



PATIENT

Ranger Niece

SPECIES

Canine

BREED

Cavalier

SEX

Neutered Male

AGE

10 Years

WEIGHT

38.6 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Englewood Cliffs
Veterinary Hospital

REFERRING VET

Dr. Attanasi

INVOICE

75691

DATE

6/4/26

PRESENTING CLINICAL SIGNS

Hepatomegaly elev. LE- mod mitral valve regurg, mild left atrial and vent enlargement. Last echo at Redbank AH July 2024. Placed on Pimo. 3/6 murmur now 4/6

Abnormal PE/Chem/CBC/UA Results: ALP-439

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.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. Left kidney measured 5.7 cm. Right kidney measures 5.8 cm.

Adrenal Glands

The cranial pole of the right adrenal gland is enlarged, measuring 0.90 cm. Caudal pole measures 0.57 cm.

The left adrenal gland is diffusely enlarged but otherwise appears normal. No mass lesion seen. The cranial pole measures 1.4 cm. The caudal pole measures 1.4 cm.

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.

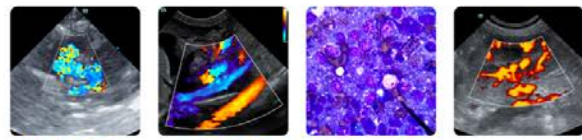
Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

Gastrointestinal

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

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

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

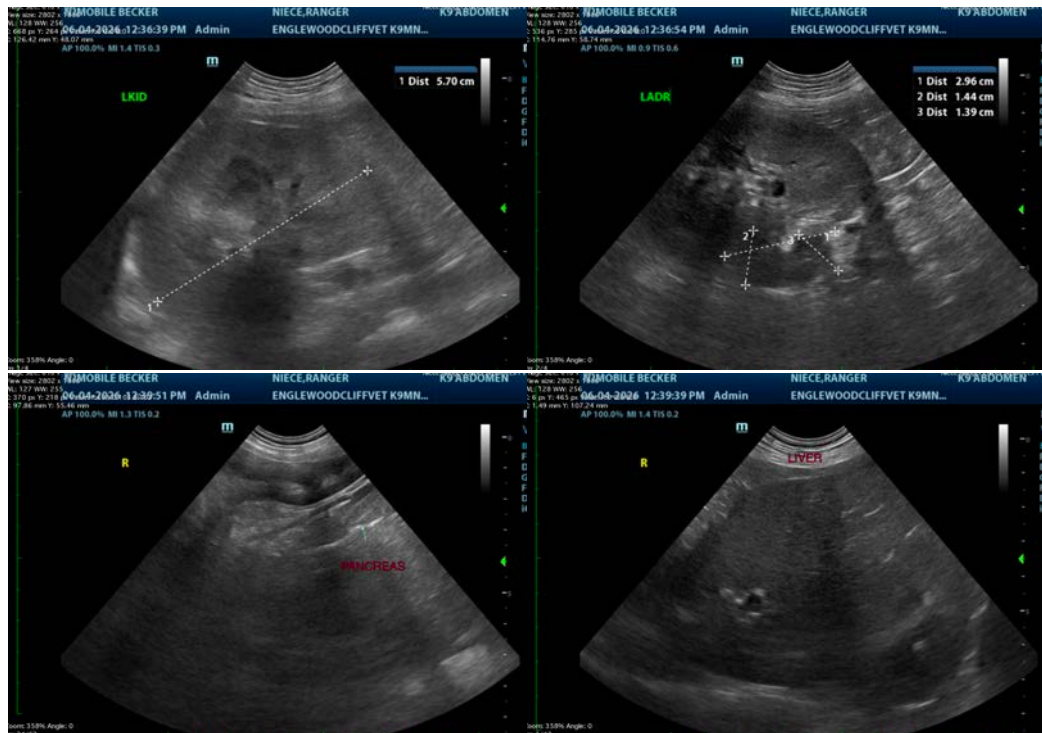
ULTRASONOGRAPHIC FINDINGS

- Age related renal changes.
- Bilateral adrenomegaly.
- Hyperechoic hepatomegaly.
- Gallbladder debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the bilateral adrenomegaly and the elevated ALP, recommend screening for hyperadrenocorticism via a low-dose Dexamethasone suppression test. Also recommend obtaining a systemic blood pressure.

The appearance of the liver is consistent with a benign vacuolar hepatopathy, most likely due to hyperadrenocorticism. If hyperadrenocorticism is ruled out, recommend screening for other secondary causes for the appearance of the liver and the elevated ALP. Diseases to screen for would be hypertriglyceridemia, hypothyroidism, occult pancreatic or occult GI disease. If these diseases are all ruled out, then recommend periodic monitoring of liver values. The vessels within the liver do appear normal and not distended or dilated. Hepatic congestion caused by right heart disease is not considered a highly likely differential for the appearance of the liver.





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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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