



**PATIENT**

Daisy Garcia

**SPECIES**

Canine

**BREED**

Chihuahua

**SEX**

Spayed Female

**AGE**

13 Years

**WEIGHT**

4.5 kg

**INTERPRETED BY**

Greg Kuhlman, DVM,  
DACVIM (SAIM)

**IMAGING PERFORMED BY**

Amanda Stewart

**HOSPITAL NAME**

Burlington Lakeshore  
Veterinary Hospital

**REFERRING VET**

Dr. Sorial

**INVOICE**

73190

**DATE**

2/23/26

**PRESENTING CLINICAL SIGNS**

Integument. A lime size hard, non-movable mass on the left caudal mammary gland, other multiple 5 masses at the same site around the big mass. Grade 1-2 heart murmur

Abnormal PE/Chem/CBC/UA Results: See attached lab work

**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. Ureteral papillae were not seen.

The right kidney presents normal size (3.6 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney has an irregular shape. There appears to mild loss of corticomedullary distinction. Exact length cannot be measured given the shadowing from the colon, obscuring the cranial aspect of the left kidney.

**Adrenal Glands**

There appears to be a mass at the cranial pole of the right adrenal gland. The cranial pole measures 13.4 mm and the caudal pole measures 5.3 mm.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 5.0 mm and the caudal pole measures 5.7 mm.

**Spleen**

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

**Liver**

Within the left liver at the cranial aspect there is a hyperechoic, round lesion that measures 1.1 cm x 1.5 cm in size. The remainder of the liver appears normal in size and echotexture with normal hepatic vasculature seen.

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.

**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.



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**ULTRASONOGRAPHIC FINDINGS**

- Suspected mass at the cranial pole of the right adrenal gland – This may be an incidental finding or may represent functional adrenal disease.
- Hyperechoic lesion in the left cranial aspect of the liver – This may be a benign regenerative nodule or possibly may represent metastatic mammary carcinoma.
- Irregular shape to the left kidney – suggestive of possible chronic kidney disease.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

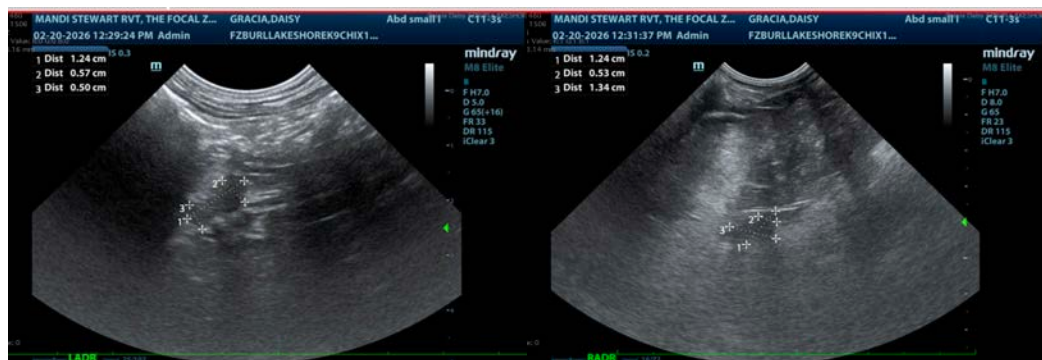
Recommend performing a low-dose Dexamethasone suppression test to rule out Cushing’s disease. Also recommend submitting a urine sample for a urine metanephrine test to rule out functional adrenal disease. If functional adrenal disease is ruled out, there would be two recommendations.

The first recommendation would be to monitor the adrenal lesion for changes in size or appearance recheck ultrasound every 3-6 months. The second recommendation would be to consider referring the patient for a CT scan to better characterize the lesion in the cranial pole of the right adrenal gland and to determine if right-sided adrenalectomy may be warranted. However, begin while determining if the mass is functional. If it is not function, then option 1 and 2 are appropriate.

Recommend an ultrasound guided fine needle aspirate of the lesion in the left cranial aspect of the liver to help determine the etiology of the lesion.

Recommend full staging, monitoring and managing of the patient per the International Renal Interest Society Guidelines.

Additional recommendation would be to obtain 3-view chest x-rays at this time if not already performed to determine if pulmonary metastatic disease is present.





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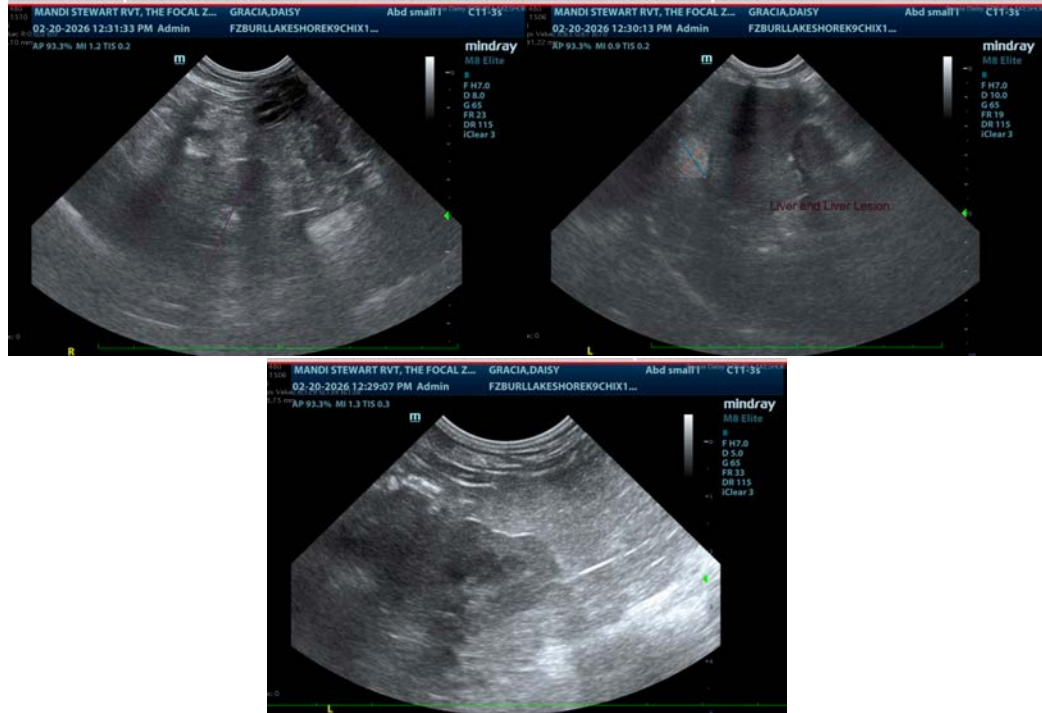
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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