



PATIENT

Luna Sharron

SPECIES

Canine

BREED

Siberian Husky

SEX

Spayed Female

AGE

13 Years

WEIGHT

57.5 Pounds

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Jernea Bustria,
DVM

HOSPITAL NAME

Craig Road AH

REFERRING VET

Dr. Jernea Bustria,
DVM

INVOICE

36028

DATE

2/28/26

PRESENTING CLINICAL SIGNS

- On and off eating for the past 3 weeks.
- Has been seen before for vomiting and diarrhea.
- limping for the past couple days and having difficulties getting up,

Abnormal PE/Chem/CBC/UA Results: • Febrile 104.7F • Previous mild anemia of 34.6% on 1/21/2026, today is 36.9% • pale gums, panting, vomited brown liquid • generalized muscle atrophy and weight loss liver and kidney values: WNL

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 right kidney presents normal size (6.4 cm) with moderate loss of corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (6.1 cm) and irregular in shape with mild loss of corticomedullary distinction. In the mid ventral cortex of the kidney, there is a hypoechoic lesion. This lesion is hypoechoic on the outer rim. The internal aspect of the lesion is hyperechoic. Overall, the lesion measures 1.0 cm in diameter, and the hyperechoic lesion in the center measures 0.7 cm in size.

Adrenal Glands

The left adrenal gland was diffusely enlarged. Otherwise, it appears hypertrophied. No other abnormalities are seen. The cranial pole measures 1.0 cm and the caudal pole measures 1.2 cm.

The right adrenal gland was also enlarged. The cranial pole measures 8.3 mm and the caudal pole measures 9.0 mm.

Spleen

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

Liver

The liver presents normal size and shape with smooth lobar margins. The parenchyma has normal echogenicity with normal echotexture. No focal lesions are seen. Intrahepatic bile ducts are normal. Normal vascular pattern.

The gallbladder presents normal size and contains a small amount of echogenic hyperechoic debris. This is clinically incidental. Normal gallbladder wall. No evidence of bile duct distention or obstruction.

Gastrointestinal

Diffusely, the stomach and small bowel appears to have overall normal wall layering and thickness, however, both the stomach and the small bowel contain a moderate amount of fluid and there appears to be diffuse functional gastroenteritis. No mechanical obstruction is seen. In the mid jejunum, there is



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an extramural mass lesion present. This lesion measures approximately 2.9 cm in length. It is hypoechoic with complete loss of layering of the normal jejunum. The mass lesion measures 9.3 mm in width. 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.

ULTRASONOGRAPHIC FINDINGS

- Bilateral loss of corticomedullary distinction of the kidneys. In the left kidney, there is a hypoechoic lesion in the ventral mid-cortex with a hypoechoic center. This lesion is potentially concerning for a possible renal abscess or possibly renal neoplasia such as renal carcinoma or possibly a hemangiosarcoma. However, an abscess is most likely given the patient's clinical signs and the presence of a fever.
- Bilateral adrenomegaly, consistent with possible pituitary dependent cushings.
- Focal lesion in the jejunum, consistent with neoplasia such as adenocarcinoma, leiomyosarcoma, GIST cell tumor, or possibly lymphoma or mast cell disease. A benign lesion in the GI tract is not suspected.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendation for the kidney would be to aspirate the renal lesion for aerobic anaerobic culture and cytology.

Recommend low-dose dexamethasone suppression test.

Patients' fever may be coming from translocation of bacteria from the GI lesion that has led to a possible renal abscess.

Recommend surgical resection and anastomosis of the GI lesion. Recommend three-view chest radiographs prior to any surgical procedure to rule out pulmonary metastatic disease. Prognosis at this time is guarded and recommend starting the patient on a broad spectrum antibiotic immediately after aspirating the renal lesion and prior to any surgical procedure.



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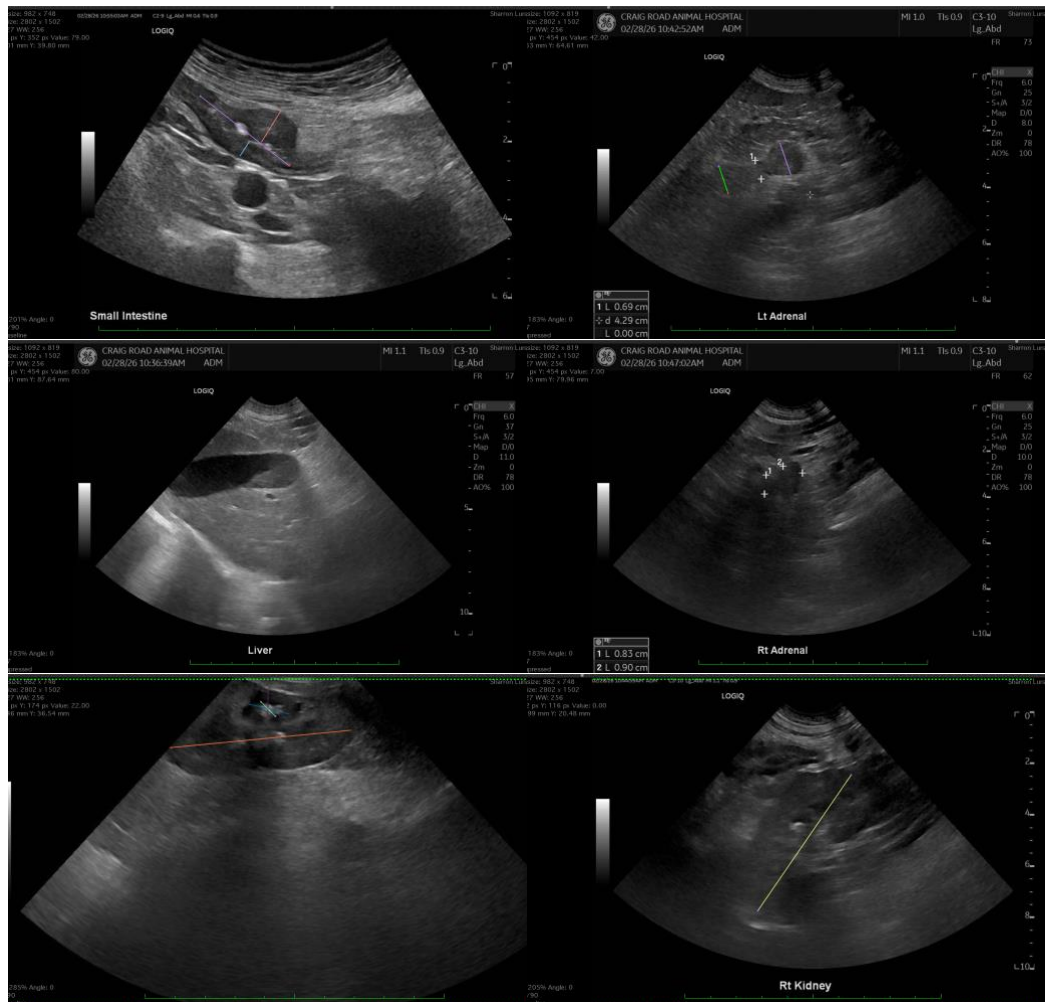
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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