



PATIENT

Odie Lillies

SPECIES

Canine

BREED

Chihuahua

SEX

Neutered Male

AGE

7 Years

WEIGHT

3.7 kg

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Iacovides

HOSPITAL NAME

Tuxedo Animal
Hospital

REFERRING VET

Dr. Reboja

INVOICE

75636

DATE

6/3/26

PRESENTING CLINICAL SIGNS

As per owner PU/PD. Problem started on May 7 2026 History of suspected IVDD Physical exam 1 cm soft SQ lump ventral thorax, other systems – NSF. No meds currently.

Abnormal PE/Chem/CBC/UA Results: CBC - increased PLT, others - NSF Chemistry - High ALP - 1968 U/L (23-212) was 795 (10/21/25) Urinalysis - USG 1.032: occ'l RBC, no WBC, occ'l squamous cells and 1+ amorphous debris. LDDST - wnl

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

The left kidney presents normal size (3.1 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

Adrenal Glands

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 4.6 mm and the caudal pole measures 5.1 mm.

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 4.8 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. No focal lesions are observed. 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.

Gastrointestinal

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



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Pancreas

Odie Lillies

The visible pancreas is diffusely mildly hypoechoic with mildly dilated pancreatic ducts. Mild surrounding hyperechoic fat noted.

SPECIES

Free Abdomen

Canine

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

BREED

ULTRASONOGRAPHIC FINDINGS

Chihuahua

- Hyperechoic hepatomegaly.
- Gallbladder debris.
- Mildly hypoechoic pancreas with hyperechoic surrounding fat.

SEX

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Neutered Male

AGE

The appearance of the pancreas is consistent with possible mild pancreatitis. Recommend cPLI be submitted to screen patient further for clinically significant pancreatic inflammation. Recommend adding on a TLI, cobalamin and folate to help screen for possible occult gastrointestinal disease.

7 Years

WEIGHT

The appearance of the liver is consistent with a benign vacuolar hepatopathy, which may explain the elevated ALP. Consider screening for secondary diseases such as hyperadrenocorticism, hypothyroidism, or occult GI disease. Recommend submitting a urine cortisol to creatinine ratio to rule out hyperadrenocorticism. Submit a fasting triglyceride to rule out hypertriglyceridemia.

3.7 kg

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If no secondary cause for the elevated ALP and appearance of the liver is identified, recommend continued monitoring. No cause for patient's PU/PD seen on this exam at this time. If an ionized calcium has not been performed, consider performing one.

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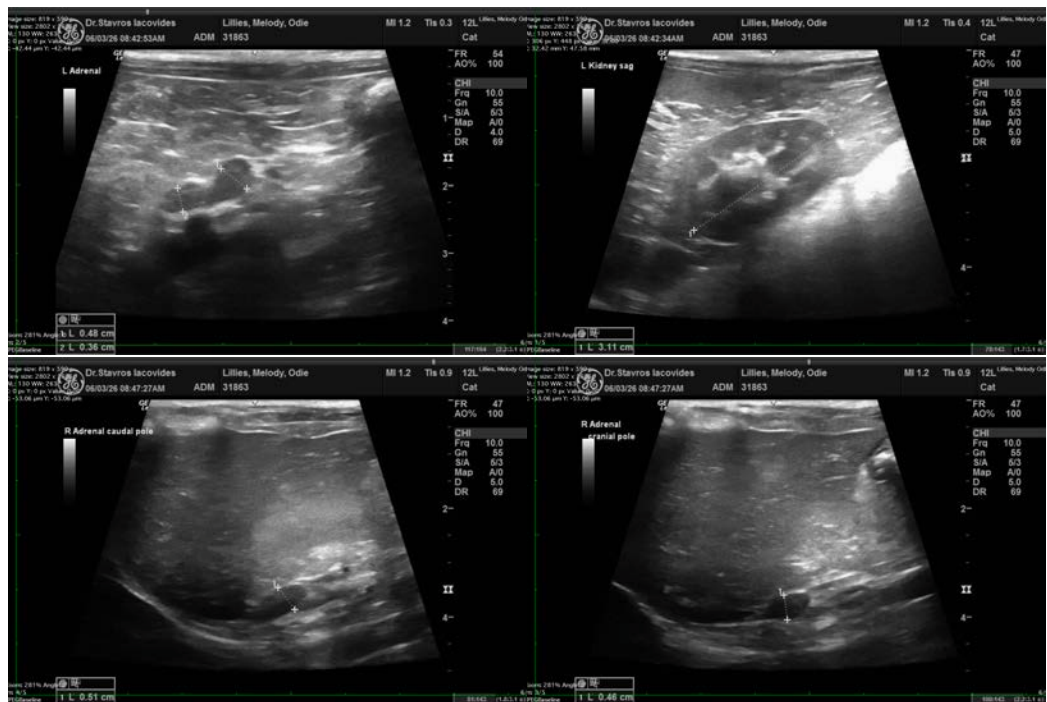
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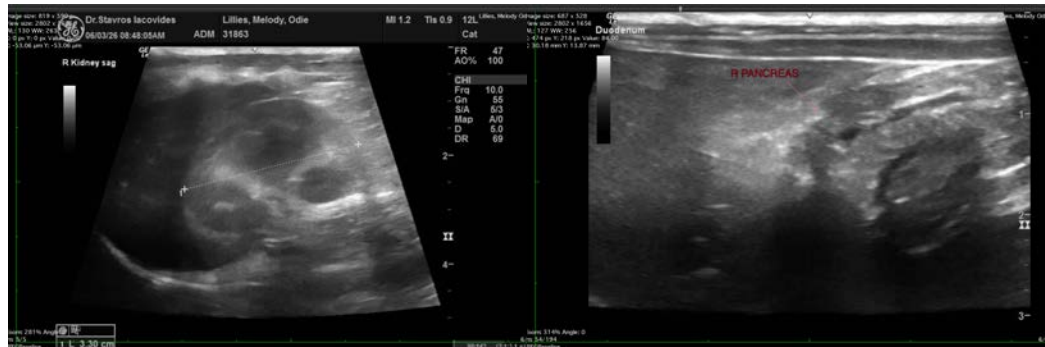
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com