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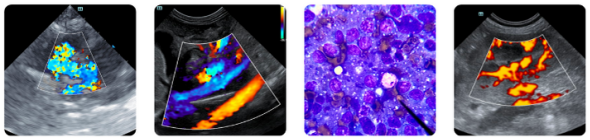
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT
Nora Simms

SPECIES
Canine

BREED
Retriever Mix

SEX
SF

AGE
13 years 6 months

WEIGHT
20.8 kg

INTERPRETED BY
Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY
Dr. Maria Lara

HOSPITAL NAME
Allure Veterinary Hospital & Urgenct Care

REFERRING VET
Dr. Jessica Castaneda

INVOICE
11350

DATE
2/19/2026

PRESENTING CLINICAL SIGNS

- Patient presents to assess hepatic, splenic or other changes that could be related to a previously diagnosed Mast Cell Tumor still present on left abdominal flank (first noticed since October-November 2025). Owner reports decreased appetite.

Abnormal PE/Chem/CBC/UA Results: 01/26/26 CBC - WNL Chem - BUN 50mg/dL (7-27)H CREA 2.0 mg/dL (0.51.8) H ALT 159 U/L (10-125) H TBIL 1.1 mg/dL (0.0-0.9) H.

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 has a mild irregular shape, and mild loss of corticomedullary distinction. The left renal pelvis is dilated measuring 1.2 cm in length x 0.41 cm in width. No pyelectasia or nephrolithiasis. The left kidney measured X cm in length.

The right kidney has mild to moderate loss of corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The right kidney measured 5.5 cm in length.

Adrenal Glands

The left adrenal is slightly small in size, normal in shape with a homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 4.1 mm and the caudal pole measures 3.4 mm.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole is mildly enlarged and measures 11.9 mm in width. The caudal pole measures 7.0.

Spleen

The spleen is normal in size, shape, margination and echogenicity. No masses are seen. Blood flow appears to be normal.

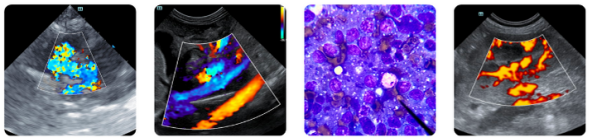
Liver

The liver is hyperechoic but otherwise normal size and shape with smooth lobar margins. The parenchyma has normal echogenicity with normal echotexture. Intrahepatic bile ducts are normal. Normal vascular pattern. There are several multifocal, ill-defined, hypoechoic lesions within the liver. Examples measure 1.42 cm in diameter, another measures 1.2 cm in diameter.

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

- Bilateral degenerative age-related renal changes – Left sided renal pelvis dilation. Possibility of pyelonephritis is present.
- Mildly enlarged cranial pole of the right adrenal gland, and small left adrenal gland.
- Hypoechoic nodules in the liver.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Patient appears to have chronic kidney disease based on this ultrasound, and recent lab work showing azotemia. Recommend full staging, monitoring, and managing of the patient per internation renal interest society (IRIS) guidelines.

Given that the cranial pole of the right adrenal gland is enlarged and the left adrenal is small in size, patient should be screened for adrenal dependent hyperadrenocorticism. Patient should have a low dose dexamethasone suppression test performed as well. Hyperadrenocorticism may also explain the reason for the patient's liver being diffusely hyperechoic due to a vacuolar hepatopathy from the hyperadrenocorticism if present.

The hypoechoic nodules in the liver are most likely benign regenerative nodules and less likely due to either primary hepatic neoplasia or metastatic neoplasia. These lesions in the liver appear benign.

Prior to performing surgery on this patient, I recommend ruling out the presence of hyperadrenocorticism. If hyperadrenocorticism is present, I recommend treating it and having the hyperadrenocorticism well managed prior to performing surgery. One note is if this patient has recently been taking prednisone for the mast cell disease, then the changes seen regarding the hyperechoic liver and the small left adrenal gland, may be insignificant. However, if prednisone has not been administered then recommend screening for hyperadrenocorticism.

No obvious evidence of metastatic mast cell disease was observed on this ultrasound within the patient's liver or spleen.

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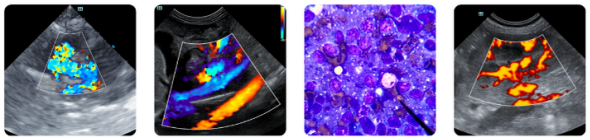

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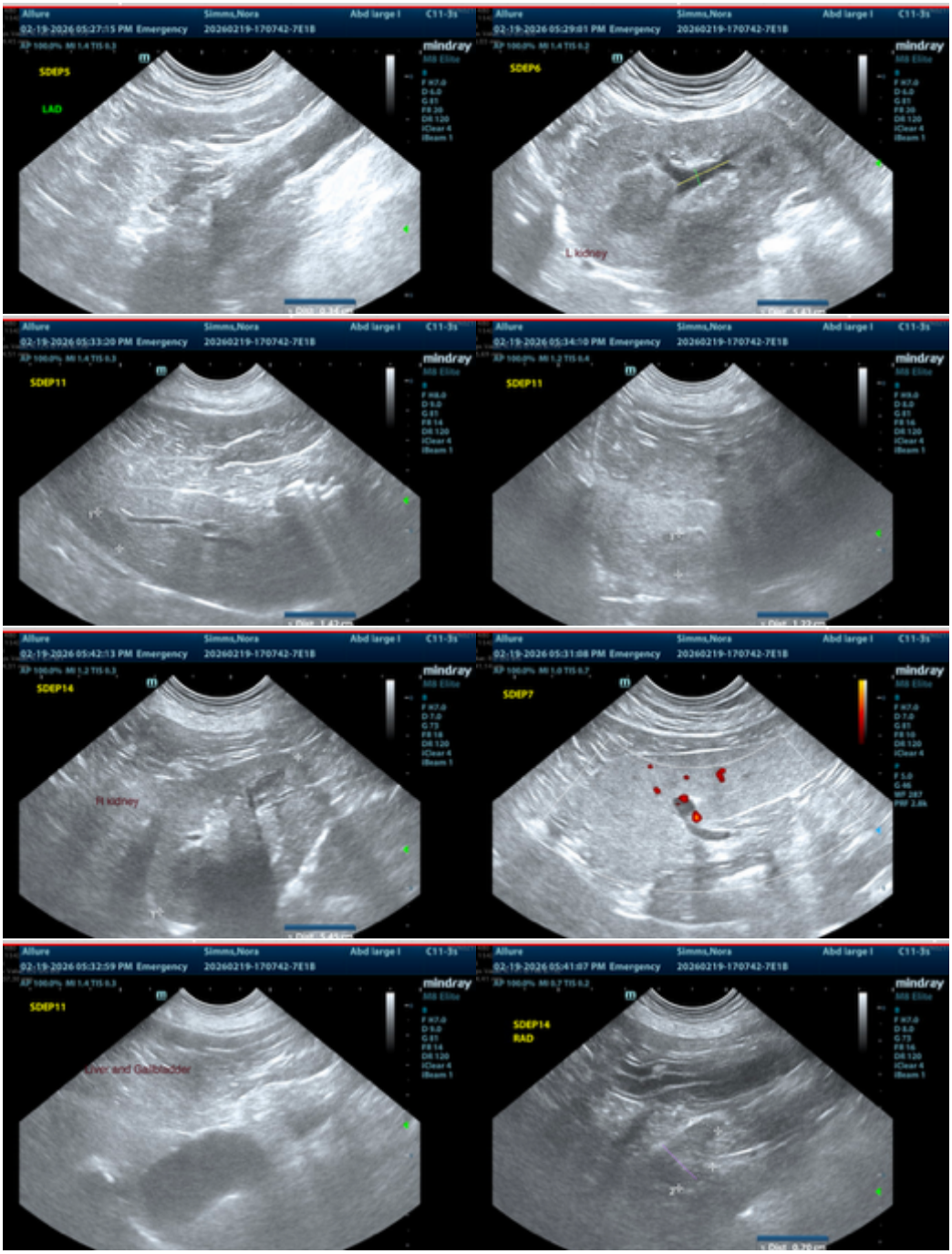

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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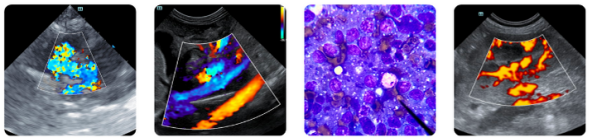

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Veterinary Internal Medicine Specialist
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