



PATIENT

Jack Polievets

SPECIES

Canine

BREED

Chihuahua

SEX

Neutered Male

AGE

10 Years

WEIGHT

17.6 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
 DACVIM (SAIM)

IMAGING PERFORMED BY

Vincent Ravancho,
 CVT

HOSPITAL NAME

Animal General
 Hudson

REFERRING VET

Dr. DiGiuseppi

INVOICE

16465

DATE

06/08/26

PRESENTING CLINICAL SIGNS

Hypercalcemia, Increased ALP. Clinical findings - Mild Plaqu, SQ growth, OD Cherry eye

Abnormal PE/Chem/CBC/UA Results: Hyperglobulinemia (4.4), ALP 199, Hypercalcemia 11.8, Hypercholesteremia 363

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 prostate is normal and measures 4.4 mm width.

The left kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured 4.3 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 4.5 cm in length.

Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 4.4 mm and the caudal pole measures 5.5 mm.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 7.2 mm and the caudal pole measures 5.5 mm.

Spleen

In the mid spleen, there is a 11.6 x 8.8 isoechoic round non-capsule displacing lesion present, most likely benign regenerative extramedullary hematopoiesis, although infiltrative neoplasia such as lymphoma or mast cell disease, less likely histiocytic sarcoma, cannot be ruled out, unlikely to be hemangiosarcoma.

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.

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

Gastrointestinal



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The intestines have normal wall layering and thickness. Colon contains normal contents with normal wall thickness. The stomach contains a small amount of retained fluid. The overall stomach wall is normal in thickness and layering with no mechanical obstruction seen. The patient appears to have mild gastritis of unknown cause.

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.

Cardiac image provided appears normal.

ULTRASONOGRAPHIC FINDINGS

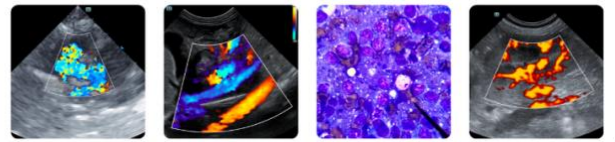
- Benign vacuolar hepatopathy.
- Minor retained gastric fluid.
- Splenic lesion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Consider screening for secondary diseases which may be causing the elevated alkaline phosphatase and the appearance of the liver. Consider screening for diseases such as hyperadrenocorticism via urine cortisol: creatinine ratio. Also consider screening for hypertriglyceridemia, hypothyroidism, pancreatic or GI disease. If no secondary cause is identified, recommend periodic monitoring of liver values. The appearance of the liver is not highly suggestive of infiltrative neoplasia such as lymphoma or mast cell disease. If liver values continue to elevate, consider fine needle aspirate of the liver to rule out these diseases.

If patient is not vaccinated for leptospirosis, consider testing for this disease process as a possible cause of liver enzyme elevations. It is unlikely the cause of the patient's suspected hypercalcemia is related to the appearance of the liver on this ultrasound.

Cholangitis does not appear to be a cause of the elevated liver values or the appearance of the liver. No cause for the patient's suspected hypercalcemia is seen on this exam. If rectal exam has not been performed, recommend performing rectal exam to rule out anal sac neoplasia. Recommend submitting a Michigan State hypercalcemia malignancy panel which should include an ionized calcium, PTH and PTHRP. If there is any evidence patients may have had vitamin D exposure, recommend adding vitamin D levels onto the Michigan State panel.



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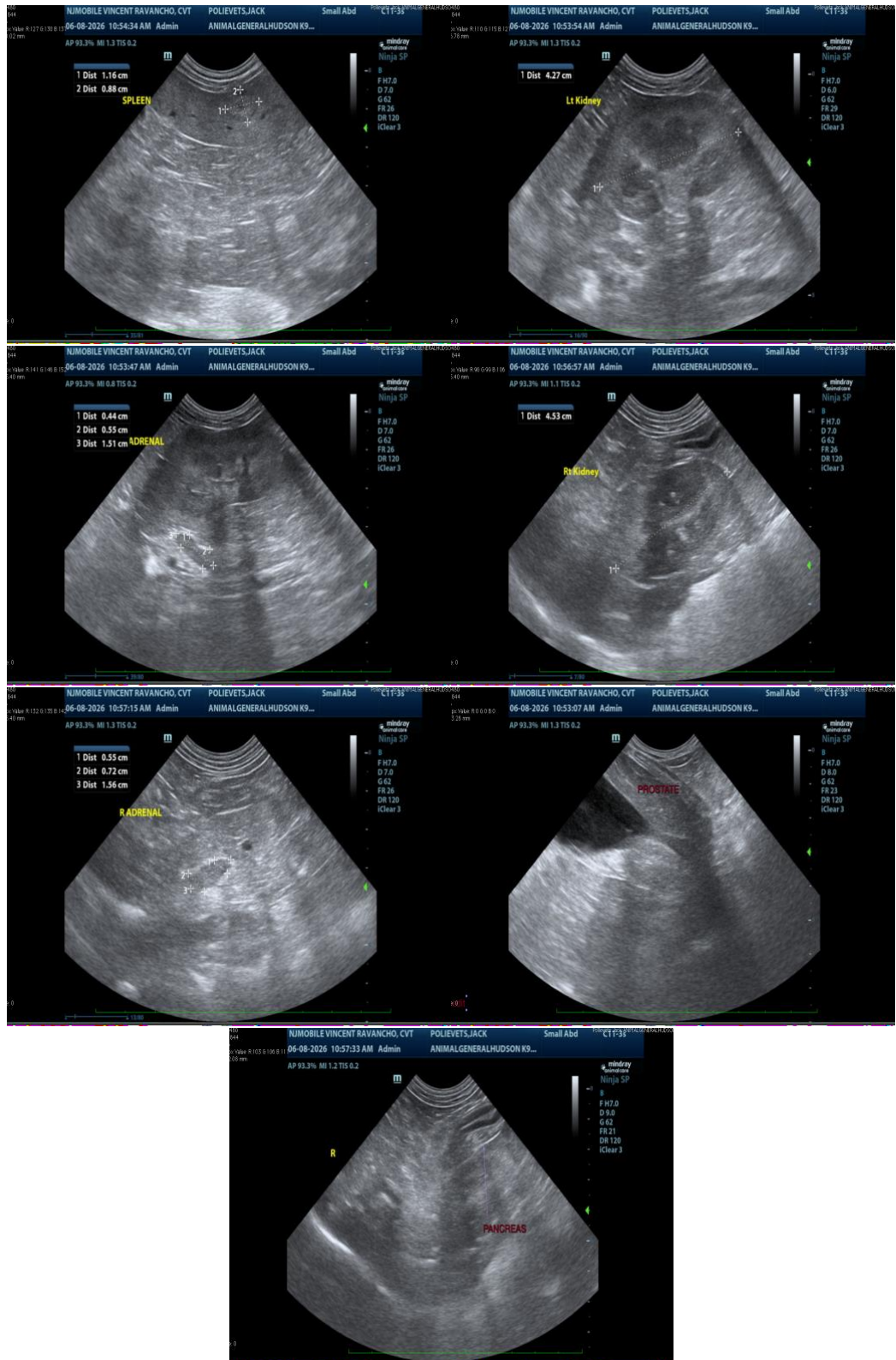
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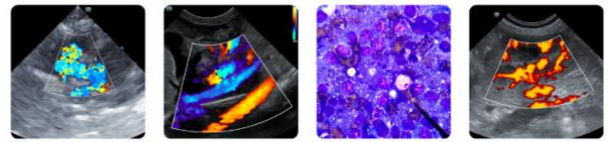
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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Veterinary Internal Medicine Specialist
info@SonoPath.com

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