



PATIENT

Watson Obasa

SPECIES

Canine

BREED

German Shepherd

SEX

Intact Male

AGE

5 Years

WEIGHT

44 kg

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Gira

HOSPITAL NAME

Healthy Paws Forward
Veterinary Hospital

REFERRING VET

Dr. Ehab Hamed

INVOICE

75359

DATE

5/21/26

PRESENTING CLINICAL SIGNS

Elevated liver enzymes (chronic progressive), currently on liver supplement . Previously PUPD that has now normalized to 50 ml / kg

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 prostate appears normal for an intact 5 year old male dog, measuring 3.3 cm in width. It appears uniform with normal echotexture. No obvious evidence of cystic disease seen.

The right kidney presents normal size (8.1 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (8.0 m) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

Adrenal Glands

The right adrenal gland is diffusely enlarged, measuring 1.1 cm in width both at the cranial and caudal poles. No mass seen associated with the adrenal.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 6.0 mm and the caudal pole measures 5.8 mm.

Spleen

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

Liver

The liver is normal in size and shape. It is subjectively diffusely slightly hypoechoic with prominent portal markings. The ratio of the portal vein to the caudal vena cava is approximately 1, which is within normal limits. Portosystemic shunt not suspected.

The gallbladder presents a mild amount of aggregated echogenic debris. 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 pancreas is subjectively mildly hypoechoic. No surrounding hyperechoic fat. Mildly prominent pancreatic duct noted.



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Free Abdomen

Mild medial iliac lymphadenopathy noted. A representative node is mildly hypoechoic and measures 9.0 mm x 21.0 mm. The node otherwise retains normal appearance.

Visible jejunal lymph nodes are present, normal in size at 2.6 mm in width.

No free abdominal fluid is seen.

ULTRASONOGRAPHIC FINDINGS

- Enlarged right adrenal gland.
- Hypoechoic liver.
- Mild gallbladder debris.
- Mildly hypoechoic pancreas.
- Mild medial iliac lymphadenopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gallbladder debris appears clinically significant and not likely to be a cause of the elevated liver values.

The patient may have clinically significant pancreatitis, which could potentially be a cause of the elevated liver enzymes due to a mild extrahepatic biliary duct obstruction. Recommend submitting an entire GI panel that includes cPLI, TLI, cobalamin and folate to screen the patient for degree of pancreatic inflammation present at this time, and to screen for possible underlying GI disease, which could be the cause of the pancreatic disease.

Given that the right adrenal gland is enlarged, screen the patient for hyperadrenocorticism. Recommend submitting urine cortisol to creatinine ratio. If UCCR is normal, hyperadrenocorticism is effectively ruled out. If UCCR is elevated, recommend low-dose Dexamethasone suppression test to screen the patient for hyperadrenocorticism, which may be the cause of elevated liver values.

The mild medial iliac lymphadenopathy is most likely reactive, with cause unknown. Less likely this node is enlarged due to neoplasia.

The appearance of the liver may be normal variant or may indicate a primary hepatopathy. Consider infiltrative disease such as lymphoma or mast cell disease although not highly suspected based on the appearance. Less likely an infectious disease such as Leptospirosis. If patient is not vaccinated for Leptospirosis, consider testing for this disease. Also consider fine needle aspirate for cytology to rule out infiltrative neoplasia.

Ultimately, if fine needle aspirate rules out neoplasia and no other secondary cause such as Leptospirosis or pancreatic disease are suspected for the mild hepatopathy, and liver values remain persistently elevated, the consider liver biopsy at that time, submitting liver samples for histopathology with aerobic and anaerobic culture and copper quantitation.



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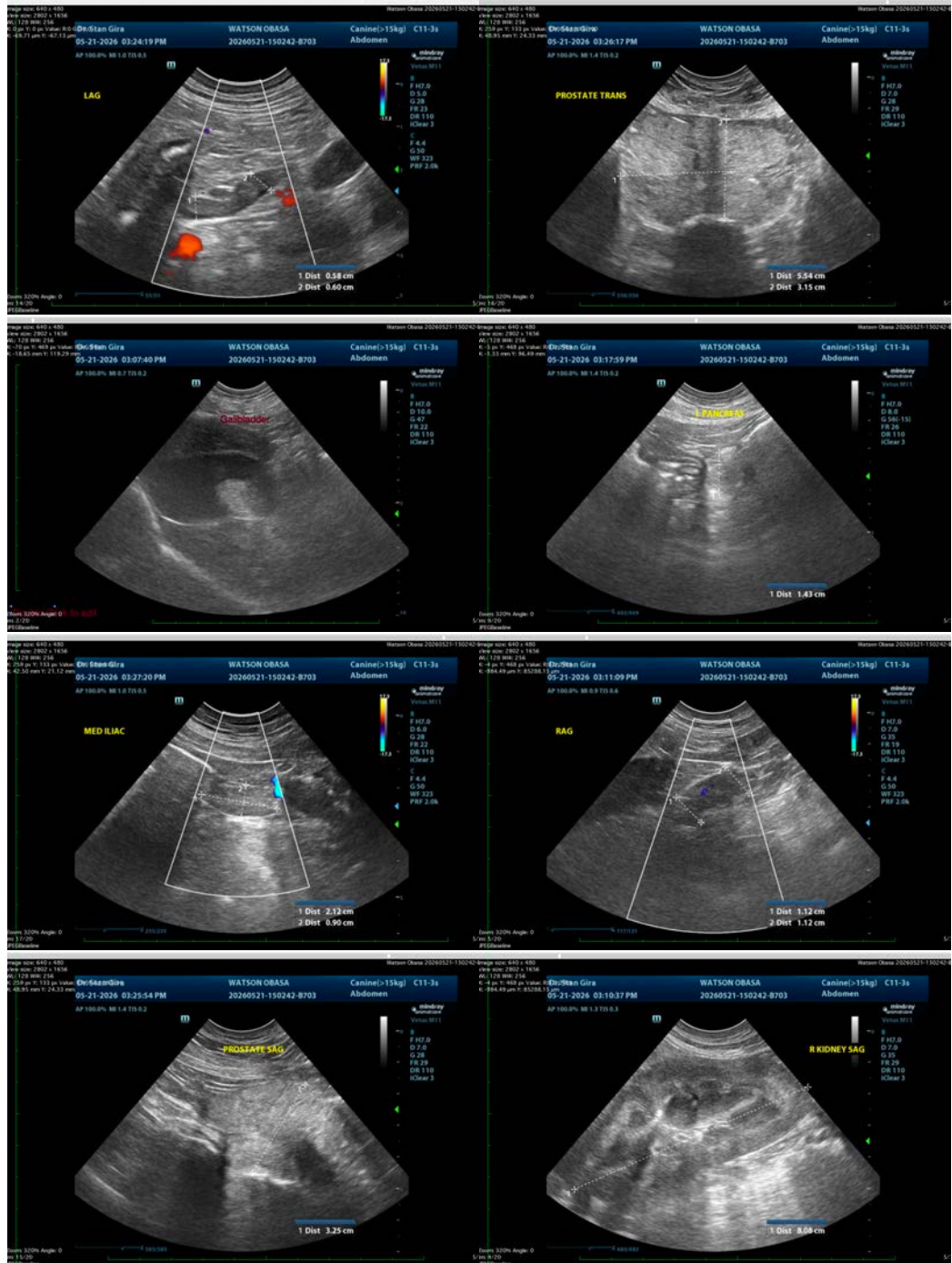
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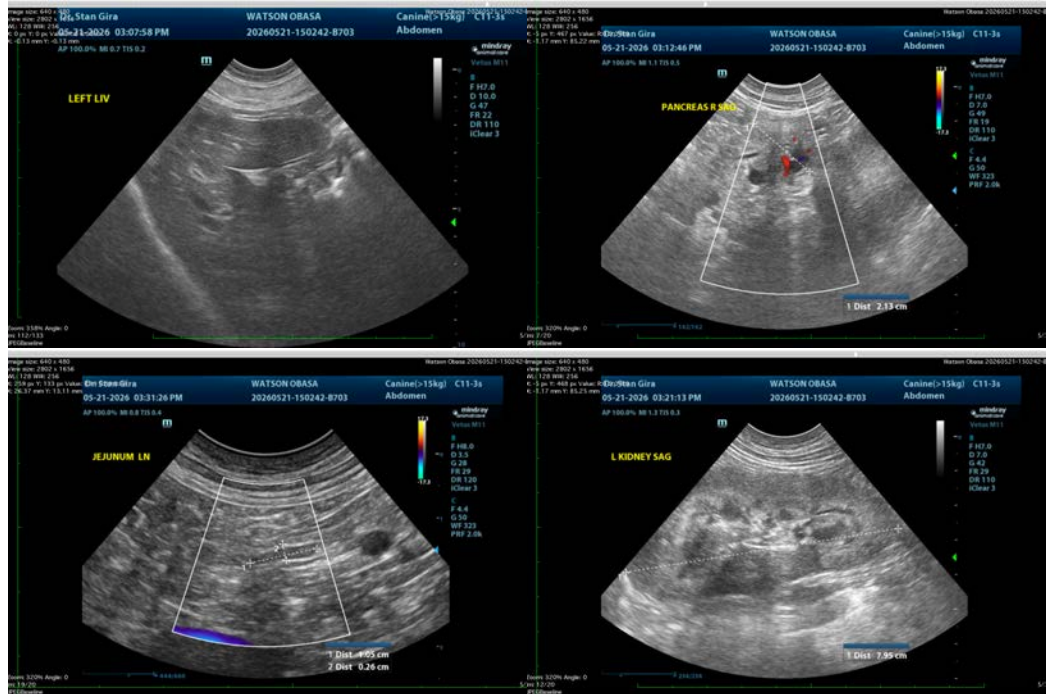
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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