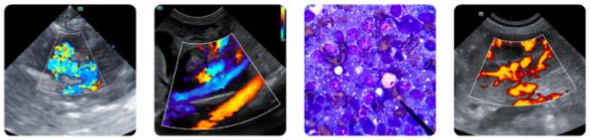


PATIENT

Murphy Wilde

SPECIES

Canine

BREED

Irish Wolfhound

SEX

Spayed Female

AGE

12 Years

WEIGHT

58.4 kg

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Carlie Koltek, RVT

HOSPITAL NAME

Tuxedo Animal Hospital

REFERRING VET

Dr. Luke Pura

INVOICE

16450

DATE

06/08/26

PRESENTING CLINICAL SIGNS

Presented with an acute hepatopathy on April 17th, 2026 of unknown origin. Treated with IV fluids, amoxicillin, metronidazole, and hepatoprotectants. Was discharged after ~4d in hospital and slowly improved over the following weeks. Persistent hyporexia and is losing weight (7kg since April 17th). No further vomiting, some diarrhea but likely attributed to owners feeding a wide variety of foods including different human foods to entice Murphy to eat. Energy and demeanor have normalized.

Abnormal PE/Chem/CBC/UA Results: ALT, ALP, GGT, and bilirubin spiked on initial presentation with ALT and ALKP being over >2000U/L and bilirubin peaking above 600umol/L Over the past several weeks, GGT has normalized, and ALT/ALKP have all improved but not completely normalized. CBC has been unremarkable until June 8th. CBC/CHEM 6/8/26 RBC 4.81 x10^12/L (5.65-8.87) HCT 0.286 L/L (37.3-61.7) HGB 100 g/L (13.1-20.5) MCV 59.5 fL (61.6-73.5) MCH 20.8 pg (21.2-25.9) Mono 1.16x10^9/L (0.16-1.12) smear: marked anisocytosis, trace spherocyte, rare polychromatophil CHEM: BUN 2.1mmol/L (2.5-9.6) ALT 288 U/L (10 - 125) ALKP 890 U/L (23 - 212) TBIL 15umol/L (0-15) GLOB 48 g/L (25 - 45)

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 8.3 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 8.8 cm in length.

Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 4.8 mm and the caudal pole measures 6.2 mm.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The caudal pole measures 6.5 mm.

Spleen

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

Liver

The liver presents normal size and shape with smooth lobar margins. The parenchyma has normal echogenicity with normal echotexture. No focal lesions are seen. Intrahepatic bile ducts are normal. Normal vascular pattern.

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent

PATIENT

Murphy Wilde

SPECIES

Canine

BREED

Irish Wolfhound

SEX

Spayed Female

AGE

12 Years

WEIGHT

58.4 kg

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Carlie Koltek, RVT

HOSPITAL NAME

Tuxedo Animal Hospital

REFERRING VET

Dr. Luke Pura

INVOICE

16450

DATE

06/08/26

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.

Free Abdomen

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

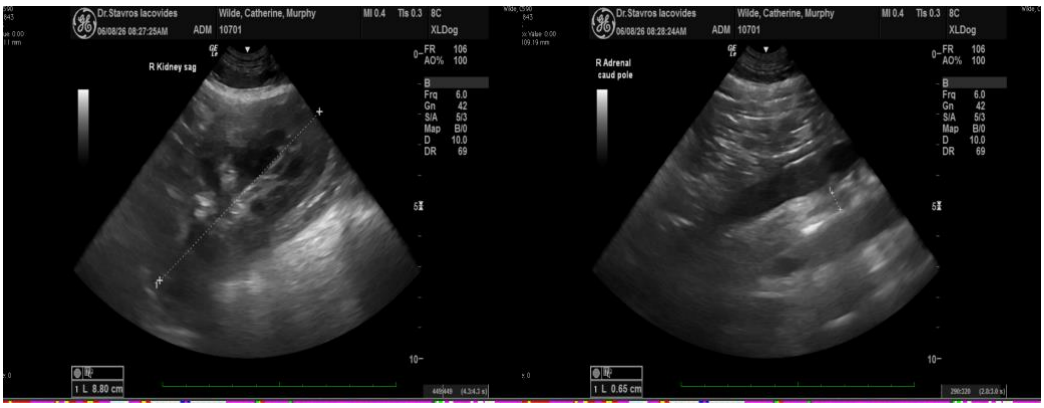
ULTRASONOGRAPHIC FINDINGS

- Mild gallbladder debris.
- Sonographically unremarkable abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No cause for the patient's elevated liver values seen on this exam, nor a cause for the patient's now reported anemia reported on this exam. Given that the MCV is low, there is some concern for a possible blood loss anemia. Consider three view chest radiographs to screen further for other areas where more blood loss may be occurring. Recommend submitting a CBC with pathology review to further characterize and potentially determine other causes for the anemia.

In regard to the elevated liver values, recommend testing for diseases such as leptospirosis, if not already performed. Also consider testing for Bartonellosis. This test can be submitted to North Carolina State University, a vector-borne disease testing laboratory. Consider fine needle aspirate of liver to rule out infiltrative diseases such as lymphoma or mast cell disease. If no identifiable cause is determined for the elevated liver values and they remain persistently elevated over the next one to two months, consider a liver biopsy.



PATIENT

Murphy Wilde

SPECIES

Canine

BREED

Irish Wolfhound

SEX

Spayed Female

AGE

12 Years

WEIGHT

58.4 kg

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Carlie Koltek, RVT

HOSPITAL NAME

Tuxedo Animal Hospital

REFERRING VET

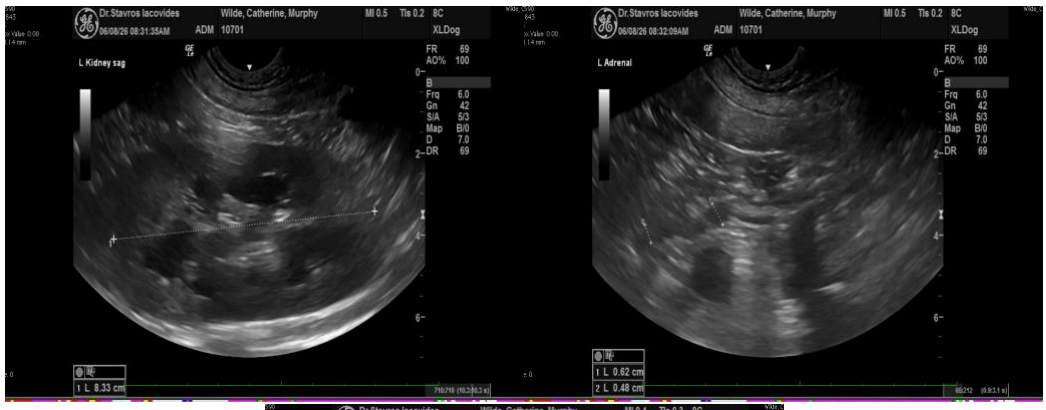
Dr. Luke Pura

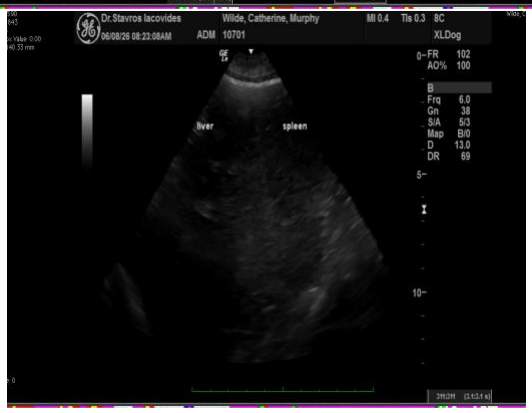
INVOICE

16450

DATE

06/08/26





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