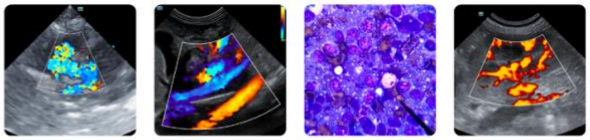


PATIENT

Calla Lauer

SPECIES

Canine

BREED

Bichon Frise

SEX

Spayed Female

AGE

9 Years

WEIGHT

18.2 lbs

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Kevin Moon, DVM

HOSPITAL NAME

Shiloh Veterinary Hospital

REFERRING VET

Kevin Moon, DVM

INVOICE

16467

DATE

06/08/26

PRESENTING CLINICAL SIGNS

Bilateral TPLO replacement last year (staged). Medication: Deramaxx, Dasuquin. P presented for wellness 5/9. Dental cleaning recommended, pre-op BW showed mild elevation in ALP, which is chronic, and ALT elevation. Bladder stones found on u/s.. Previous urinalyses normal

Abnormal PE/Chem/CBC/UA Results: ALT (SGPT) 146 IU/L (12-118) Alk Phosphatase 521 IU/L (5-131)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

There is a conglomeration of uroliths present within the urinary bladder that measure 6.9 mm x 10.9 mm in size. The remainder of the urinary bladder appears normal. There is a pedunculated polyp at the ventral cranial aspect of the urinary bladder that measures 2.3 mm in width. Most likely benign polyp, less likely neoplastic.

The left kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted. The left kidney measured 4.4 cm in length.

The right kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted. The right kidney measured 5.0 cm in length.

Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 2.7 mm and the caudal pole measures 3.9 mm.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 4.0 mm and the caudal pole measures 4.4 mm.

Spleen

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

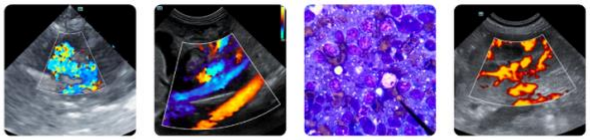
Liver

Liver is subjectively enlarged with mildly irregular margins. Parenchyma is heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder contains a mild amount of aggregated hyperechoic debris that is adhered to the luminal margin of the gallbladder wall. There is one area of debris that appears to be an adhered choleolith that measures 8 mm x 4.7 mm in size.

Gastrointestinal

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



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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

- Urinary bladder uroliths with polyp.
- Heterogenous liver.
- Hyperechoic gallbladder debris/choleolith.
- Bilateral renal mineralizations.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend starting a urinary diet, such as Royal Canin SO or Hill's CD, and rechecking for presence of uroliths via ultrasound or radiographs in one month. If not dissolved or dissolving, consider cystotomy. I recommend sending stones to Minnesota Urolith Lab for diagnosis and treatment. Recommend rechecking urinary bladder polyp via ultrasound in two to three months to determine if it is increasing in size.

The gallbladder findings are most likely insignificant. However, given the patient's elevated alkaline phosphatase, I recommend starting ursodiol treatment for two to three months and rechecking appearance of gallbladder. It is possible that the debris within the gallbladder is causing some cholestasis leading to the elevated alkaline phosphatase and appearance of the patient's liver. No evidence of a gallbladder mucocele is seen at this time.

Given the heterogeneous liver, given the alkaline phosphatase that is elevated to a greater level than the ALT, suspect a benign vacuolar process occurring within the liver. I recommend screening the patient for secondary diseases potentially causing reactive benign hepatopathy. I recommend screening for hyperadrenocorticism. In this case, a urine cortisol to creatinine ratio is indicated as the suspicion for hyperadrenocorticism is low. Also recommend screening patient for hypothyroidism via thyroid panel. Screen for hypertriglyceridemia and a GI panel to screen for possible occult pancreatic or GI disease is recommended.

Ultimately, if no secondary cause is identified for the elevated alkaline phosphatase and mildly elevated ALT, and appearance of the liver, periodic monitoring would be recommended. If eventually ALT begins to progressively increase, at that time a liver biopsy would be recommended.

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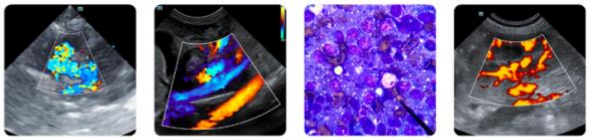

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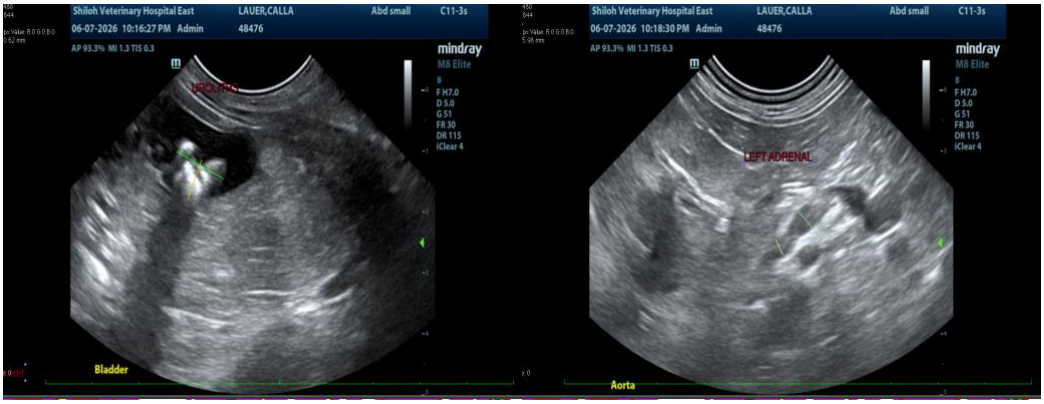

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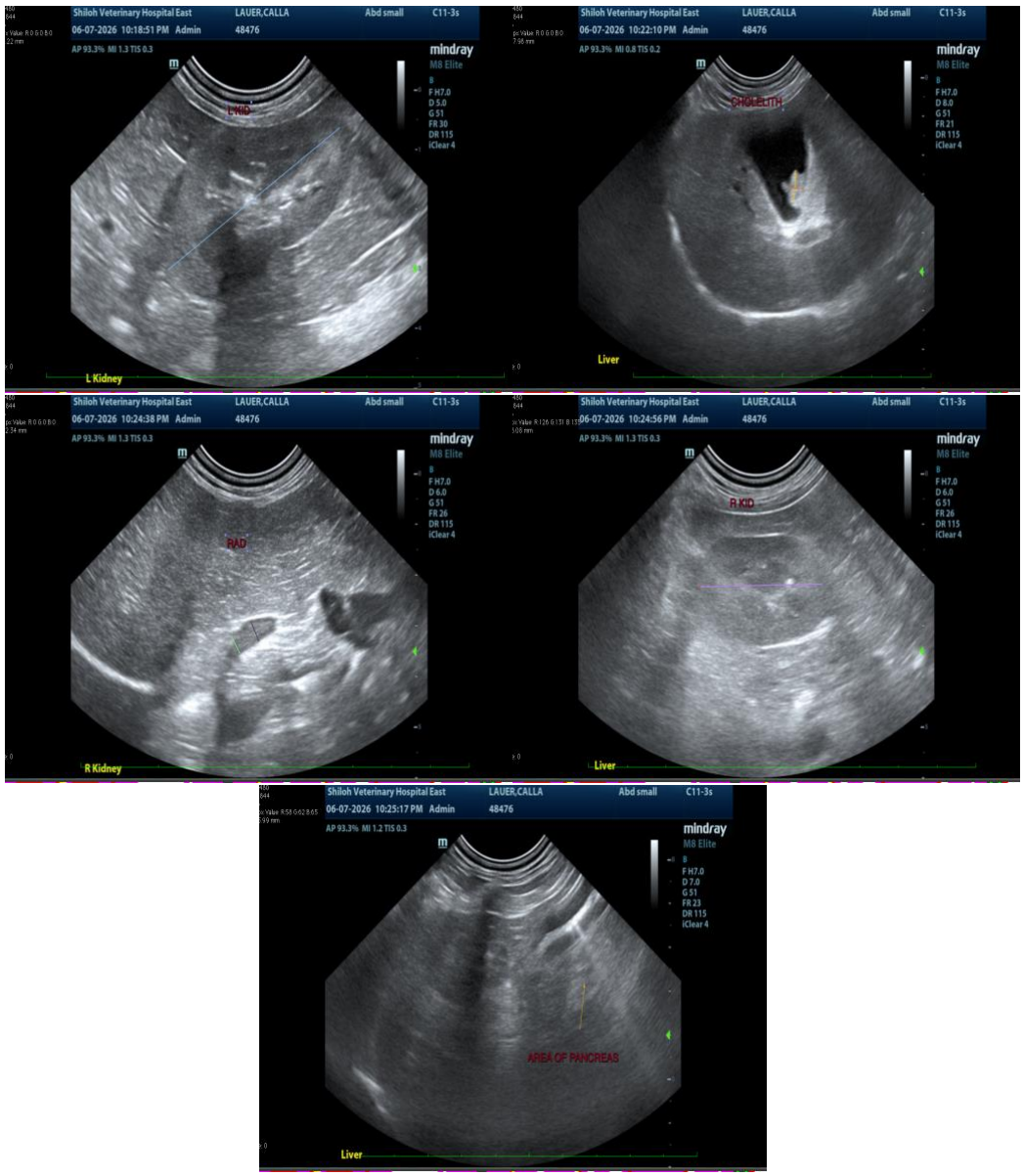

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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