



## PATIENT

Moose Pooley

## SPECIES

Canine

## BREED

Terrier x

## SEX

Neutered Male

## AGE

12 Years

## WEIGHT

4.5 kg

## INTERPRETED BY

Greg Kuhlman, DVM,  
DACVIM (SAIM)

## IMAGING PERFORMED BY

Dr. Hayley Gaynor

## HOSPITAL NAME

Lambertville  
Veterinary Clinic

## REFERRING VET

Dr. Hayley Gaynor

## INVOICE

75470

## DATE

5/27/26

## PRESENTING CLINICAL SIGNS

Anorexia for 2 days, also not wanting to jump up on furniture for same amount of time. Not current on vaccines/preventative care

Abnormal PE/Chem/CBC/UA Results: PE: QAR, mm pale pk(slight yellow)/tacky,3sec; DNT 3/4, suspect organomegaly in cranial abdomen; suspect pain on ventral flexion of neck -CHEM/CBC: ALT too high to read, ALP 1501, GGT 17, TBili 4.9, Monocytes 1.7

## 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 or infarcts observed. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted in the left kidney. Left kidney measured 4.1 cm. Right kidney measured 4.3 cm.

### *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 3.6 mm and the caudal pole measures 3.0 mm.

### *Spleen*

The spleen is diffusely enlarged and hypoechoic. The spleen measures 1.4 cm in width. No focal lesions seen within the spleen.

### *Liver*

The liver is diffusely enlarged with rounded margins and hypoechoic echogenicity.

The gallbladder contains minimal bile. Within the lumen there are mildly shadowing, irregularly shaped, mildly hypoechoic, aggregated most likely bile salts present. The gallbladder wall is diffusely thickened and hypoechoic and 3.8 mm in width. There is no free fluid seen around the gallbladder. No significant hyperechoic fat seen around the gallbladder.

### *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**

- Age related renal changes.
- Enlarged, hypoechoic spleen.
- Enlarged, hypoechoic liver.
- Thickened, hypoechoic gallbladder wall.

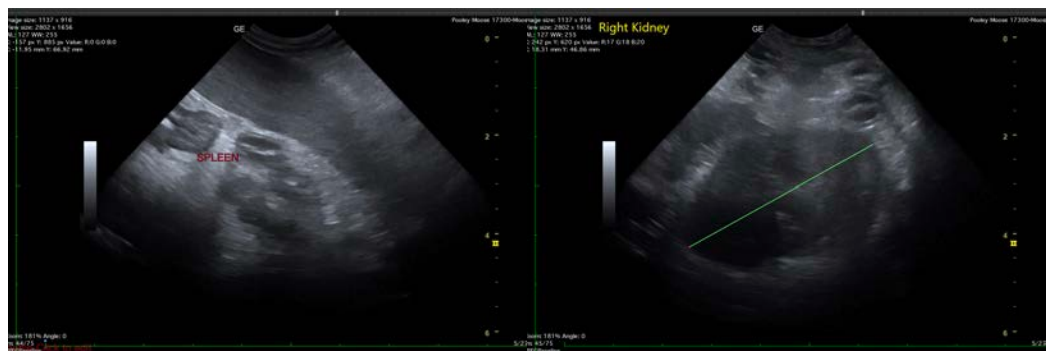
**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The appearance of the gallbladder is suggestive of possible inflammatory disease such as bacterial cholangitis. If possible, recommend an ultrasound guided aspirate of the gallbladder, submitting bile for aerobic and anaerobic culture and cytology to further evaluate. If owners elect not to pursue this procedure, start Ursodiol at 15 mg/kg by mouth split into two daily doses and an antibiotic such as Amoxicillin for 4-6 weeks and reevaluate the appearance of the gallbladder on ultrasound. It is possible that the liver enzyme changes seen on this exam were due to the appearance of the gallbladder. However, given that the gallbladder is not obstructed, it seems unlikely that the elevated bilirubin would be due to the changes seen within the gallbladder at this time. Therefore, a post-hepatic cause for the hyperbilirubinemia is not highly suspected at this time.

The changes seen with the liver would indicate possible primary hepatopathy, possibly due to infiltrative neoplasia such as lymphoma or mast cell disease, less likely an infectious disease such as Leptospirosis. If patient is not vaccinated for Leptospirosis, recommend testing for this disease. Also recommend a fine needle aspirate of the liver and submitting for cytology to rule out infiltrative neoplasia. If Leptospirosis and infiltrative neoplasia are ruled out, consider a primary hepatopathy such as chronic copper storage disease or chronic active hepatitis, pyogranulomatous hepatitis, and recommend liver biopsy with submitting samples for histopathology for aerobic and anaerobic bacterial culture and for copper quantitation.

If patient does have liver biopsies performed, considering performing cholecystectomy at the same procedure and submitting the gallbladder for aerobic and anaerobic culture and for histopathology.

The appearance of the spleen is suggestive of possible infiltrative disease such as lymphoma or mast cell disease. Recommend a fine needle aspirate of the spleen, submitting for cytology.





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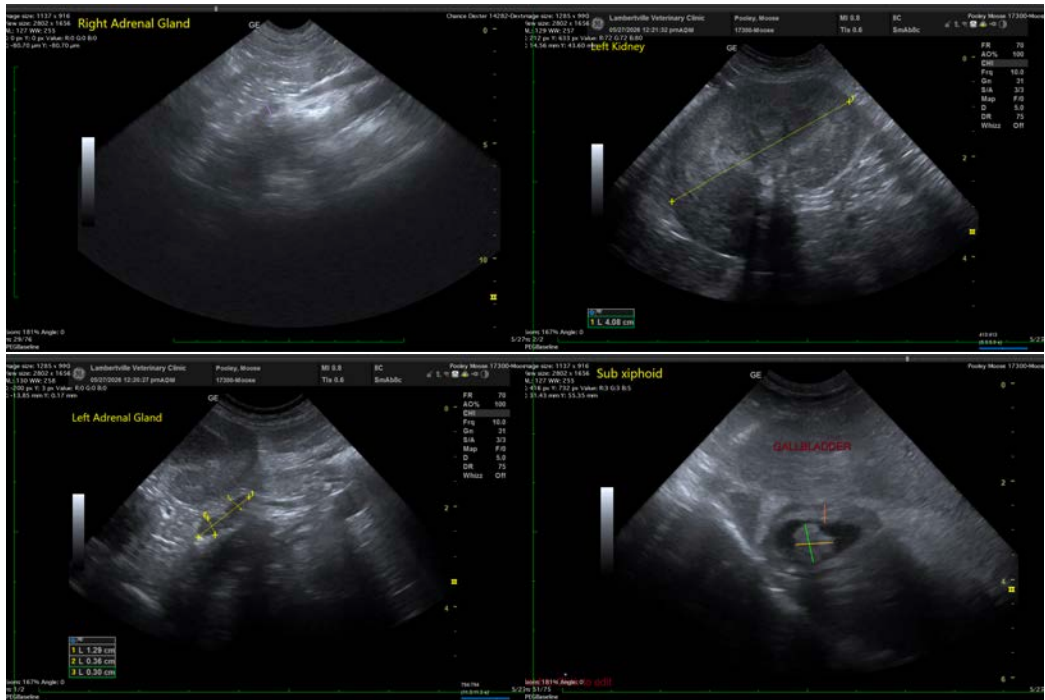
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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