



PATIENT

Pixie Lera

SPECIES

Canine

BREED

Poodle

SEX

Spayed Female

AGE

14 Years

WEIGHT

17 Pounds

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Julia Bakker, DVM

HOSPITAL NAME

Orange Blossom VI

REFERRING VET

Dr. Galindo

INVOICE

35991

DATE

2/27/26

PRESENTING CLINICAL SIGNS

AUS for liver enzyme elevations

Abnormal PE/Chem/CBC/UA Results: FNA of adrenal and splenic masses taken for cytology today

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 (4.4 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (5.0 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

Adrenal Glands

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 5.6 mm and the caudal pole measures 3.3 mm.

In the left adrenal gland, there appears to be a mass lesion that measures 5.6 cm in length. The caudal pole measures 3.3 cm in length, and the cranial pole measures 2.9 cm in length. Within the left adrenal mass there are focal areas of hyperechogenicity, consistent with calcification.

Spleen

There is a 5.6 cm heteroechoic very mildly cavitated mass lesion present within the spleen. Within what appears to be the head of the spleen, there is a 3.8 cm x 6.3 cm isoechoic mass lesion with focal areas of hyperechogenicity, consistent with either benign myelolipomas or calcification. There are numerous cysts within the splenic mass, the largest of which measures 2.0 cm x 1.3 cm. The remainder of the spleen is normal.

Liver

The liver is diffusely mildly hyperechoic and enlarged with rounded margins. It has a mottled echotexture.

The gallbladder contains a mild amount of suspended echogenic debris that appears insignificant.

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



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

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ULTRASONOGRAPHIC FINDINGS

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- Left adrenal mass- Given its size and appearance and the evidence of calcifications, most likely a malignant adrenal mass, either cortical adrenal carcinoma or possibly medullary carcinoma.

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- Splenic mass- Splenic mass differentials include a hemangiosarcoma or other malignant neoplasia most likely, but possibly a benign etiology such as a hemangioma that could be present for the splenic mass.

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- The appearance of the liver is most likely age-related in this patient. There is no evidence of metastatic neoplasia seen within the liver at this time. No determinant cause for the liver enzyme elevations are currently seen.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

14 Years

The left adrenal mass should be evaluated for functionality with both a low dose dexamethasone suppression test or ACTH stimulation test (preferably LDDST, as it has superior sensitivity specificity). Also submit urine metanephrine to screen for possible pheochromocytoma. Recommend blood pressure to screen for hypertension given the possibility of pheochromocytoma.

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Recommend fine needle aspirate of the liver to rule out infiltrative neoplasia such as lymphoma or meso, or the unlikely possibility of metastatic neoplasia. If patient has surgery to remove the splenic mass and the left adrenal mass, then recommend obtaining liver biopsies at that time.

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Greg Kuhlman, DVM,
DACVIM (SAIM)

At this time, recommend a CT scan of the abdomen as pre-surgical planning for left adrenalectomy and splenectomy. Submit both organs for histopathology. Also recommend adding on chest CT to the abdominal CT to screen for the possibility of pulmonary metastatic disease.

IMAGING PERFORMED BY

Julia Bakker, DVM

Also consider obtaining 3D chest x-rays before obtaining CT. In the event there may be pulmonary metastatic disease, then a CT scan may not be clinically warranted at that time.

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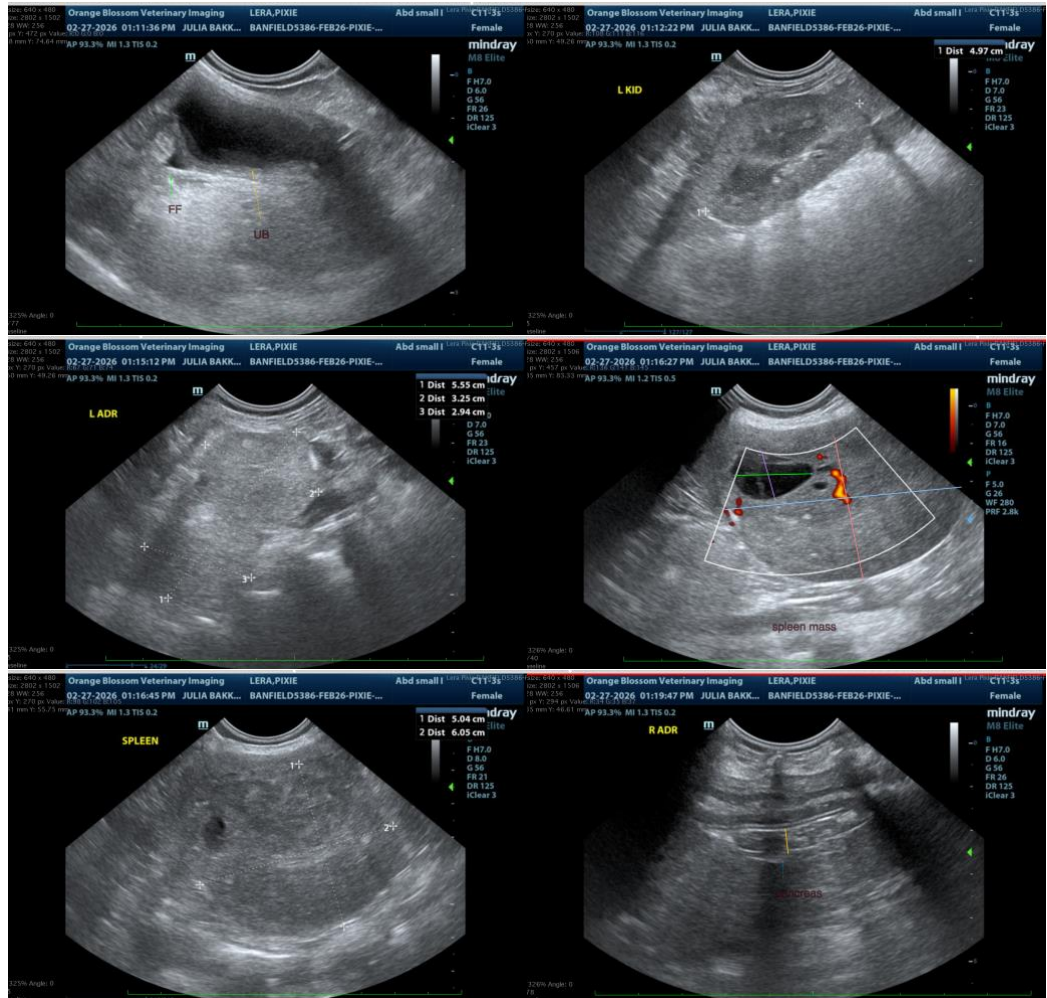
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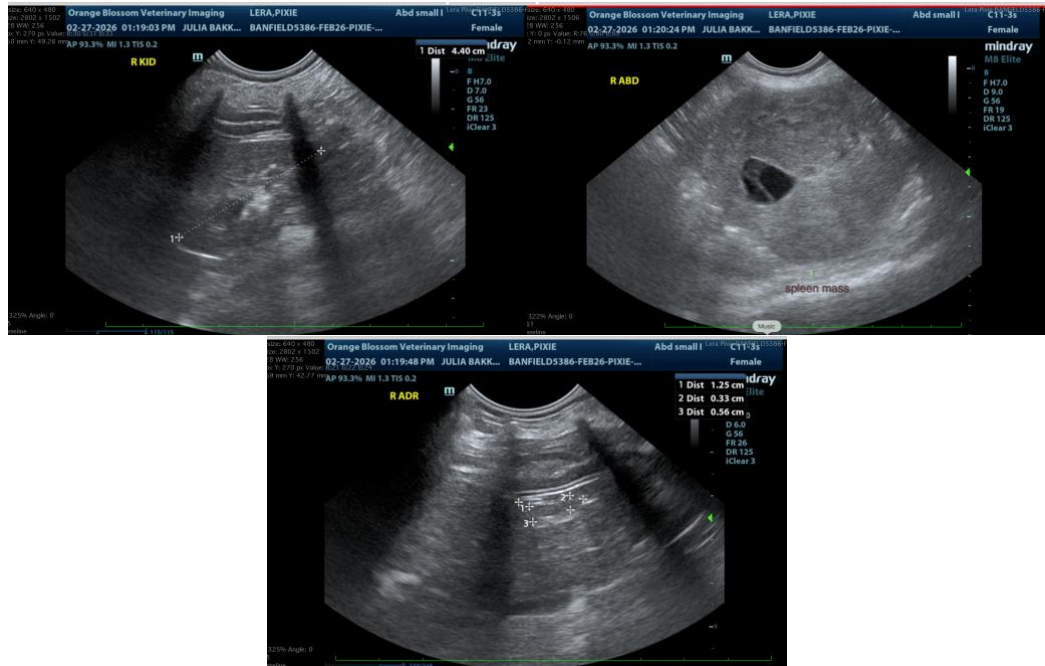
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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