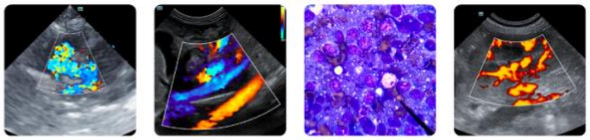

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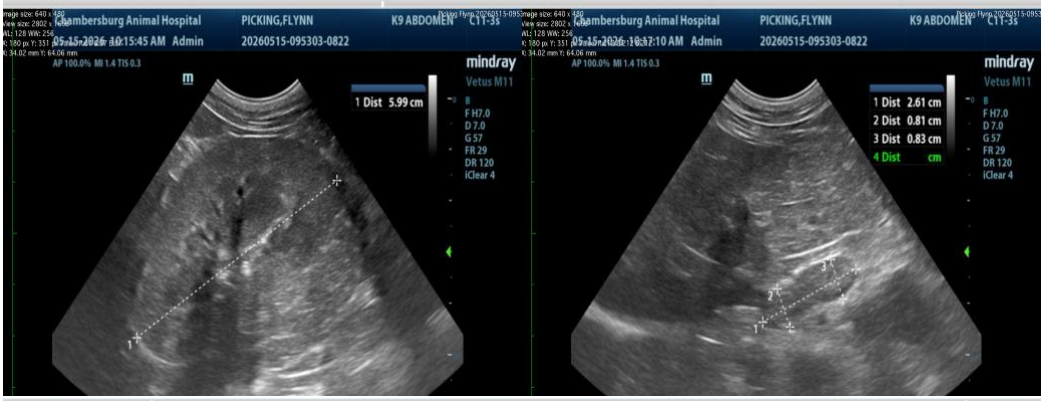

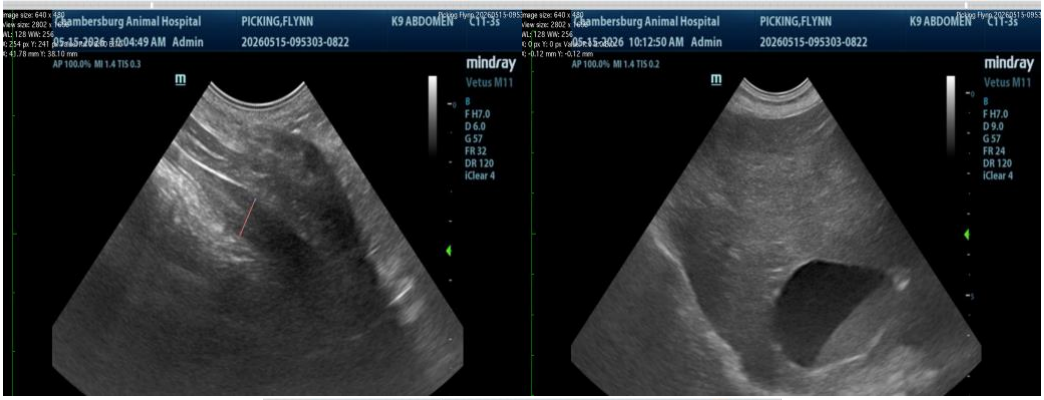

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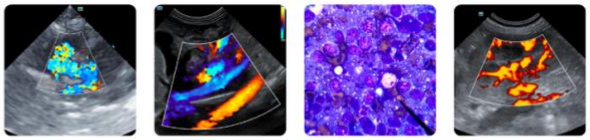

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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