PATIENT

Ginny Foley

SPECIES

Canine

BREED

Border Collie

SEX

Spayed Female

AGE

10 Years 3 Months

WEIGHT

46.5 lbs

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Armstrong Animal Clinic

REFERRING VET

Dr. Dolan

INVOICE

16590

DATE

05/29/26

PRESENTING CLINICAL SIGNS

P presented for US due to chronically elevated AST of 68 and now 72

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. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted. The left kidney measures 5.4 cm. The right kidney measures 5.7 cm.

Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 5.5 mm and the caudal pole measures 6.2 mm.

The right adrenal gland presents mildly enlarged cranial pole. The phrenic vasculature is unremarkable. The cranial pole measures 10.7 mm (most likely a normal variation) and the caudal pole measures 5.1 mm. The cranial pole of the right adrenal gland does not appear to be a mass lesion.

Spleen

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

Liver

There are several variable sized lesions of varying appearance throughout the liver. These lesions are non-capsule displacing. There are several hypoechoic lesions with a representative hypoechoic lesion measures 4.1 m width. There are several hyperechoic lesions throughout the liver with a representative lesion measures 5.1 mm width. These are most likely benign or degenerative nodules and are most likely not clinically significant. They are unlikely to be the cause of an elevated AST. Much less likely these lesions would be primary hepatobiliary neoplasia or metastatic neoplasia. The remainder of the liver appears normal.

The gallbladder contains a moderate amount of aggregated echogenic debris. The gallbladder does not appear obstructed. The gallbladder wall appears diffusely normal in thickness. It is possible that the patient's elevated AST is due to cholangitis.

Gastrointestinal

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

Pancreas

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The visible pancreas is normal in size with normal echogenic parenchyma and surrounded by normal peri-pancreatic mesentery. Pancreatitis does not appear to be causing an extrahepatic biliary duct obstruction leading to elevated AST.

Free Abdomen

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

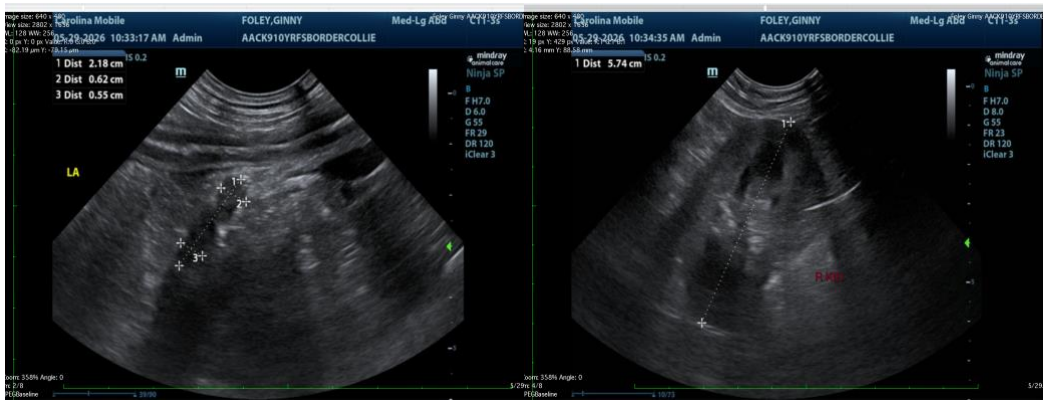
ULTRASONOGRAPHIC FINDINGS

- Age-related renal changes with mineralizations.
- Multiple variable hepatic lesions.
- Moderate gallbladder debris.
- Mildly enlarged cranial pole of the right adrenal gland.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Consider monitoring hepatic lesions over time and reimaging the liver in three to six months. If lesions are changing in size, number, or appearance, consider ultrasound-guided fine needle aspirate at that time with submission for cytology. If other liver values begin to elevate such as ALT, at that time consider possible liver biopsy.

Recommend starting ursodiol and antibiotics such as amoxicillin for four to six weeks and reimaging the gallbladder to determine if improvement is seen and rechecking lab work to determine if this treatment has helped to resolve patient's elevated AST.



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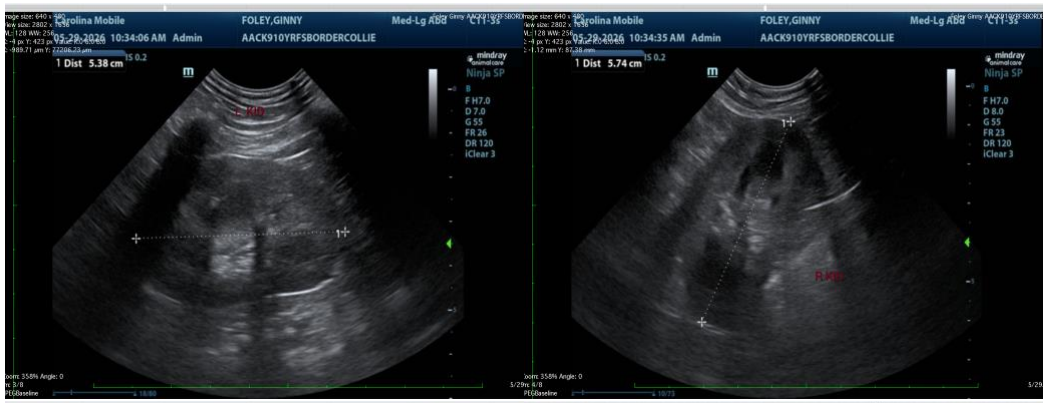

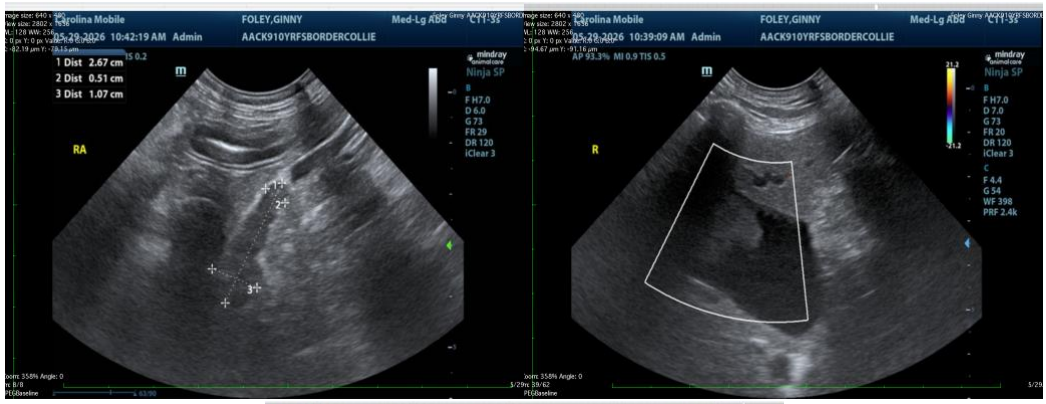

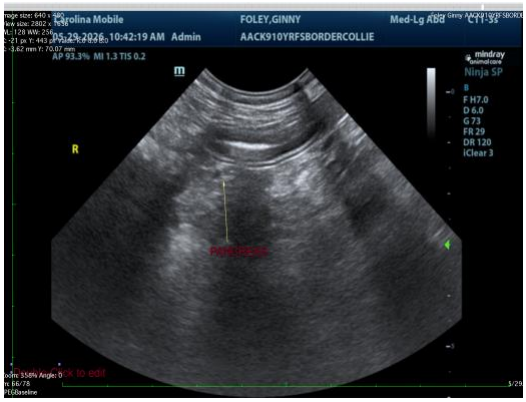

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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