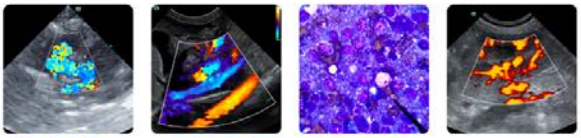

PATIENT

Holly Grosso

SPECIES

Canine

BREED

Labradoodle

SEX

Spayed Female

AGE

9 Years 6 Months

WEIGHT

24 lbs

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Vincent Ravancho, CVT

HOSPITAL NAME

Whippany Veterinary Hospital

REFERRING VET

Dr. Enoch

INVOICE

75307

DATE

5/20/26

PRESENTING CLINICAL SIGNS

Elevated ALT; O interested in dental in near future. No chronic meds; recently finished course of Amoxicillin + Metro + Denamarin.

Abnormal PE/Chem/CBC/UA Results: 5/16/26 - ALT 625, AST 97, GGT 17. 3/28/26 - ALT 618

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.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. Left kidney measures 4.6 cm. Right kidney measures 4.5 cm.

Adrenal Glands

The right adrenal gland measures at the upper end of normal limits for size, measuring 6.9 mm at the caudal pole and 12.5 mm at the cranial pole.

The left adrenal gland measures at the upper end of normal limits for size, measuring 7.7 mm at the caudal pole and 6.4 mm at the cranial pole.

Spleen

Within the head of the spleen there is an approximately 1.5 cm in diameter ill-defined, capsule displacing, cavitated mass lesion. The remainder of the spleen is normal in size with mildly irregular shape and heterogeneous echotexture.

Liver

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

The gallbladder presents normal size with anechoic contents. Normal gallbladder wall. No evidence of bile duct distention or obstruction.

Gastrointestinal

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.

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Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

- Splenic mass lesion.
- Upper end of normal limit adrenal size bilaterally.
- Heterogeneous liver.

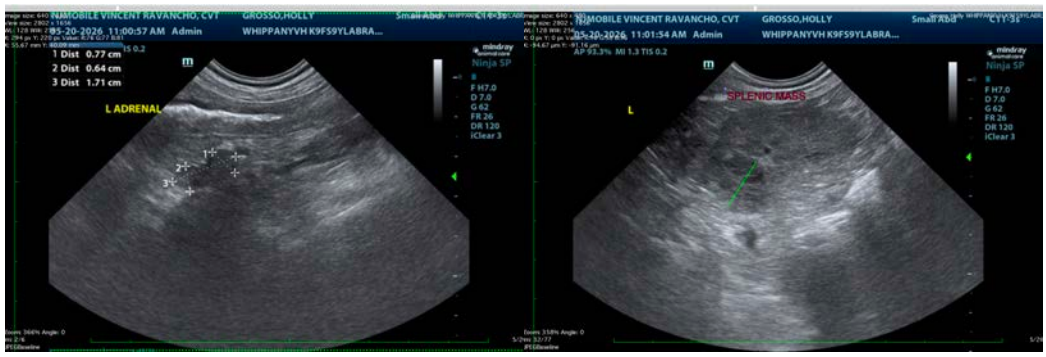
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given that the patient has bilateral age related changes to the kidneys, recommend full staging, monitoring and managing per IRIS guidelines.

Given that the adrenal glands are at the upper end of normal limits for size, considering screening for hyperadrenocorticism. Recommend urine cortisol to creatinine ratio. If elevated, recommend a low-dose Dexamethasone suppression test.

Differentials for the splenic mass lesion include malignant neoplasia such as hemangiosarcoma or infiltrative neoplasia such as lymphoma or mast cell disease, less likely but possibly a benign hemangioma, and unlikely to be benign extramedullary hematopoiesis. Recommend fine needle aspirate of the splenic mass. If non-diagnostic, recommend splenectomy. No evidence of metastatic disease seen within the liver. No enlarged lymph nodes seen within the abdomen. If the splenic mass is aspirated, also consider aspirating the normal appearing spleen to rule out any other infiltrative type diseases such as lymphoma or mast cell disease.

The appearance of the liver is suggestive of possible hepatopathy. Differentials include possible infectious disease such as Leptospirosis. If the patient is not vaccinated for Leptospirosis, consider submitting Leptospirosis testing to rule it out. Other differentials include infiltrative disease such as lymphoma or mast cell. Recommend a fine needle aspirate of the liver with submission for cytology to rule these diseases out. Consider screening for other secondary causes for the hepatopathy. As already mentioned, consider screening for hyperadrenocorticism to rule it out. If hyperadrenocorticism is ruled out, consider screening for hypertriglyceridemia, hypothyroidism, occult pancreatic or occult GI disease. If all of these are ruled out and the liver values remain elevated, recommend a liver biopsy at that time. If the patient does have a splenectomy, recommend obtaining liver biopsies at that procedure. If liver biopsies are obtained, recommend submitting samples for histopathology, samples for aerobic and anaerobic bacterial culture, and also recommend submitting sample for copper quantitation.



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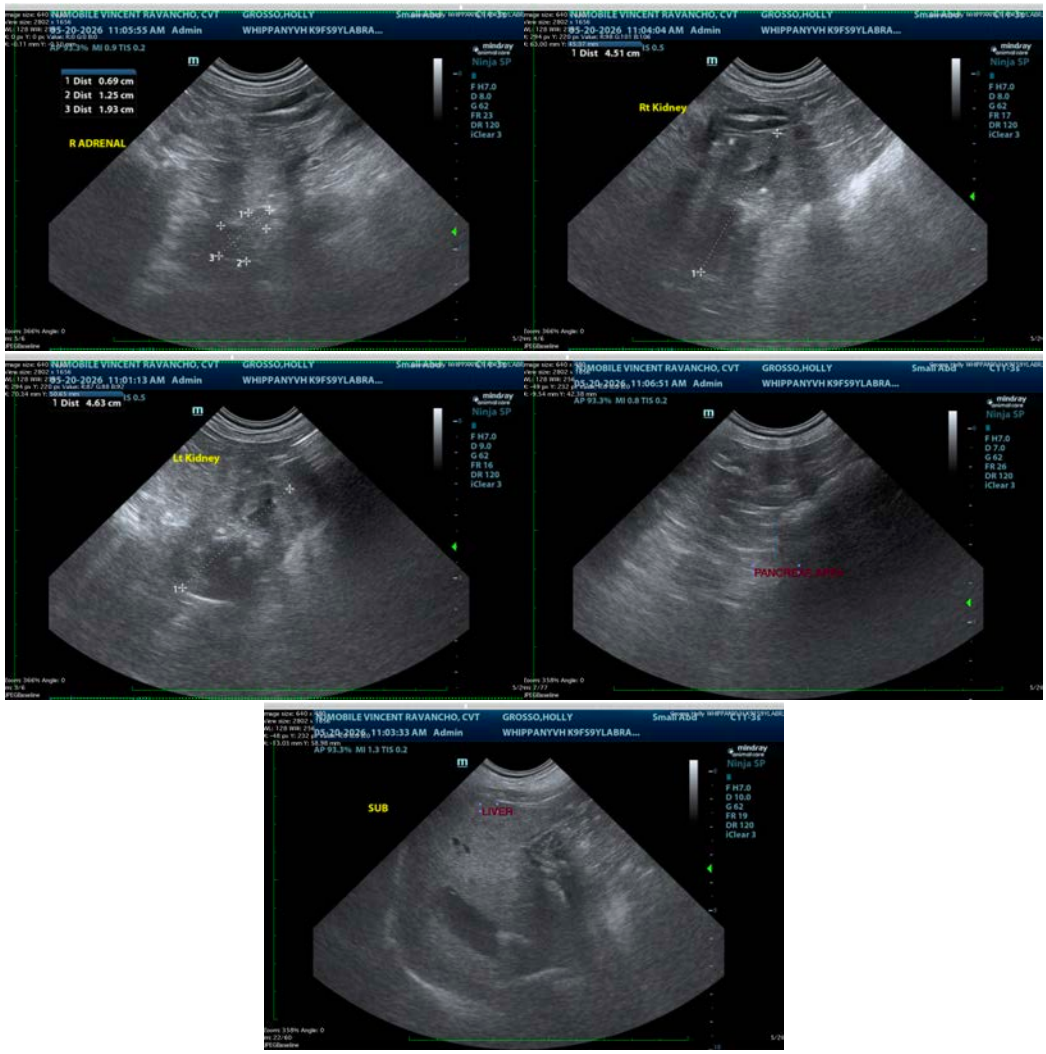

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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