



**PATIENT**

Bella Flanagan

**SPECIES**

Canine

**BREED**

Miniature Schnauzer

**SEX**

Spayed Female

**AGE**

15 Years 10 Months

**WEIGHT**

11.2 lbs

**INTERPRETED BY**

Greg Kuhlman, DVM,  
 DACVIM (SAIM)

**IMAGING PERFORMED BY**

Kathleen Byrnes

**HOSPITAL NAME**

Animal Clinic Madison  
 Mayodan

**REFERRING VET**

Dr. McKinlay

**INVOICE**

73786

**DATE**

3/18/26

**PRESENTING CLINICAL SIGNS**

P presented ADR, Has a history of chronic thrombocytopenia (30,000) and chronic pancreatitis

**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 (3.7 cm) with normal shape and architecture. There is moderate loss of corticomedullary distinction. Mild renal pelvic dilation noted.

The left kidney measures at the upper end of normal limits for size (4.6 cm) with moderate loss of corticomedullary distinction. Mild renal pelvic dilation noted at 1.6 mm in width.

**Adrenal Glands**

The right adrenal gland is mildly enlarged, measuring 5.5 mm at the caudal pole and 7.0 mm at the cranial pole. The cranial pole has a heterochoic echotexture. No specific mass lesion seen.

The left adrenal gland measures at the upper end of normal limits for size, measuring 4.9 mm in width. It appears normal otherwise. The phrenic vasculature is unremarkable.

**Spleen**

The spleen is mildly diffusely enlarged with normal echogenicity and irregular margins diffusely. Variably sized hyperechoic foci noted throughout the spleen, consistent with benign myelolipomas.

**Liver**

The liver is mildly enlarged and hyperechoic with a mottled echotexture. There are several variably sized hepatic cysts present throughout the parenchyma. Two cysts were measured at 2.5 mm and 2.2 mm in diameter. No mass lesions seen associated with the cysts or anywhere else in the liver.

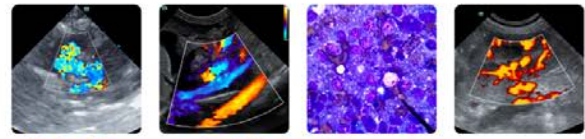
The gallbladder presents normal size with anechoic contents. There is a mild to moderate amount of suspended echogenic debris, insignificant at this time. Normal gallbladder wall. The common bile duct is prominent but not overly distended, measuring 1.5 mm in width. The gallbladder does not appear obstructed.

**Gastrointestinal**

The stomach and intestines have normal wall layering and thickness. The stomach and small bowel are moderately distended with ingesta. No mechanical obstruction seen. No evidence of ileus identified on this ultrasound. 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.



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**Free Abdomen**

In the right abdomen there is a 1.5 cm x 0.92 cm cystic, enlarged mesenteric lymph node.

No free abdominal fluid is seen.

Cardiac images were provided. No pericardial effusion seen. Cardiac function appears normal.

**ULTRASONOGRAPHIC FINDINGS**

- Bilateral renal changes consistent with chronic kidney disease, possible pyelonephritis due to the renal pelvic dilation.
- Enlarged, hyperechoic, mottled liver with diffuse cysts – most likely age related. No obvious evidence of neoplasia seen.
- Enlarged spleen with irregular margins – Possible normal variation.
- Mildly enlarged cranial pole right adrenal gland with heterochoic echotexture – Most likely an incidental finding.
- Enlarged, cystic mesenteric lymph node – Most likely due to chronic antigenic stimulation. This node does not appear to be enlarged due to neoplasia.
- The patient appears to be not completely fasted for this exam.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Recommend full staging, monitoring and management of the patient's renal disease per IRIS guidelines.

When patient's platelet count improves, consider a fine needle aspirate of the liver to rule out round cell neoplasia such as lymphoma or mast cell disease. I suspect the patient has a benign hepatopathy as the cause of the liver changes, and that the liver changes are age related as well.

When platelet count improves, also recommend fine needle aspirate of the spleen to rule out round cell neoplasia including lymphoma and mast cell disease.

Also consider fine needle aspirate of the enlarged mesenteric lymph node when considered clinically safe to perform. Given patient's history of chronic pancreatitis, this node is most likely reactive.

If endocrine disease such as hyperadrenocorticism is suspected clinically, consider performing a low-dose Dexamethasone suppression test to rule out hyperadrenocorticism.





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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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