



## PATIENT

Phideaux Wessels

## SPECIES

Canine

## BREED

Hound Mix

## SEX

MN

## AGE

10 years

## WEIGHT

57 lbs

## INTERPRETED BY

Greg Kuhlman, DVM,  
DACVIM (SAIM)

## IMAGING PERFORMED BY

Dr. Julia Bakker

## HOSPITAL NAME

Orange Blossom  
Veterinary Imaging

## REFERRING VET

Dr. Irene Flegel

## INVOICE

11888

## DATE

5/6/2026

## PRESENTING CLINICAL SIGNS

Investigating progressive liver enzyme elevations, patient has been asymptomatic. FNA of target-like lesion in liver taken today and sent for cytology.

Abnormal PE/Chem/CBC/UA Results: ALT 298 ALP 921 GGT 31.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with a mild amount of echogenic non-shadowing debris, most consistent with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can present with echogenic debris. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The left kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured 6.4 cm in length.

The right kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The right kidney measured 7.1 cm in length.

### Adrenal Glands

The left adrenal gland is mildly enlarged in size, normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 9.3 mm and the caudal pole measures 10.8 mm.

The right adrenal gland is mildly enlarged in size, normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 9.0 and the caudal pole measures 6.9 mm.

### 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. Within the liver there is a 7.3 cm x 10.6 cm target lesion with a hypoechoic rim, hyperechoic center. This lesion has been aspirated. 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 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.

## ULTRASONOGRAPHIC FINDINGS

- Hyperechoic hepatomegaly – This appearance is non-specific and most consistent with a benign steroid (endocrine) or vacuolar hepatopathy or reactive or idiopathic hepatopathy. Inflammatory and/or infiltrative disease (such as round cell neoplasia) are also possible but considered less likely. Target lesion in the liver with a hypoechoic rim, and hyperechoic center.
- Mild bilateral adrenomegaly.
- Mild amount of echogenic urinary bladder debris.
- Marked gallbladder debris/Emerging mucocele – Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. The non-dependent nature of this sludge combined with the cystic areas are suggestive, however, of possible emerging cystic mucosal hyperplasia or early gallbladder mucocele.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

As is reportedly already in process, recommend cytology of the target lesion in the liver to rule out either infiltrative neoplastic disease such as lymphoma or mast cell, which seem unlikely, or metastatic neoplastic, which also seems unlikely. I suspect this lesion is a benign regenerative nodule. If cytology is inconclusive, then I recommend periodic recheck via ultrasound for progression of this lesion.

Given the mild bilateral adrenomegaly, I recommend screening patient for hyperadrenocorticism as the cause of liver elevation. I recommend a low dose dexamethasone test. If this is ruled out, then I recommend screening for hypertriglyceridemia, hypothyroidism, occult pancreatic or GI disease as the cause of benign hepatopathy.

If an underlying cause for patient's elevated alkaline phosphatase is identified, the ALP appears to be improving, but the patient's ALT remains persistently elevated, recommend a liver biopsy as this could indicate a more serious hepatopathy such as copper storage disease, chronic active hepatitis, or pyogranulomatous.

If clinically indicated, recommend testing for leptospirosis prior to liver biopsy.

Recommend starting ursodiol at 15 mg/kg by mouth BID for 8 weeks. Then recheck liver values and recheck imaging via ultrasound.



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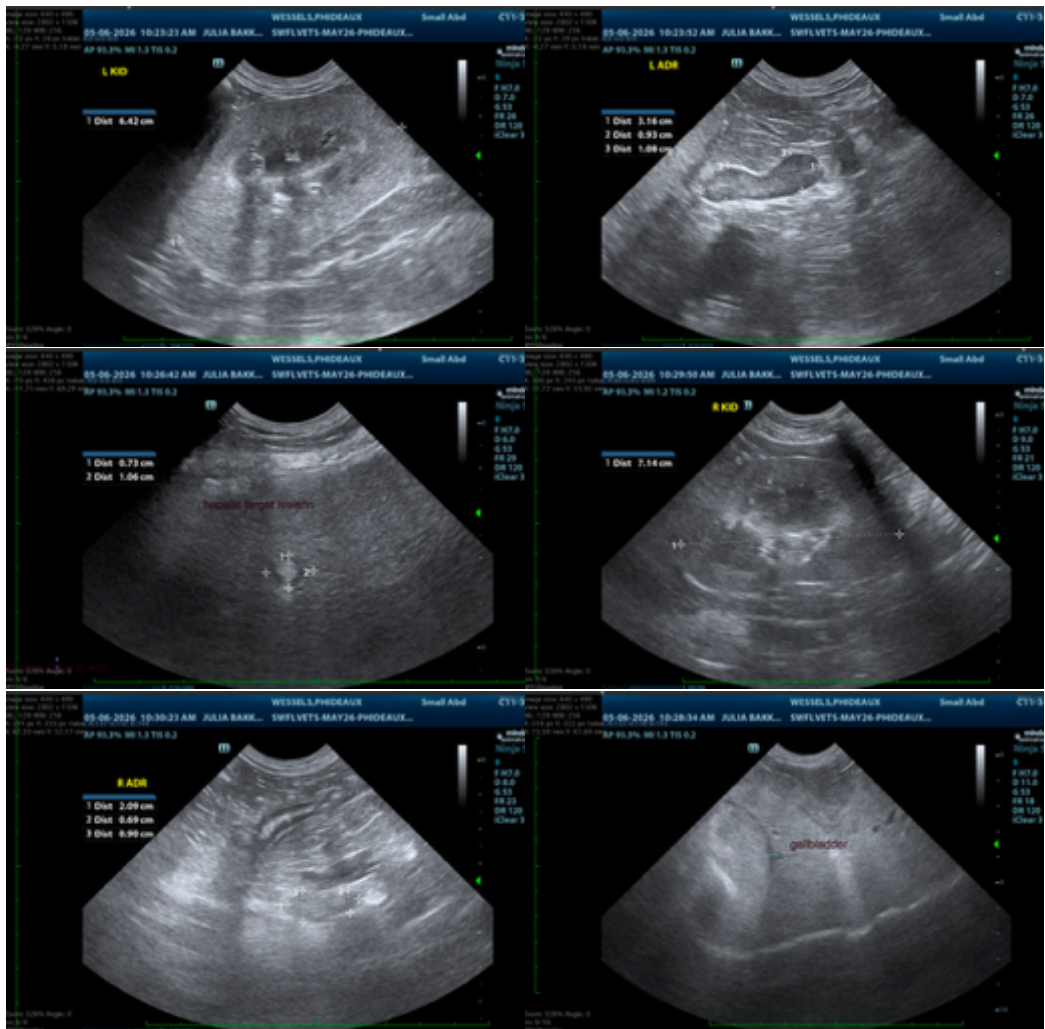
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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