

PATIENT

Zoe McGoveran

SPECIES

Canine

BREED

Whippet

SEX

FS

AGE

10 years

WEIGHT

40 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

**IMAGING
PERFORMED BY**

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

MountainView Animal
Hospital

REFERRING VET

Dr. Landon

INVOICE

11903

DATE

5/7/2026

PRESENTING CLINICAL SIGNS

Liver values elevating over prev. bw results. Relevant Medical History and Physical Exam Findings: P. is intolerant of silymarin supplements, has tried 3 different forms/formulations. P. historically has proteinuria which has been managed with telmisartan and enalapril (UPC 4.9 to 2.1.) P. is on k/d and omega 3 supplement (Historical, need to confirm.)

Abnormal PE/Chem/CBC/UA Results:Alt elevated (438) increased from Feb alp (803) increased from January ggt 17 and increased from January chol stable lipase stable Current medications- telmisartan 20 mg PO sid enalapril 10 mg po bid.

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. Ureteral papillae is not visualized.

The left kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. Mild non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted. No pyelectasia or ureteral dilation. The left kidney measured 6.6 cm in length.

The right kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. Mild non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted. No pyelectasia or ureteral dilation. The right kidney measured 7.2 cm in length.

Reproductive System

A uterine stump is seen and is hypoechoic measuring 3.64 cm in length and 0.7 mm in width. There is no fluid within the uterine stump, and it appears normal otherwise.

Adrenal Glands

The left adrenal gland presents with the caudal pole being mildly enlarged, but otherwise normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 5.9 and the caudal pole measures 9.7 mm.

The right adrenal gland is mildly enlarged and presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The right adrenal measures 9.0 mm in width.

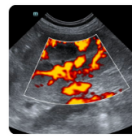
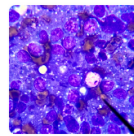
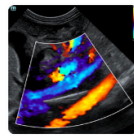
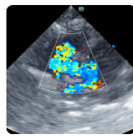
Spleen

The spleen is normal in size, shape, margination and echogenicity. No masses are seen. Ill-defined, non-capsular displacing, hyperechoic lesions within the spleen are observed. A representative lesion measure 7.1 mm in width.

Liver

Within the left liver there is a 1.0 x 1.1 cm hyperechoic lesion present that is not displacing the capsule. There is a 0.9 cm x 1.1 cm hypoechoic, ill-defined lesion noted. There is a similar appearing hypoechoic lesion, in what appears to be the mid liver, measuring 6.3 mm in width.

These are most likely a regenerative nodules and less likely infiltrative neoplasia, or metastatic neoplasia.



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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.

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

Right iliac lymph node is observed and appears normal measuring 4.2 mm in width. Left iliac lymph node is also observed and appears normal measuring 3.5 mm in width. A prominent portal lymph node is present measuring 1.0 cm x 0.4 cm.

No free abdominal fluid is seen.

ULTRASONOGRAPHIC FINDINGS

- Ill-defined, non-capsular displacing, hyperechoic splenic lesions – Most likely benign myelolipomas.
- Hyperechoic and hypoechoic lesions present within the liver. These are most likely a regenerative nodule and less likely infiltrative neoplasia, or metastatic neoplasia.
- Mild, non-obstructive dystrophic mineralization noted bilaterally in the kidneys.
- Mild bilateral adrenomegaly.
- Iliac, and portal lymphadenopathy – Appears reactive, and less likely to be due to a neoplastic process.
- Mild gallbladder debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Consider ultrasound guided fine needle aspirates of the liver lesions to rule out a neoplastic cause.

Given the bilateral adrenomegaly, I recommend screening patient for hyperadrenocorticism and consider submitting urine cortisol-creatinine ratio. If this is elevated, then perform a low dose dexamethasone suppression test.

The liver is most consistent with endocrine disease. If hyperadrenocorticism is ruled out, then screen patient for hyperthyroidism, hypertriglyceridemia, occult pancreatic and GI disease as cause of the apparent benign vacuolar hepatopathy.

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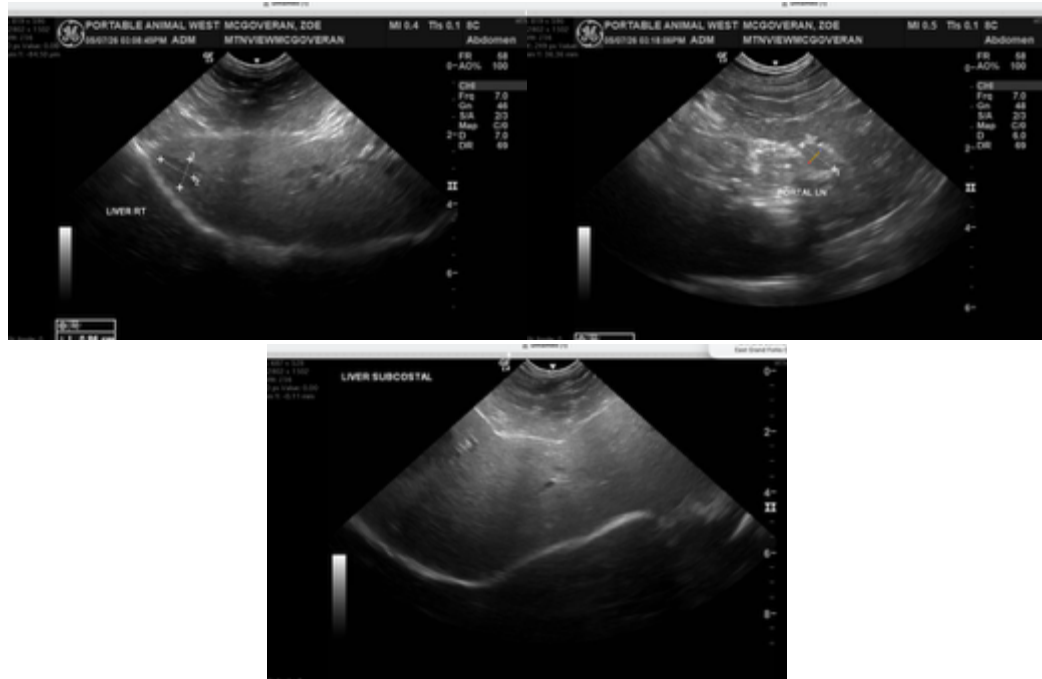
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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info@SonoPath.com