



PATIENT

Oso Gaoxing Chen

SPECIES

Canine

BREED

Rough Collie

SEX

Neutered Male

AGE

12

WEIGHT

73 Pounds

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Elda Kwong, DVM

HOSPITAL NAME

Petvacx AH

REFERRING VET

Rachel Wiley, DVM

INVOICE

35980

DATE

2/27/26

PRESENTING CLINICAL SIGNS

Recently diagnosed with hyperadrenocorticism on low dose dexamethasone suppression test.

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. No urethral papilla is seen.

The right kidney presents normal size (6.8 cm in length) with mild loss of corticomedullary distinction. In the ventral mid aspect of the kidney, there appears to be a 2.5 cm x 2.9 cm heteroechoic mass lesion in the cortex that is displacing the cortical capsule. This lesion does not appear to be cystic.

The left kidney presents small in size (2.6 cm in length) with moderate loss of corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

Adrenal Glands

The right adrenal gland is not seen.

The left adrenal gland is not seen.

Spleen

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

Liver

The liver presents diffusely enlarged in size and hyperechoic with rounded margins and normal vasculature. No hepatic lesions are seen.

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

Gastrointestinal

The stomach contains a small amount of fluid. No obstructive gastric lesions are seen. Suspect patient is not fully fasted for exam. The intestines have normal wall layering and thickness. Colon contains normal contents with normal wall thickness.

Pancreas

The is diffusely mildly hypoechoic with no surrounding hyperechoic fat.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

- Small left kidney with loss of corticomedullary distinction



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- Normal size right kidney with loss of corticomedullary definition with the mass in the right kidney. Differentials for the kidney mass include renal carcinoma versus possible hemangiosarcoma.
- Mild pancreatic inflammation, most likely insignificant.
- Enlarged hyperechoic liver, most consistent with vacuolar hepatopathy from the patient's reported hyperadrenocorticism.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend fine needle aspirate of kidney mass with submission for cytology. If cytology is inconclusive, recommend CT scan of abdomen and chest to further evaluate for possible metastatic disease and also as presurgical planning. Will most likely recommend right-sided nephrectomy and submission of kidney for histopathology.

Neither adrenal gland was visualized clearly on this exam, so determination as to whether or not the patient's hyperadrenocorticism is pituitary or adrenal dependent is not determined on this exam.

CT scan of abdomen will help better identify adrenal size and appearance and help make determination as to form of hyperadrenocorticism present in this patient. Since hyperadrenocorticism is diagnosed, we would recommend starting treatment with trilostane at 1.0 mg/kg by mouth twice a day and rechecking or performing ACTH stimulation tests every 10 to 14 days until optimal control of hyperadrenocorticism is made. We would recommend having patients hyperadrenocorticism well controlled before considering any surgical procedure.

Prognosis is open pending final diagnosis as to etiology of right-sided renal mass.

Check CPLI to determine the extent of pancreatitis present. This is most likely mild pancreatic inflammation present due to patient's hyperadrenocorticism.



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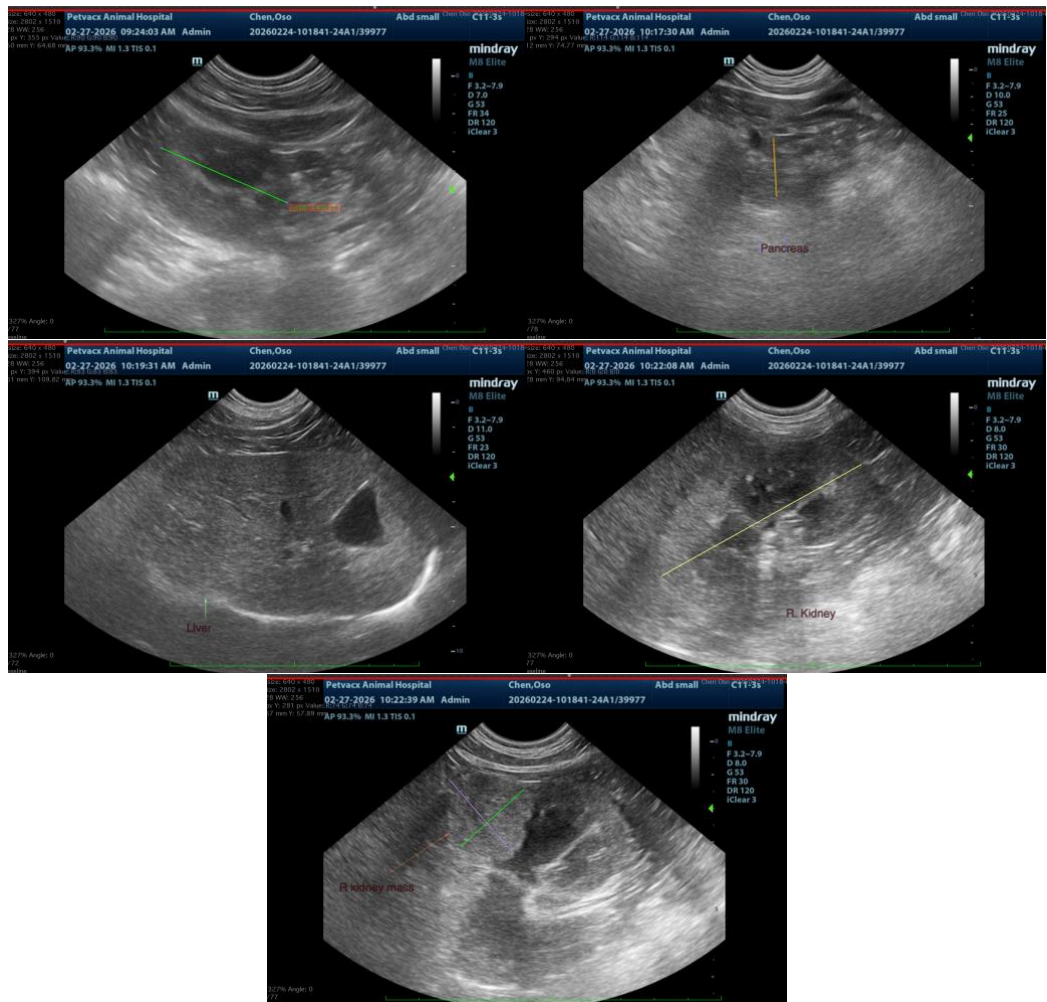
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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