



PATIENT

Ebony Richards

SPECIES

Canine

BREED

Lab x

SEX

Spayed Female

AGE

14 Years

WEIGHT

45 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Nikki Kollman, RVT

HOSPITAL NAME

Airpark Animal
Hospital

REFERRING VET

Dr. Marciszewski

INVOICE

73593

DATE

3/11/26

PRESENTING CLINICAL SIGNS

Presented on 3/9/26 for having 3-4 seizures overnight and acutely non-weight bearing on left hindlimb. Diagnosed left tibial fracture on radiographs with appearance of aggressive bone lesion. Pet has history of seizures and on Keppra 1500 mg PO XR q12 hours. NSF on MRI in March 2025. Splenectomy in January 2024; biopsy returned as splenic hematoma

Abnormal PE/Chem/CBC/UA Results: Non weight bearing on left hindlimb Mentally appropriate
Chronic mild non-regenerative anemia Creatinine 1.8

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 is not clearly seen on this exam.

The left kidney is irregular in shape and measures 4.1 cm in length. There is marked loss of corticomedullary distinction. Moderate renal pelvic dilation is noted at 4.6 mm.

Adrenal Glands

The right adrenal gland is not clearly visualized on this exam.

The left adrenal gland is a hyperechoic rounded mass measuring 2.6 cm x 1.58 cm.

Spleen

The spleen was not seen on this exam. Splenectomy was performed in January of 2024, which was returned as a benign hematoma.

Liver

The visible liver appears normal. No evidence of metastatic neoplasia seen.

The gallbladder presents normal size with a mild amount of echogenic debris that is most likely insignificant. Normal gallbladder wall. No evidence of bile duct distention or obstruction.

Gastrointestinal

The stomach and intestines have normal wall layering and thickness. The stomach contains a mild to moderate amount of retained ingesta. No pyloric outflow tract obstruction seen. It appears the patient may not be completely fasted for this exam. 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.



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ULTRASONOGRAPHIC FINDINGS

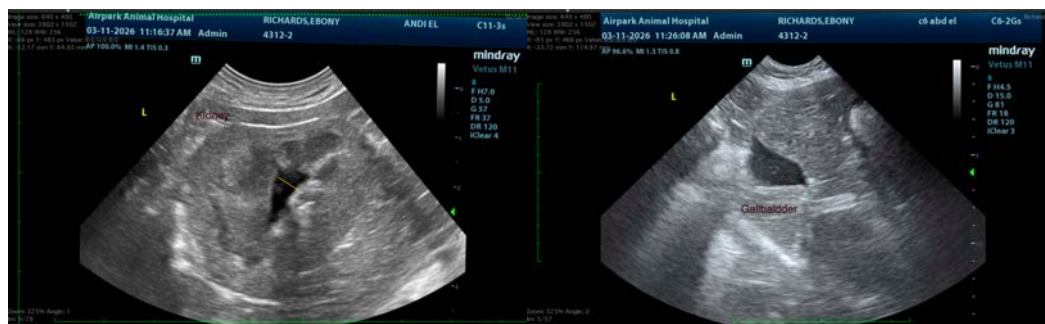
- Left-sided adrenal mass – This may be a primary tumor resulting in the aggressive bone lesion described in the submission.
- Left kidney irregular shape, pyelectasia, and loss of corticomedullary distinction – Consistent with chronic kidney disease. The renal pelvic dilation may suggest pyelonephritis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If chest radiographs have not been performed, recommend chest radiographs to rule out pulmonary metastatic disease. No evidence of metastatic disease seen in the images of the liver provided. The left-sided adrenal mass may be functional. Recommend performing both low-dose Dexamethasone suppression test and urine metanephrine test to rule out hyperadrenocorticism and pheochromocytoma.

Regarding the left kidney, recommend full staging, monitoring, and managing of the patient per International Renal Interest Society guidelines for chronic kidney disease. Recommend submitting a urinalysis, and active urine sediment, then recommend urine culture to rule out pyelonephritis.

Recommendations for the left-sided adrenal mass would be to consider left-sided adrenalectomy. First determine if functionality is present. If functionality is present, treat the functionality prior to any surgical procedure. If chest radiographs rule out pulmonary metastatic disease, then consider performing a full body CT scan to evaluate the patient's central nervous system. Also, this will allow us to further evaluate the patient for possible metastatic lesion anywhere else not seen on the exam. If clinically indicated by CT scan, consider left-sided adrenalectomy and possible surgical repair/amputation of the left pelvic limb due to the aggressive bony lesion. Prognosis is guarded pending results of recommended diagnostics.





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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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