



**PATIENT**

Odin Montalvan

**SPECIES**

Canine

**BREED**

Maltese

**SEX**

Male

**AGE**

5 Years 3 Months

**WEIGHT**

4.55 kg

**INTERPRETED BY**

Greg Kuhlman, DVM,  
DACVIM (SAIM)

**IMAGING PERFORMED BY**

Vincent Ravancho, CVT

**HOSPITAL NAME**

Bond Vet Union

**REFERRING VET**

Dr. Tedesco

**INVOICE**

75311

**DATE**

5/20/26

**PRESENTING CLINICAL SIGNS**

Elevated Liver Enzymes. Clinical findings - Dental Disease, Small non reducible umbilical hernia.

Abnormal PE/Chem/CBC/UA Results: ALT 133, previously 238 and 135. WBC 5.3k, Neuts 2.3k, Chol 118, T4 0.8. Bild Acids 5/2 - Pre = 4, Post 60.2

**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.

The right kidney presents normal size (3.7 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (4.0 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

**Adrenal Glands**

The right adrenal gland measures at the upper end of normal limits for size for a patient of this body weight, measuring 5.7 mm at the caudal pole and 7.6 mm at the cranial pole.

The left adrenal gland measures at the upper end of normal limits for size for a patient of this body weight, measuring 5.7 mm at the caudal pole and 5.4 mm at the cranial pole.

**Spleen**

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

**Liver**

The liver is normal in size with apparent normal vasculature.

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.

**Free Abdomen**

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

The right testicle is normal. The left testicle is normal.



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**ULTRASONOGRAPHIC FINDINGS**

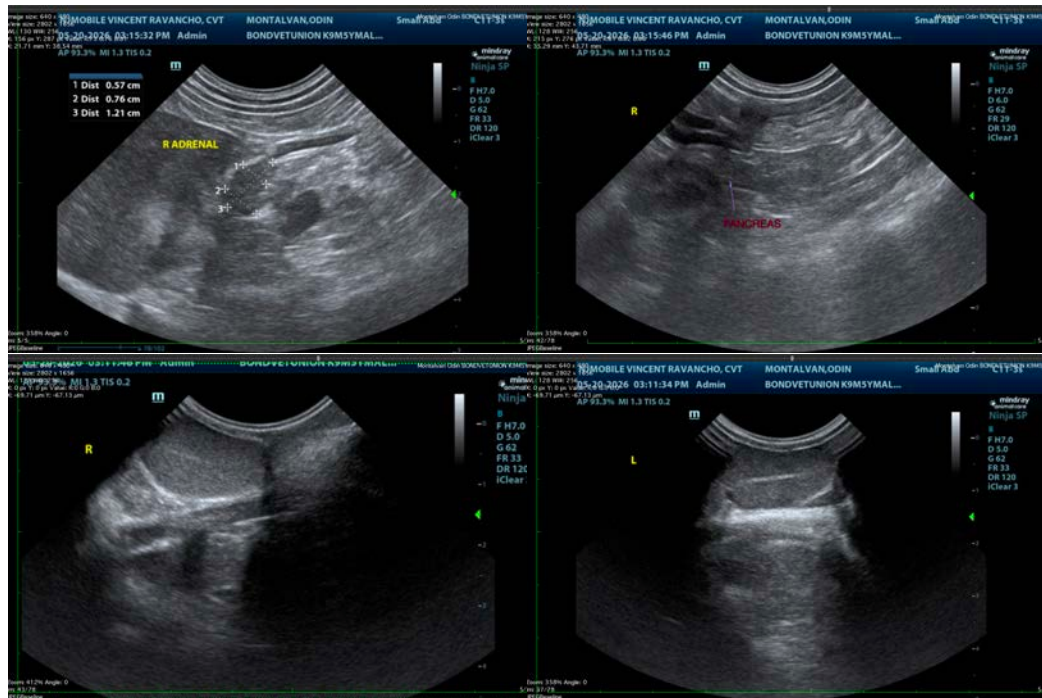
- Adrenals at the upper end of normal limit for size.
- Unremarkable abdomen otherwise.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Consider screening the patient for hyperadrenocorticism via urine cortisol to creatinine ratio. If UCCR is normal, hyperadrenocorticism is effectively ruled out. If elevated, recommend performing a low-dose Dexamethasone suppression test.

No obvious cause for the patient's mild neutropenia seen on this exam, and no cause for the intermittently elevated liver values seen.

Given the bile acid results, a portosystemic shunt is not highly suspected in this case. Generally, bile acid values will often range into the 100s. In this case, the bile acid result is most likely indicative of a possible process such as portal vein hypoplasia occurring within the liver. Biopsy would need to be performed to confirm this diagnosis, although if the patient is otherwise clinically well, biopsy is not recommended at this time. It does appear to be safe to consider monitoring the patient over time and rechecking lab work every 6-12 months. If ALT beings to progressively elevate over time, a liver biopsy may be necessary at that time. In regard to the patient's white blood cell count, recommend rechecking in 1-2 months to verify resolution of this finding. The neutropenia of 2.3 is not low enough to be concerned for the patient contracting an opportunistic infection.





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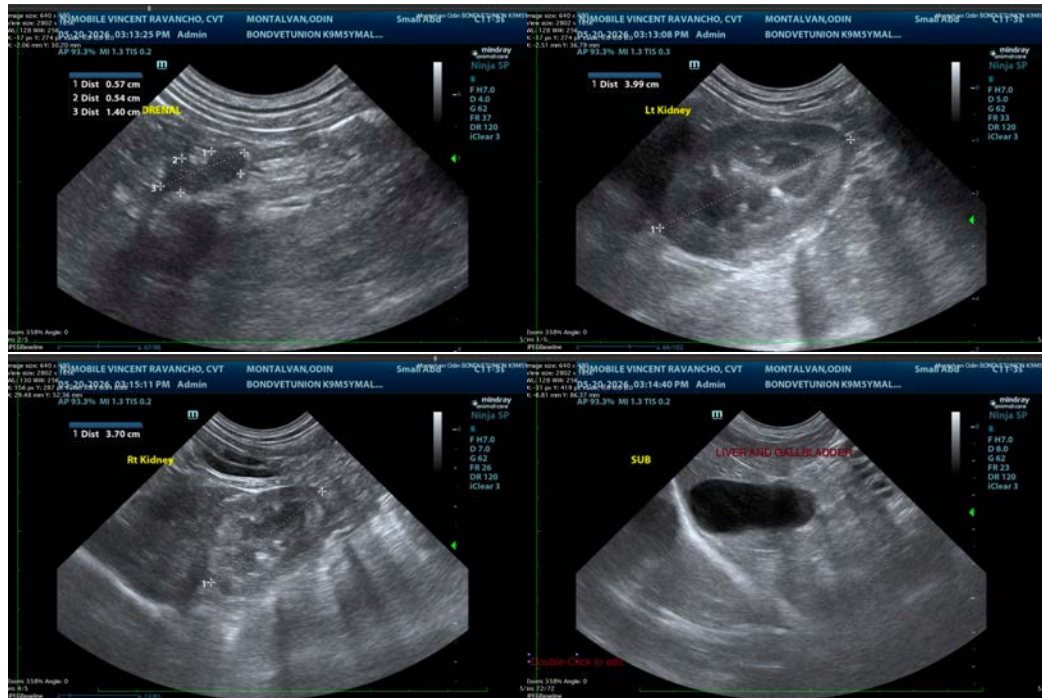
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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