

PATIENT

Gala Lovette

SPECIES

Canine

BREED

Blue Heeler

SEX

Spayed Female

AGE

12 Years

WEIGHT

33.3 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Harold Mike Beard

HOSPITAL NAME

Animal Care Veterinary
Center

REFERRING VET

Dr. Greg Hartman

INVOICE

16435

DATE

06/08/26

PRESENTING CLINICAL SIGNS

Weight loss. Heartworm positive last year. OA.

Abnormal PE/Chem/CBC/UA Results: Thin, history of arthritis in stifles, had a TPLO L, appears to be infected. CBC normal. Chemistry reveals increase in ALT, SAP, GGT. UA pending.

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 left kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured 5.2 cm in length.

The right kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The right kidney measured 5.2 cm in length.

Adrenal Glands

The left adrenal gland was not clearly visualized.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 5.4 mm and the caudal pole measures 5.4 mm.

Spleen

The spleen is diffusely enlarged measuring 2.4 cm width with mildly hypoechoic echogenicity and normal echotexture. Differentials include infiltrative neoplasia such as lymphoma, mast cell disease, possibly plasma cell tumor. Vector-borne diseases such as ehrlichiosis should be considered as well.

Liver

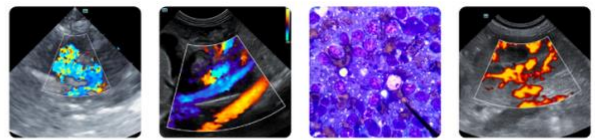
Liver is normal to subjectively small in size with slightly undulating or scalloped capsular contour or margins. Parenchyma is diffusely heterogenous with increased portal markings and coarse architecture. No focal nodules or masses are observed. Visible vasculature and biliary tree appear normal without 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. The gallbladder appeared bi-lobed yet this is not clinically significant.

Gastrointestinal

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

Pancreas



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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

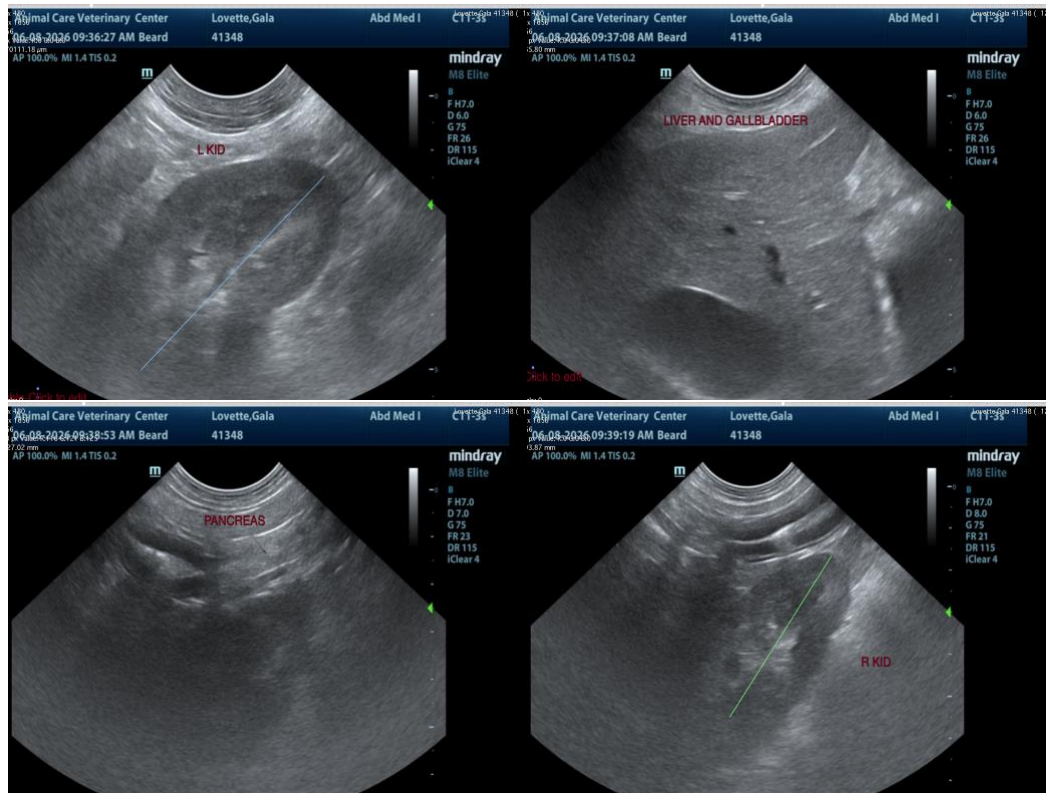
- Moderate gallbladder debris.
- Chronic inflammatory hepatopathy.
- Splenic enlargement.

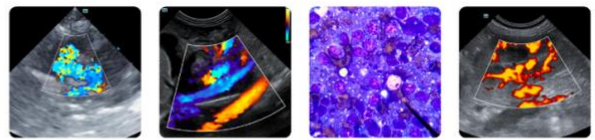
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Gallbladder disease may be the cause or contributing to patient's elevated liver values. Recommend starting ursodiol at 15 mg/kg by mouth split into two daily doses. Recommend FNA of the spleen.

Patient's elevated liver values are most likely attributed to whatever the cause of the apparent chronic inflammatory hepatopathy is present causing the hepatomegaly. Consider infiltrative neoplasia such as lymphoma or mast cell disease or infectious disease such as leptospirosis, much less likely Bartonellosis. Recommend fine needle aspirate of liver to evaluate for these differentials.

If cytology and infectious disease testing is inconclusive as to the cause of the appearance of the patient's liver and the elevated liver values, consider a liver biopsy at that time.





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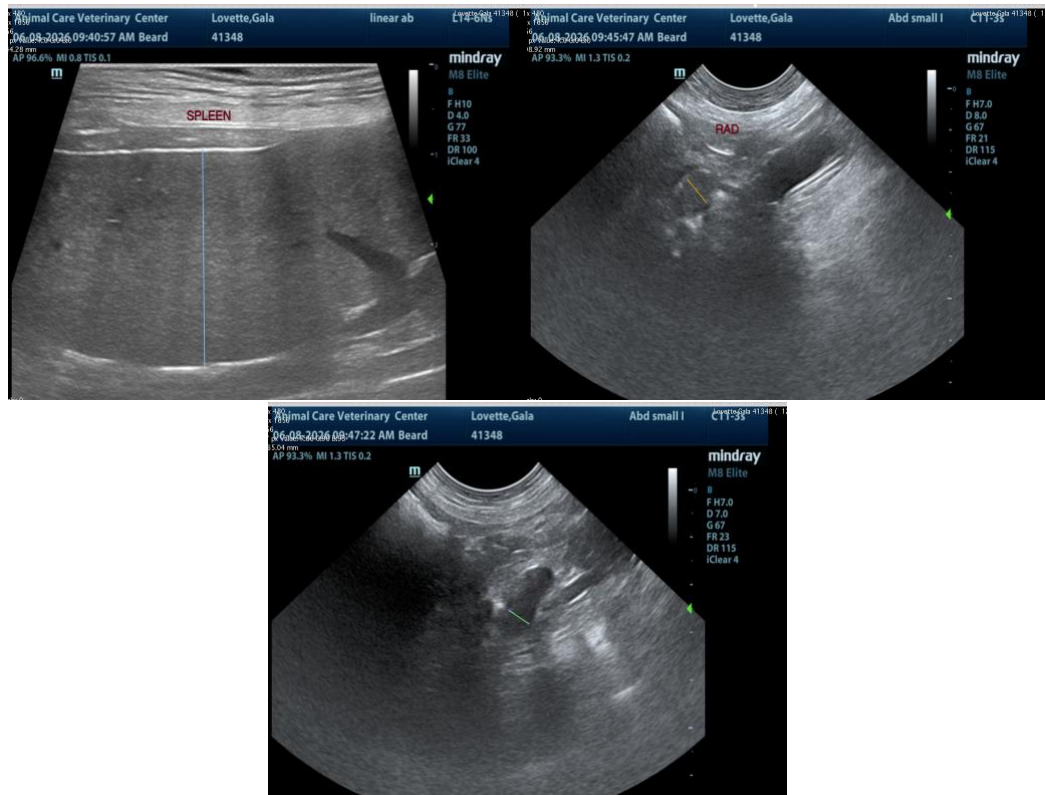
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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