



**PATIENT PRESENTING CLINICAL SIGNS**

Bella Potts

- P presented for PU/PD going on about 1 month, panting a lot, diarrhea

**SPECIES** Abnormal PE/Chem/CBC/UA Results: Chol 335, Trig 434, WBC 17, Neu 14193 usg 1.014, Pro 1+, trace blood, WBC 4-10, Struvites 11-20.  
 Canine

**BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Pug **Urinary System**

**SEX** The bladder contains a small to moderate amount of anechoic urine with a moderate amount of suspended echogenic debris. No uroliths are seen. The bladder wall is mildly thickened, luminal margins are irregular in shape. The bladder measures 2.8 mm in width. No stones or masses are seen. Urethra is diffusely mildly distended, measuring 3.8 mm in width. There is echogenic debris within the lumen of the urethra (similar to the debris found in the urinary bladder.)  
 FS

**AGE** 14 years The left kidney presents normal size with normal shape and architecture. Mild to moderate loss of corticomedullary distinction. Mild renal pelvic dilation noted, measuring 4.5 mm in width. No pyelectasia or nephrolithiasis. The left kidney measured 4.9 cm in length.

**WEIGHT** 23.3 lbs The right kidney presents small in size with normal shape and architecture. Marked loss of corticomedullary distinction. Marked renal pelvic dilation is noted measuring 6.9 mm x 17.3 mm. No pyelectasia or nephrolithiasis. The right kidney measured 3.9 cm in length.

**INTERPRETED BY**  
 Greg Kuhlman, DVM,  
 DACVIM (SAIM)

**Adrenal Glands**

The left adrenal gland is small in size, normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 2.9 mm and the caudal pole measures 1.8 mm.

**IMAGING PERFORMED BY** Kathleen Byrnes  
 The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 1.2 mm and the caudal pole measures 7.1 mm. There appears to be mass lesion in the cranial pole of the right adrenal, measuring 1.2 cm x 1.6 cm.

**Spleen**

**HOSPITAL NAME** Shallowford AH  
 The spleen is normal in size, shape, margination and echogenicity. No masses are seen.

**Liver**

**REFERRING VET** Dr. Eads  
 In the caudal right liver there is a 2.5 cm x 2.6 cm isoechoic, round, uniform mass lesion.

**INVOICE** 11393  
 The gallbladder contains a moderate amount of aggregating echogenic debris. Normal gallbladder wall. No evidence of bile duct distention or obstruction.

**Gastrointestinal**

**DATE** 2/27/2026  
 The stomach contains a mild amount of partially digested food that appears to contain recently eaten kibble. Patient does not appear fully fasted for this exam. Intestines have normal wall layering and thickness. Colon contains normal contents with normal wall thickness.

**Pancreas**



**PATIENT**

The visible pancreas is normal in size with normal echogenic parenchyma and surrounded by normal peri-pancreatic mesentery.

Bella Potts

**Free Abdomen**

**SPECIES**

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

Canine

**ULTRASONOGRAPHIC FINDINGS**

**BREED**

- Small left adrenal gland, and a mass in the cranial pole of the right adrenal gland. Potentially consistent with adrenal dependent hyperadrenocorticism. Recommend low dose dexamethasone suppression test to rule out hyperadrenocorticism.

Pug

**SEX**

- Mild to moderate loss of corticomedullary distinction and renal pelvis dilation in the left kidney. Marked loss of corticomedullary distinction and marked renal pelvic dilation in the right kidney.

FS

**AGE**

- Urinary bladder and urethra sediment. Recommend urinalysis. If active urine sediment then I recommend urine culture.

14 years

- Aggregating gallbladder debris and early gallbladder mucocele.

**WEIGHT**

- Mass in the right caudal liver.

23.3 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

The kidneys appear to have moderate chronic kidney disease. Recommend full staging, monitoring, and managing per International Renal Interest Society (IRIS) guidelines. Recommend submitting urine culture to rule out pyelectasia as a cause of the renal pelvic dilation.

**Greg Kuhlman, DVM,**  
 DACVIM (SAIM)

The urinary bladder urethra contains a moderate amount of echogenic debris. Recommend urine culture to rule out a UTI as the cause of this debris.

**IMAGING PERFORMED BY**

Kathleen Byrnes

The gallbladder also contains a moderate amount of aggregating echogenic debris. Patient appears to have an early gallbladder mucocele. Recommend periodically rechecking lab work to determine if alkaline phosphatase continues to rise, and if bilirubin ever begins to rise then reevaluate gallbladder via ultrasound to determine if cholecystectomy would be recommended at this time. Consider starting ursodiol therapy.

**HOSPITAL NAME**

Shallowford AH

**REFERRING VET**

Dr. Eads

The mass in the right caudal aspect of the liver is most consistent with primary hepatobiliary neoplasia, and most likely hepatocellular carcinoma, less likely cholangiocarcinoma. Given the location of this mass, surgical resection would be more challenging. Recommend CT scan for presurgical planning. Recommend resection of mass, and submission for histopathology. Three view chest x rays are also recommended to screen for pulmonary metastatic disease prior to any surgical procedure.

**INVOICE**

11393

The mass in the right cranial pole of the right adrenal gland may be functional as previously mentioned. If patient has hyperadrenocorticism, consider submitting urine metanephrines to screen for pheochromocytoma. If functionality of the right adrenal mass is ruled out, then I would recommend a CT scan for a pre surgical planning for right sided adrenalectomy. Prognosis at this time is guarded pending the results of the recommended diagnostics and ultimate diagnosis.

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 DACVIM (SAIM)

**IMAGING PERFORMED BY**

Kathleen Byrnes

**HOSPITAL NAME**

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**REFERRING VET**

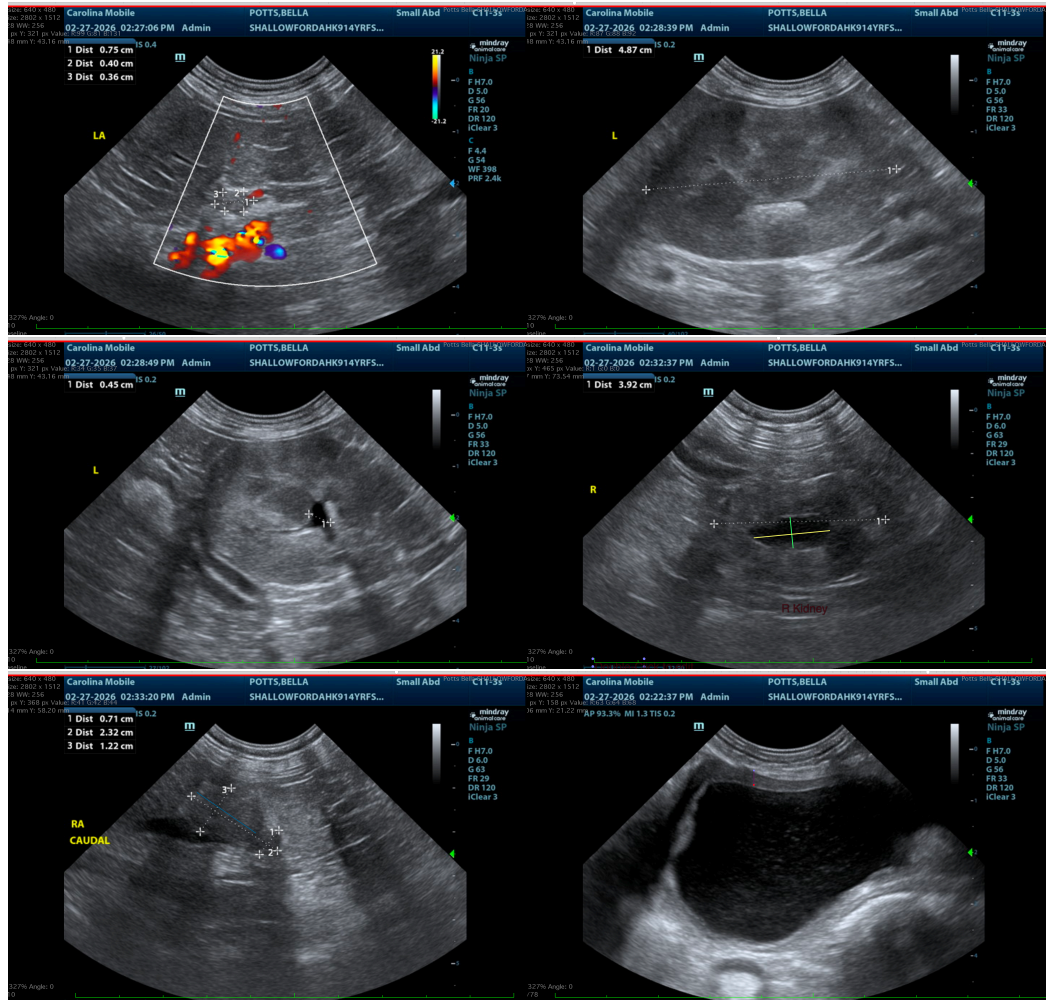
Dr. Eads

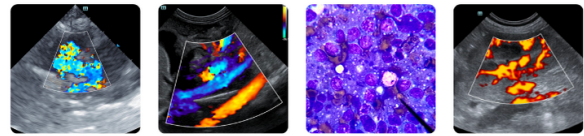
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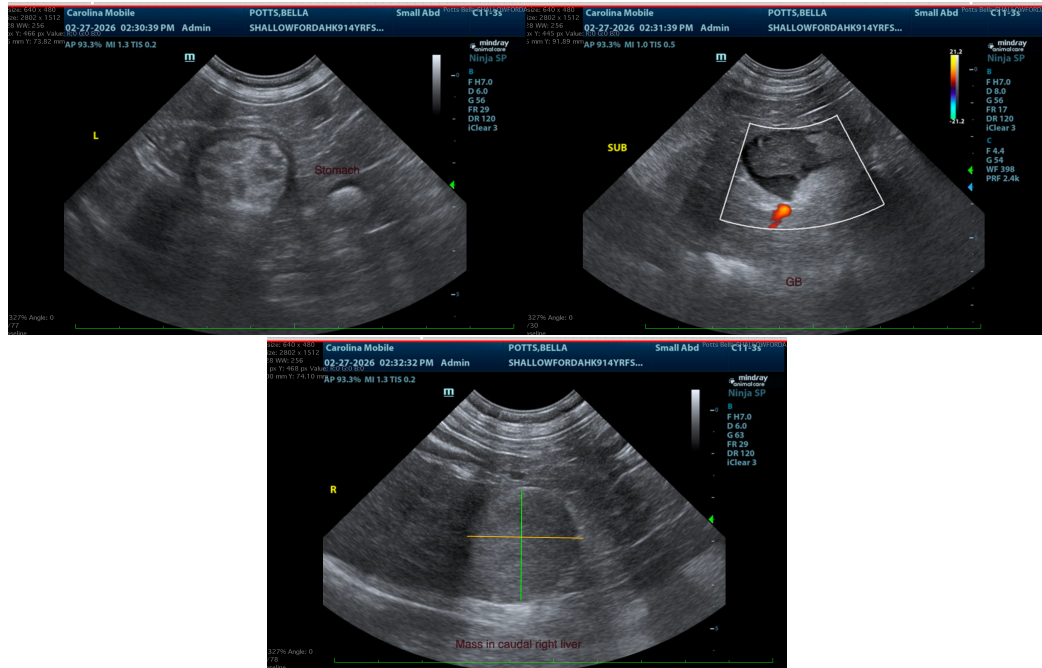
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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