



PATIENT

Ollie Driscoll

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Spayed Female

AGE

4 Years

WEIGHT

26.6

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Arms

HOSPITAL NAME

Gilbertsville Veterinary
Hospital

REFERRING VET

Dr. Yiannis

INVOICE

75675

DATE

6/4/26

PRESENTING CLINICAL SIGNS

Hx AUS 6.2025 d/t increased ALkp and ALT - ultrasound was NR. Recently ADR with increased alkp (952), increased globulins (5.4). clinically responding well to pred and amoxi

Abnormal PE/Chem/CBC/UA Results: alkp 952 (prev 352), glob 5.4 (prev 3.9) no recent urine

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 (4.6 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 in width.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 7.0 mm and the caudal pole measures 4.2 mm.

Spleen

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

Liver

Liver is subjectively enlarged (swollen contour) with a diffusely mildly coarse architecture and subtly increased portal markings. Mildly mixed echogenic changes are noted diffusely. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder presents normal size with anechoic contents. Normal gallbladder wall. No evidence of bile duct distention or obstruction.

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.



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Free Abdomen

Mild mesenteric lymphadenopathy is present. Nodes measure 4.1 mm in width and 2.4 mm in width. No free abdominal fluid is seen.

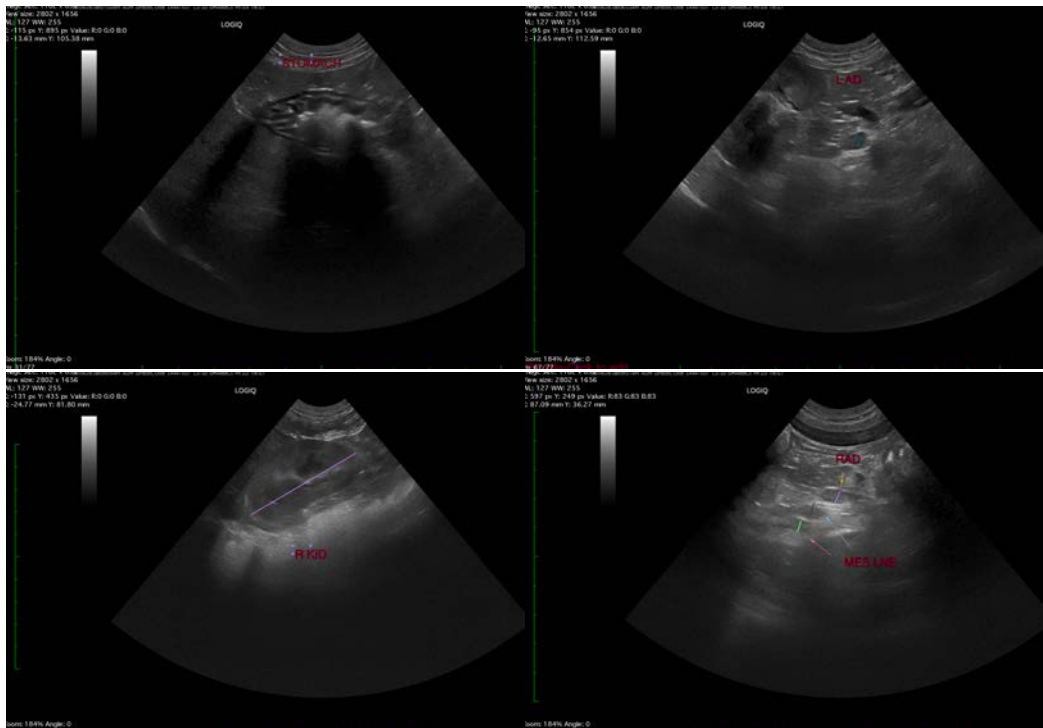
ULTRASONOGRAPHIC FINDINGS

- Non-specific hepatopathy.
- Mild mesenteric lymphadenopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the liver may be due to either neoplastic or infectious cause. Neoplastic causes would be infiltrative such as lymphoma or mast cell disease. Infectious causes could include Leptospirosis, less likely bartonellosis. Recommend fine needle aspirate of the liver to rule out infiltrative neoplasia. If ruled out, recommend testing for previously mentioned infectious disease. Ultimately, if no identifiable cause is found, liver biopsy may be necessary. It would be recommended to discontinue Prednisone for at least two weeks prior to considering fine needle aspirate to obtain best diagnostic results.

The mesenteric lymph nodes appear reactive, less likely enlarged due to neoplastic cause. However, given recent Prednisone treatment, it is possible that these lymph nodes do represent infiltrative neoplasia such as lymphoma or mast cell disease. Once again, stopping Prednisolone for at least two weeks and reevaluating the lymph nodes. If they appear more enlarged after discontinuation of steroid, consider a fine needle aspirate and submission for cytology of these nodes.





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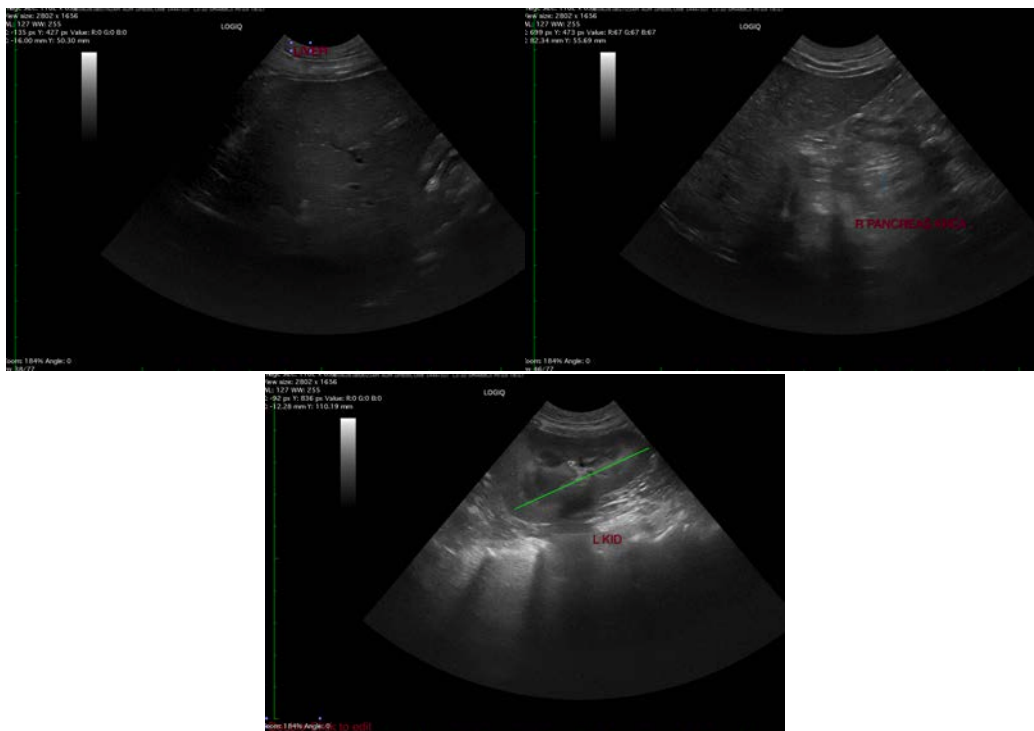
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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