



## PATIENT

Winston Churchill

## SPECIES

Canine

## BREED

Corgi

## SEX

Neutered Male

## AGE

14 Years

## WEIGHT

26 lbs

## INTERPRETED BY

Greg Kuhlman, DVM,  
DACVIM (SAIM)

## IMAGING PERFORMED BY

Dr. Ian Anderson

## HOSPITAL NAME

Chester Animal Clinic

## REFERRING VET

Dr. Ian Anderson

## INVOICE

72882

## DATE

2/11/26

## PRESENTING CLINICAL SIGNS

Doing well at home, historic diagnosis of early CKD.

Abnormal PE/Chem/CBC/UA Results: Recent monitoring lab work (attached) showed progression in BUN

## 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 right kidney presents normal size (5.4 cm) and shape with decreased corticomedullary distinction. Numerous hyperechoic shadowing nephroliths were present in the renal pelvis. Pinpoint cortical cysts are present throughout the renal cortex. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (5.2 cm) with normal shape and decreased corticomedullary distinction. Numerous hyperechoic shadowing nephroliths were present within the renal pelvis. A representative nephrolith was measured and found to be 4.6 mm in width. These nephroliths appear to be causing very mild renal pelvic dilation. There is also a cortical cyst present in the left kidney that measures 8.7 mm in width and is found at the dorsal mid aspect of the kidney. This cortical cyst is most likely insignificant at this time. No mass lesion associated with the cortical cyst. No ureteral dilation noted.

### *Adrenal Glands*

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 5.8 mm and the caudal pole measures 5.0 mm.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 3.9 mm and the caudal pole measures 6.2 mm.

### *Spleen*

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

### *Liver*

Diffusely, the liver is hyperechoic and enlarged with rounded margins. There are multifocal hypoechoic, non-capsule displacing lesions present throughout the liver. Three lesions were measured, with the largest measuring 8.9 mm in diameter. The two others measured 5.0 mm in diameter and 3.0 mm in diameter, respectively.

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

### *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**

- Enlarged, hyperechoic liver with hypoechoic liver lesions – The liver lesions are likely benign regenerative nodules, less likely metastatic neoplasia or other primary hepatobiliary neoplasia such as hepatocellular carcinoma. The overall appearance of the liver being large and hyperechoic would be consistent with a possible vacuolar hepatopathy. However, given patient’s recent lab work, liver values are normal, so the significance of this finding on today’s ultrasound is undetermined, but most likely insignificant.
- Chronic kidney disease.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

If feasible, consider ultrasound guided aspirate of one of the liver lesions and submitting for cytology to rule out neoplasia. I recommend periodically recheck lab work (every 6-12 months) including liver values to verify normal liver function. No further diagnostics need to be performed in regard to the appearance of the liver at this time.

Given the appearance of the patient’s kidneys, it does appear that the patient has chronic kidney disease. At this time, the patient appears to be a Stage 1 IRIS CKD patient. Recommend full monitoring, managing, and staging the patient per International Renal Interest Society guidelines. At this time, the nephroliths in the right and left kidneys do not appear to be obstructive. Given that the patient does appear to have chronic kidney disease, I suspect the mildly elevated BUN is most likely due to the patient’s chronic kidney disease. It is important to remember that BUN is an unreliable marker of renal function. Recommend pursuing other biomarkers such as creatinine or possibly SDMA to fully elucidate the degree of chronic kidney disease present. The elevated BUN appears to be insignificant at this time.

At this time, given the mild degree of chronic kidney disease present, the patient’s prognosis appears good for long-term survival.





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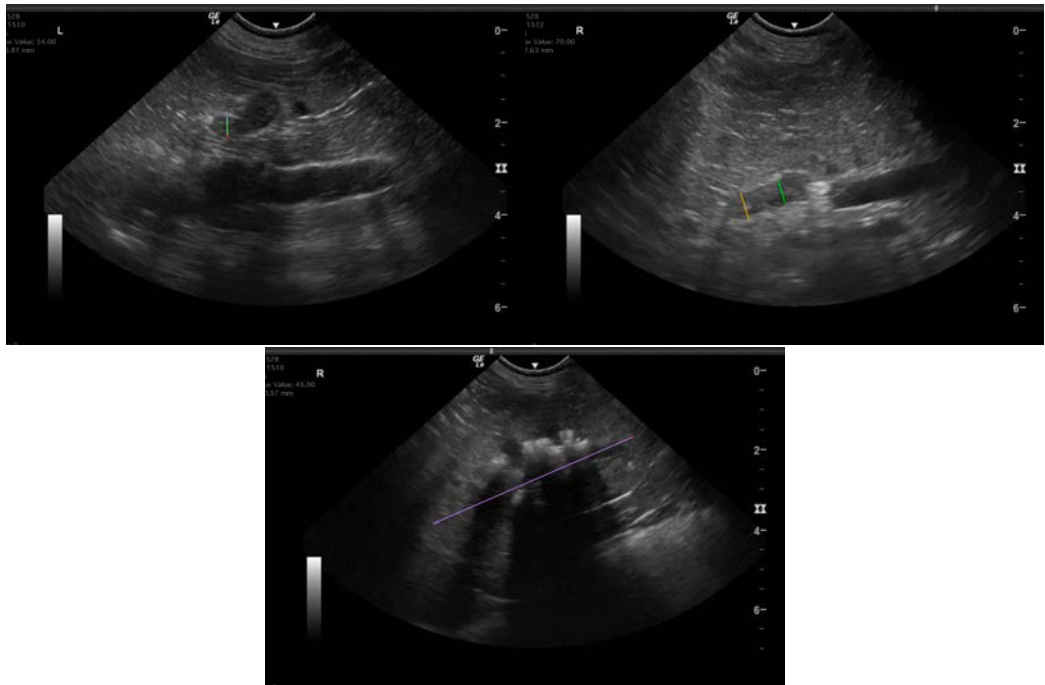
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)