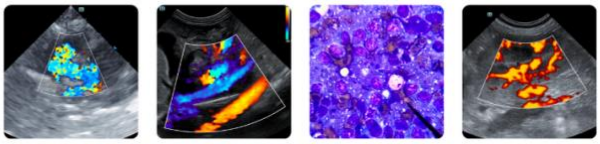

PATIENT

Kenzie Tiger

SPECIES

Canine

BREED

Terrier Mix

SEX

Spayed Female

AGE

11 Years

WEIGHT

17.2 lbs

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Vincent Ravancho CVT

HOSPITAL NAME

Bergen County Veterinary Center

REFERRING VET

Dr. Shiffman

INVOICE

16275

DATE

05/15/26

PRESENTING CLINICAL SIGNS

R/O steroid hepatopathy, urinary tract disease. Clinical findings - Elevated Liver enzymes, (ALT 142, ALP 1000), and elevated pancreatic enzymes (amylase/lipase). Hx stranguria. Possible pu/pd. Diet - Fromm Beef Frittata dry food.

Abnormal PE/Chem/CBC/UA Results: ALT142, ALP 1037, Amylase 1780, Lipase 1157

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder is moderately distended with minimal anechoic urine. No uroliths are seen. The bladder wall is normal in appearance and thickness. No masses are seen. No papilla is seen. No stones or masses are observed.

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 4.5 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 4.6 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 5.2 mm.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 4.3 mm and the caudal pole measures 5.0 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.

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.

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

- Renal mineralizations.
- Hyperechoic hepatomegaly.
- Mild gallbladder debris- appears clinically incidental.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No obvious evidence of lower urinary tract disease is seen on this exam. If patient is having lower urinary tract signs, consider, if not already performed, submitting urinalysis. If active urine sediment, recommend urine culture and antibiotic sensitivity. If clinical signs persist, recommend radiographs to evaluate for possible uroliths present within the ureter. Ultimately, if patient's clinical signs persist and no identifiable cause is determined, consider cystoscopy.

The appearance of liver is consistent with benign vacuolar hepatopathy. Recommend screening patient for secondary causes for appearance of liver and elevated liver values. Consider screening for hyperadrenocorticism, either starting with urine cortisol to creatinine ratio and then performing low-dose dexamethasone suppression test if UCCR is elevated.

Recommend screening patient for hypertriglyceridemia, common cause of vascular hepatopathies in smaller breed dogs. If necessary, screen for hypothyroidism and/or occult pancreatic or occult gastrointestinal disease. An infiltrative disease within the liver such as lymphoma or mast cell disease are unlikely, but ultimately if no cause is identified for the appearance of the patient's liver and the elevated liver values, consider fine needle aspirated of the liver with submission for cytology to rule out a more sinister cause. Also, if ultimately no obvious secondary cause is identified and if the patient is not vaccinated for leptospirosis, consider screening for this disease, although unlikely.

Consider starting ursodiol and rechecking appearance of gallbladder in six to eight weeks via ultrasound.

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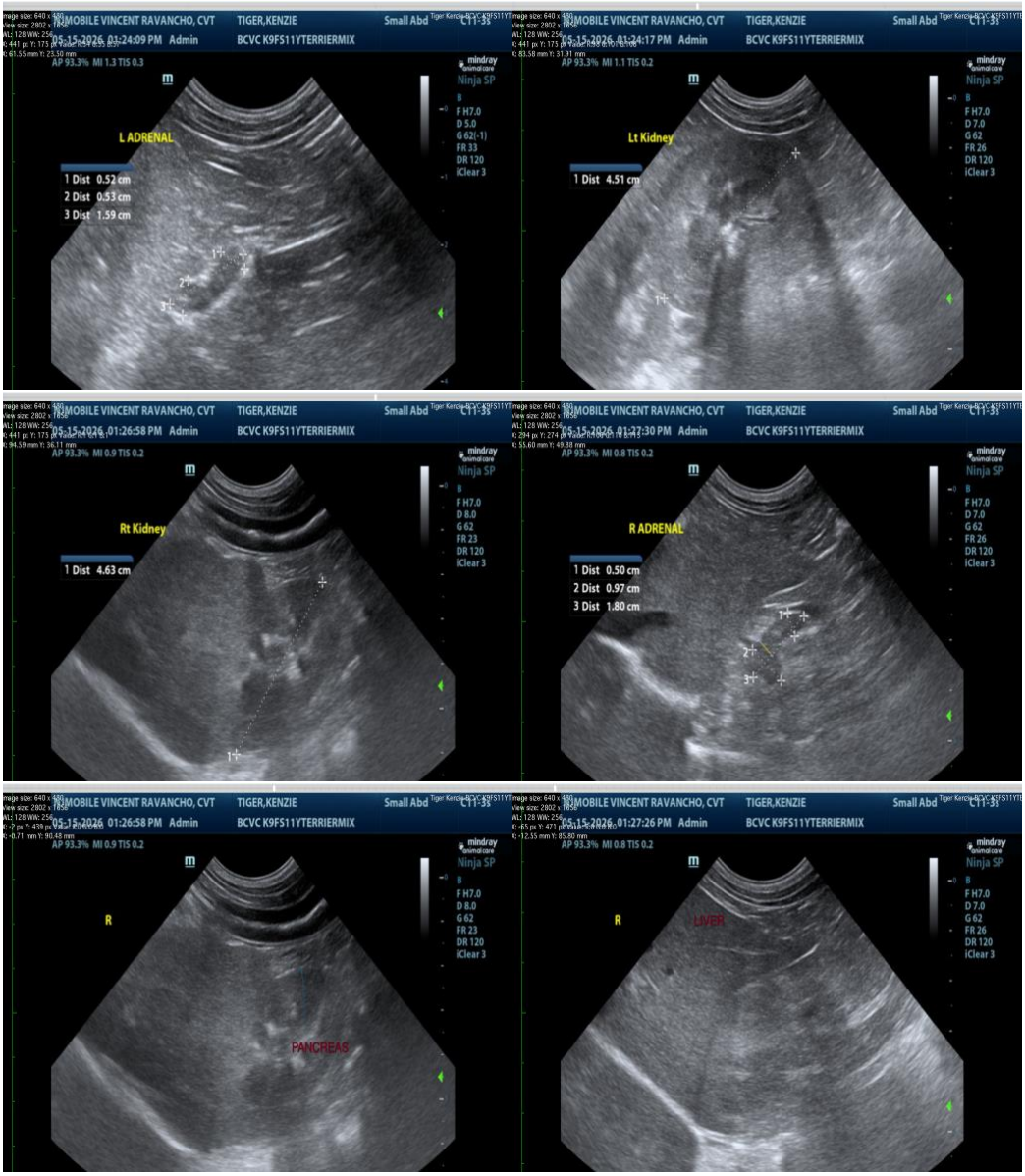

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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