



PATIENT

Bella Chartier

SPECIES

Canine

BREED

Terrier Mix

SEX

Spayed Female

AGE

13 Years

WEIGHT

4.9 kg

PRESENTING CLINICAL SIGNS

- Was seen twice last week for dog's decreased appetite and intermittent shaking when laying down
- Since then dog's appetite has improved but not back to normal, and the shaking is better
- Dog only eats people food for most of her life (chicken and beef)
- Was on antibiotics last week for possible kennel cough as well, which was diagnosed the first exam last week for a cough that was accompanying these other signs.
- No vomiting/diarrhea
- Urinations appear normal according to owner
- Abdominal u/s to assess further as CBC was abnormal
- Abnormal PE/Chem/CBC/UA Results: mm-mild palor oral exam inflamed gums CBC: HCT 0.378 (0.373-0.617) MCH 20.6 pg (21.2-25.9) Retic 4.8% Retic 286.6 K/ul (10-110) WBC 22.1 x10e9/l (5.1-16.8) Neut 15.6 (3.0-11.6) Mono 3.2 (0.16-1.12) Plt 373 (148-484) MPV 20.8 fL (8.7-13.2) Pltcrit 0.78 (0.14-0.46) Marked polychromasia, anisocytosis, metarub present, marked macrothrombocytosis, howell joll bodies present in polychromatophils CHEM: Glob 49 g/l (25-45) ALP 255 u/l (23-212)

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Iacovides

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Tuxedo AH

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

The left kidney presents normal size (3.5 cm length) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. Left renal pelvis contains non-shadowing hyperechoic material, measuring 8.0 mm by 26.5 mm.

Adrenal Glands

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 3.9 mm width, and the caudal pole measures 4.3 mm.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 3.0 mm width, and the caudal pole measures 4.9 mm.

Spleen

Spleen is normal in size and echogenicity. There are multiple hyperechoic variable size non-capsule-displacing lesions present throughout the spleen consistent with benign myelolipomas. Splenic blood flow is normal.

Liver



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In the left liver, there is a 6.3 mm x 7.7 mm hyperechoic non-capsule-displacing lesion present. Gallbladder appears normal, it does contain a moderate amount of aggregating echogenic debris. The aggregation is more intense in the central gallbladder. The remainder of the liver other than the hyperechoic lesion appears normal.

Gastrointestinal

Stomach contains a moderate amount of gas. The stomach wall is normal in thickness and layering. The jejunum is diffusely normal in thickness and layering. The colon contains formed stool. The colon wall is normal.

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

- Hyperechoic lesion within the left liver- differentials include benign regenerative nodule, less likely primary hepatobiliary neoplasia such as hepatocellular carcinoma or cholangiocarcinoma, less likely round cell or metastatic neoplasia.
- Moderate amount of aggregated gallbladder debris
- Hyperechoic lesions within the spleen, consistent with benign myelolipomas.
- Hyperechoic lesion within the left renal pelvis, appears to be clinically incidental at this time

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Consider fine needle aspirate of the liver lesion with submission for cytology to determine etiology.

The patient appears to have very early immature gallbladder mucocele. Consider ursodiol 15 mg/kg by mouth, split into two doses, rechecking the appearance of the gallbladder via ultrasound in approximately 3 months to determine if improvement is seen.

If a urinalysis has not been performed, recommend urinalysis and urine culture, if urinalysis indicates active urine sediment, to rule out possible urinary tract infection or pyelonephritis.

No specific cause for patient's clinical signs seen on this exam.

Prognosis at this time is open, pending recommended further diagnostics.



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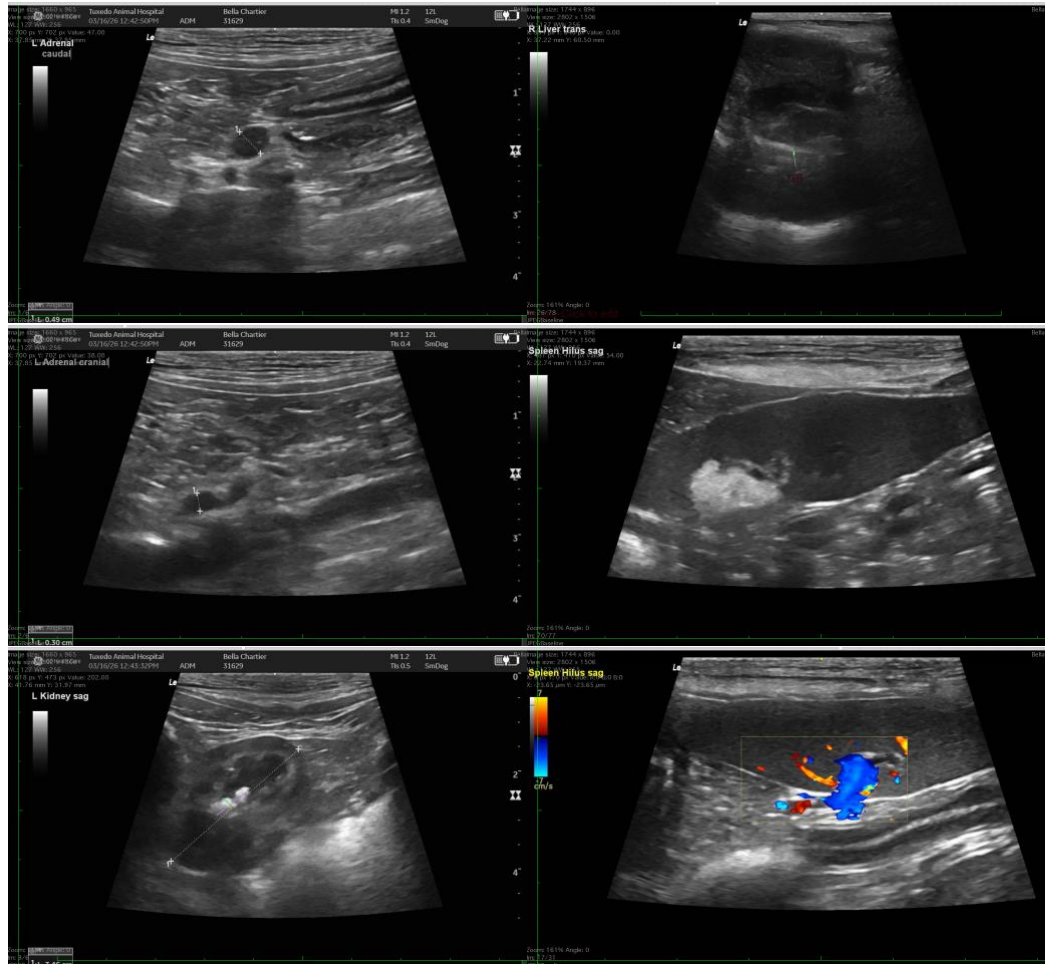
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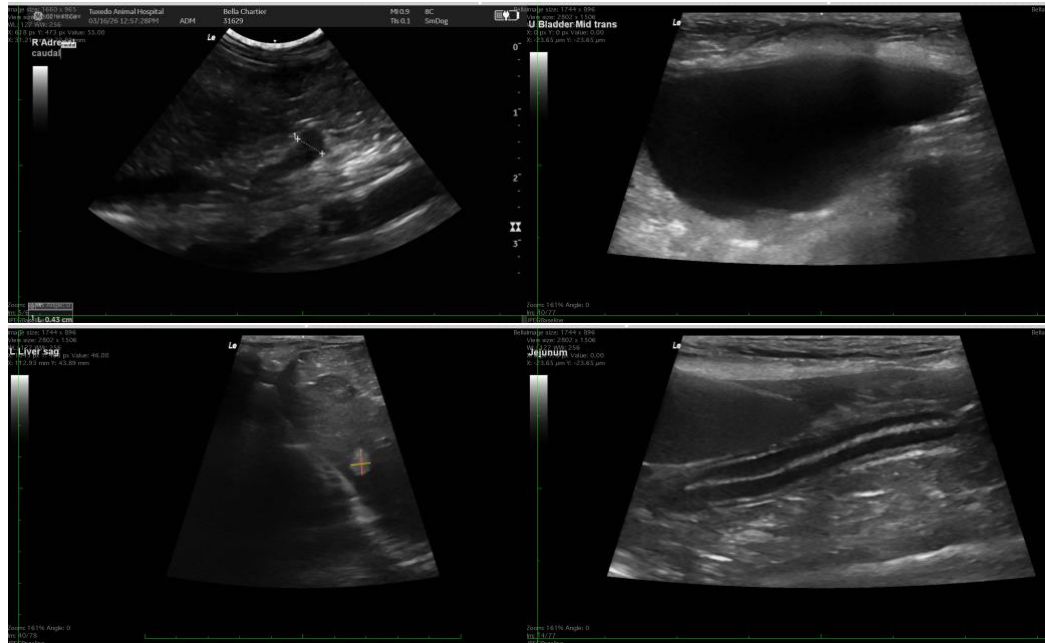
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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