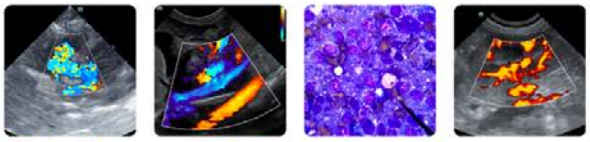


PATIENT

Rosie Hoffman

SPECIES

Canine

BREED

Havanese

SEX

Spayed Female

AGE

9 Years

WEIGHT

20.2 lbs

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Megan Cassels-Conway, DVM

HOSPITAL NAME

Central Broward Animal Hospital

REFERRING VET

Megan Cassels-Conway, DVM

INVOICE

75573

DATE

5/30/26

PRESENTING CLINICAL SIGNS

Chronic progressive ALP elevation. Presented 2 weeks ago for urinary accidents in house overnight. Presented today for ultrasound and grade 4/5 left hindlimb lameness worsening over 1 week, concern for CCL tear. Littermate who lives in household diagnosed with Cushing's disease 2 months ago.

Abnormal PE/Chem/CBC/UA Results: 5/13/26 CBC: PLT 494 CHEM: Glob 4.0, ALP 1194 T4: WNL U/A: 1.016, 2+ protein, trace blood C/S no growth 3/9/26 CBC: WNL CHEM: ALP 1062, Glob 4.2, PSL 179 T4: WNL U/A: 1.014, pH 8.5, 1+ protein, amorphous phos 11-20 10/25/25 CBC: WNL CHEM: ALP 655, TP 7.6, Glob 4, PSL 214 T4: WNL U/A: 1.033, 2+ protein

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 (5.4 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (5.1 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia or ureteral dilation. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted.

Adrenal Glands

The right adrenal gland measures at the upper end of normal limits for size for a patient of this body weight, measuring 5.4 mm at the cranial pole and 6.3 mm at the caudal pole.

The left adrenal gland measures at the upper end of normal limits for size for a patient of this body weight, measuring 6.3 mm at the cranial pole and 7.1 mm at the caudal pole.

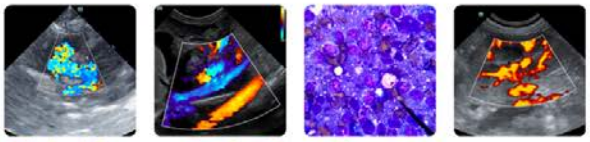
Spleen

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

Liver

Liver is subjectively enlarged (swollen contour) without disruption of architecture. It has a normal homogenous echotexture. Parenchyma is diffusely hyperechoic characterized by less prominent than normal portal vein walls and increased echogenicity relative to the spleen and falciform fat. There are multiple hypoechoic, ill-defined, non-capsule displacing lesions throughout the liver. A representative lesion measures 6.4 mm in width. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.



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Gastrointestinal

The stomach and small intestines have normal wall layering and thickness. Duodenum wall measures 3.3 mm in width. Jejunum wall measures 3.1 mm in width. Colon contains normal contents with normal wall thickness.

Pancreas

The area of the left pancreas is seen, no pathology noted. The visible right pancreas appears normal.

Free Abdomen

There is a single mildly enlarged mesenteric lymph node seen measuring 6.2 mm in width, most likely reactive. Highly unlikely to be enlarged due to neoplasia.

No free abdominal fluid is seen.

ULTRASONOGRAPHIC FINDINGS

- Non-obstructive mineralization left kidney.
- Adrenal glands at upper end of normal limit for size bilaterally.
- Hyperechoic hepatomegaly.
- Gallbladder debris.
- Mildly enlarged mesenteric lymph node.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the liver is consistent with benign vacuolar hepatopathy, possibly due to disease such as hyperadrenocorticism. If hyperadrenocorticism is ruled out, recommend screening for other diseases that could cause a vacuolar hepatopathy such as hypertriglyceridemia or hypothyroidism, occult pancreatic or occult gastrointestinal disease.

The hypoechoic lesions within the liver are most likely benign regenerative nodules, less likely to be neoplastic in origin. Consider a fine needle aspirate with submission for cytology to rule out neoplasia, either infiltrative or metastatic.

The gallbladder debris appears clinically incidental.

Given that both adrenal glands are the upper end of normal limits for size for patient of this body weight, the hyperechoic liver, and the lab work provided, consider hyperadrenocorticism. All of these findings are consistent with this disease. Recommend performing a low-dose Dexamethasone suppression test to rule out hyperadrenocorticism.

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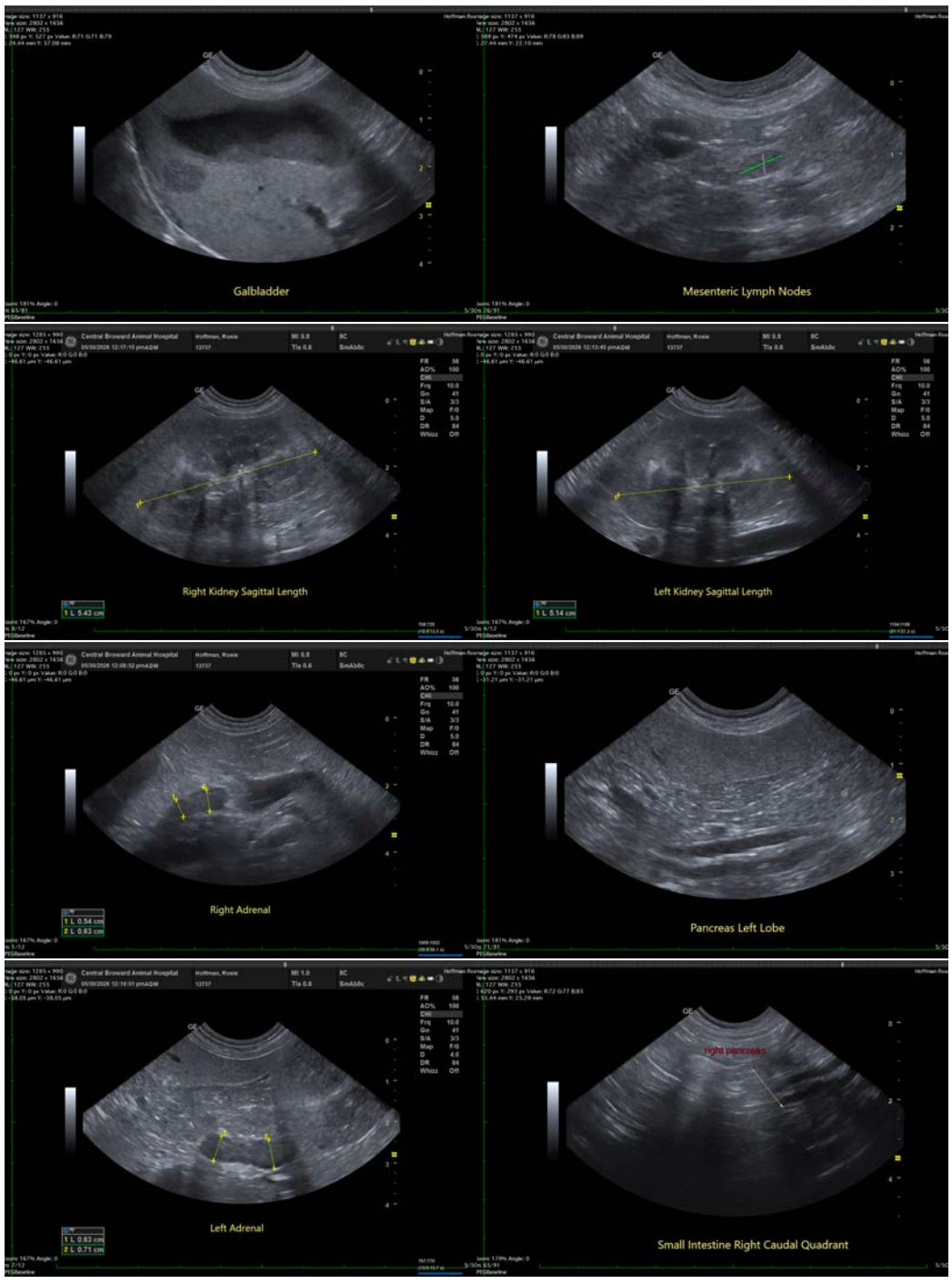

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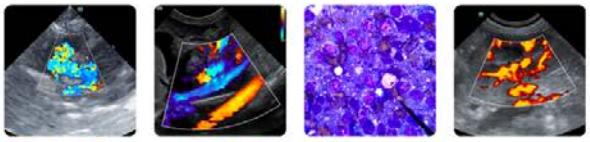

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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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