



PATIENT

Ginger Bettencourt

SPECIES

Canine

BREED

Dachshund

SEX

Spayed female

AGE

11

WEIGHT

14.8

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Cristy Fisher

HOSPITAL NAME

Pine Creek Veterinary
Hospital

REFERRING VET

Dr. Cecilia Gustafson

INVOICE

11447

DATE

3/10/2026

PRESENTING CLINICAL SIGNS

- Pre-op bloodwork for CT scan to investigate for cause of chronic rhinitis showed elevated ALT/ ALP, hyposthenuria, proteinuria. In the past few months possible polydipsia.
- Bloodwork from LAST YEAR (3/2025) showed similar pattern with elevated ALP and hyposthenuria, proteinuria.
- P has stage B1 MVD

Abnormal PE/Chem/CBC/UA Results: 2025: ALP 651, UPC 1 USG 1.012 2026: ALP 816, ALT 137, UPC 1.3, USG 1.028 Chronic rhinitis (2m) characterized by sneezing, reverse sneezing; improves 9but does not resolve) with clavamox.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder contains a small amount of urine. No uroliths are seen. The bladder wall is normal in appearance and thickness. The luminal margin of the urinary bladder is irregular in shape, which may be a normal variation or may be representative of chronic urinary tract infection. No stones or masses are seen

The left kidney presents normal size with normal shape and architecture and a mild loss of corticomedullary distinction. Multiple hyperechoic pinpoint foci present in the renal pelvis, consistent with benign nephrocalcinosis. No pyelectasia or ureteral dilation.

The right kidney presents normal size with normal shape and architecture with a mild loss of corticomedullary distinction. Multiple hyperechoic pinpoint shadowing foci present in the renal pelvis. This is consistent with benign nephrocalcinosis. No pyelectasia or ureteral dilation. The right kidney measured 5.4 cm in length.

Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 4.7 mm in width and the caudal pole measures 7.5 mm in width.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The caudal pole appears normal and measures 6.8 mm in width. There is a hyperechoic mass lesion in the cranial pole, measuring 11.6 mm in width.

Spleen

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

Liver

The liver is diffusely enlarged and hyperechoic with rounded margins.

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

Gastrointestinal



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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. Normal iliac lymph node is visualized and measures 4.5 mm in width. No free abdominal fluid is seen.

ULTRASONOGRAPHIC FINDINGS

- Irregular luminal margin of the urinary bladder – Could indicate chronic UTI.
- Hyperechoic mass lesion in the cranial pole of the right adrenal gland. This lesion may be an incidental finding and may be non-functional, and not malignant adrenal neoplasia. However, given the appearance of this lesion, it is recommended to rule out functionality.
- Enlarged caudal pole in the left adrenal. There is no obvious mass lesions observed. Possible adrenal hyperplasia, or hyperadrenocorticism.
- Mild loss of corticomedullary distinction in both kidneys with mild to moderate renal nephrocalcinosis bilaterally.
- Enlarged hyperechoic liver. This finding is consistent with a vacuolar hepatopathy, possibly due to hyperadrenocorticism, less likely due to infiltrative neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If not already performed, recommend urinalysis and culture.

Recommend a low dose dexamethasone suppression test to rule out a cortisol producing lesion. Recommend submission of urine metanephrines to screen the patient for possible pheochromocytoma. If adrenal gland functionality is identified, recommend treating accordingly. If it is ruled out, then it's still possible that the right sided cranial pole mass lesion could potentially be malignant neoplasia. Recommend a CT scan of patient's abdomen for pre-surgical planning to assess prior to performing right sided adrenalectomy. Submission for histopathology is recommended to determine if this lesion could potentially be malignant.

Recommend full staging, monitoring, and managing of the patient per International Renal Interest Society (IRIS) guidelines.

Recommend fine needle aspirate of the liver and submission for cytology to rule out infiltrative neoplasia. If hyperadrenocorticism is ruled out, evaluate for other causes for vacuolar hepatopathy such as hypothyroidism, hypotriglyceridemia, possibly occult gastrointestinal or occult pancreatic disease. Prior to the rhinoscopy, recommend ruling out functional adrenal gland disease. If ruled out, proceed with CT and rhinoscopy. However, recommend including the abdomen in the CT scan for possible pre-surgical planning (as stated above.) If functional adrenal disease is identified, then recommend treating accordingly prior to considering anesthesia.



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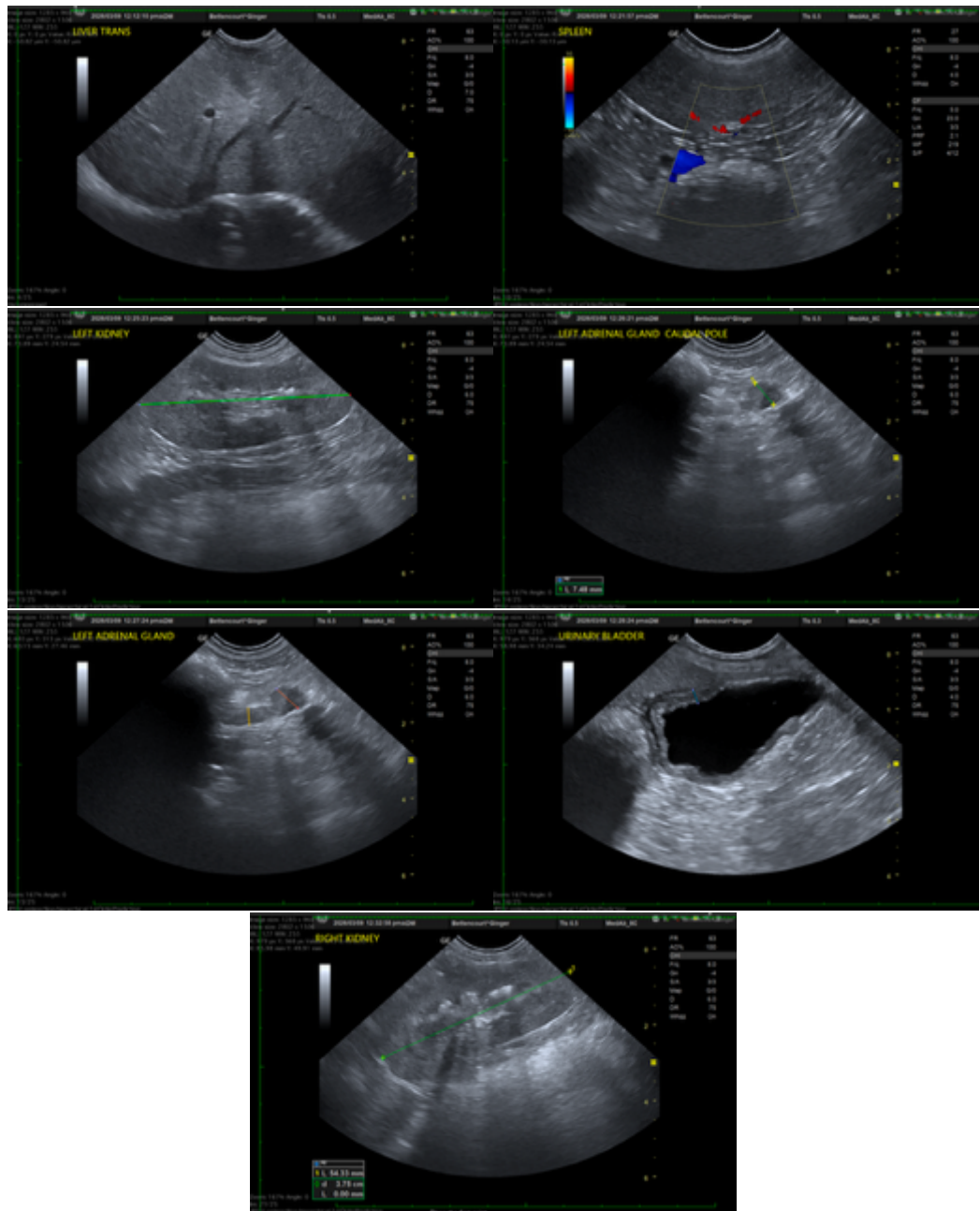
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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Veterinary Internal Medicine Specialist

info@SonoPath.com

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