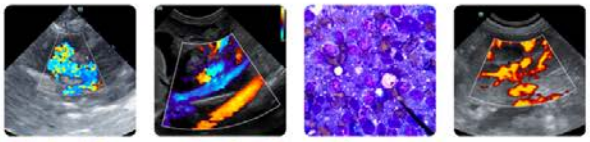


PATIENT

PupPup Voss

SPECIES

Canine

BREED

Chihuahua x

SEX

Neutered Male

AGE

13 Years 3 Months

WEIGHT

9.56 kg

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Dallas Reynolds, LVY

HOSPITAL NAME

Lone Mountain Animal Hospital

REFERRING VET

Dr. A'dayre McNeal

INVOICE

75205

DATE

5/16/26

PRESENTING CLINICAL SIGNS

P is a known and controlled diabetic. Recent liver elevations on bloodwork
Abnormal PE/Chem/CBC/UA Results: ALP 522

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

There is a conglomeration of hyperechoic shadowing either small uroliths or urinary bladder sand present near the trigone of the urinary bladder. The bladder wall is normal in appearance and thickness. The urethra appears normal.

The prostate appears normal, measuring 8.3 mm in width.

The right kidney presents normal size (5.2 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (4.6 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

Adrenal Glands

The right adrenal gland is not seen.

The left 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 4.0 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. There are hypoechoic ill-defined lesions within the parenchyma. A representative lesion measures 4.1 mm x 0.6 mm. 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. Some of the debris is adhered to the luminal margin of the gallbladder. 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

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

Pancreas

The visible pancreas is diffusely hypoechoic without surrounding steatitis.

PATIENT

PupPup Voss

SPECIES

Canine

BREED

Chihuahua x

SEX

Neutered Male

AGE

13 Years 3 Months

WEIGHT

9.56 kg

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Dallas Reynolds, LVY

HOSPITAL NAME

Lone Mountain Animal Hospital

REFERRING VET

Dr. A'dayre McNeal

INVOICE

75205

DATE

5/16/26

Free Abdomen

In the area of the ileocolic junction there is a 6.0 mm in diameter hypoechoic rounded enlarged lymph node.

No free abdominal fluid is seen.

ULTRASONOGRAPHIC FINDINGS

- Urinary bladder sand or uroliths near the trigone.
- Hyperechoic hepatomegaly.
- Gallbladder debris.
- Hypoechoic pancreas.
- Enlarged lymph node near the ileocolic junction.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hyperechoic hepatomegaly is most likely due to the patient's historic diabetes mellitus, causing a vacuolar hepatopathy. The nodules in the liver are most likely benign regenerative nodules, less likely metastatic neoplasia, unlikely to be primary hepatobiliary neoplasia.

Consider diet trial with a dissolution diet such as Royal Canin SO or Hills CD to determine if resolution of urinary bladder debris can be achieved. Recommend feeding this diet strictly for 2-4 weeks and re-imaging the patient at that time. If debris is still present, consider cystotomy. It is understood that the patient is a non-diabetic, so if a diet trial is not recommended for this patient, then continue monitoring the urinary bladder via ultrasound periodically.

The patient may have clinically significant pancreatic inflammation. Recommend cPLI to confirm.

The enlarged lymph node in the area of the ileocolic junction is most likely reactive. The cause is not determined on this exam. Less likely enlarged due to neoplastic cause. Consider possible underlying gastrointestinal disease given the location of the node. Consider screening the patient for fecal parasites via fecal pathogen PCR if clinically warranted. The node may be a normal variation.

The patient's elevated ALP is most likely due to one several reasons including the hyperechoic hepatomegaly from the patient's diabetes mellitus, or due to a chronic low-grade extrahepatic biliary duct dilation from the suspected mild pancreatic inflammation seen. If pancreatic inflammation is confirmed via cPLI, consider a diet switch to an ultra low-fat diet.

PATIENT

PupPup Voss

SPECIES

Canine

BREED

Chihuahua x

SEX

Neutered Male

AGE

13 Years 3 Months

WEIGHT

9.56 kg

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Dallas Reynolds, LVY

HOSPITAL NAME

Lone Mountain Animal Hospital

REFERRING VET

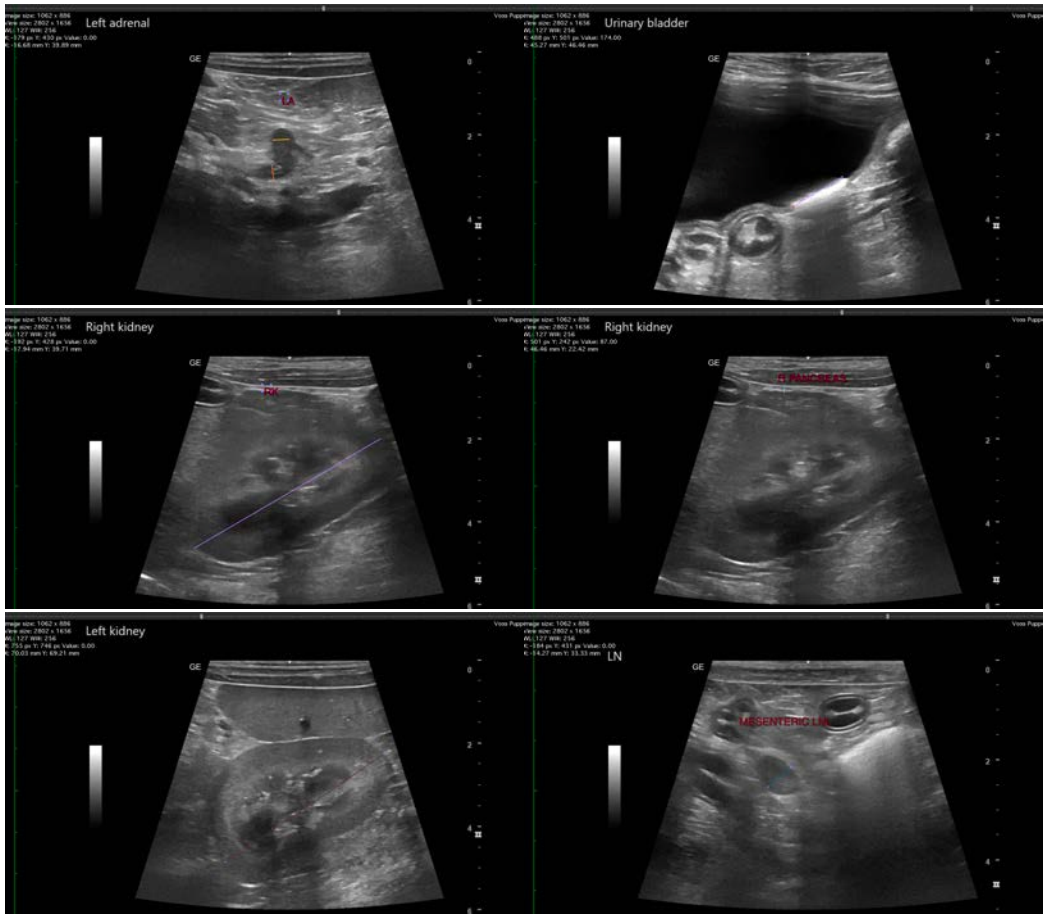
Dr. A'dayre McNeal

INVOICE

75205

DATE

5/16/26



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