



PATIENT

Kato Hren

SPECIES

Canine

BREED

Labrador Retriever

SEX

Neutered Male

AGE

10 Years

WEIGHT

46.9 kg

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Stephanie Cory

HOSPITAL NAME

Brighton Veterinary
Clinic P.C. Inc

REFERRING VET

Dr. Megan Kornder

INVOICE

14001

DATE

03/02/26

PRESENTING CLINICAL SIGNS

- Recent PU/PD, very hungry, panting more. X-rays at rDVM = concerned about abdominal mass.

Abnormal PE/Chem/CBC/UA Results: Recent chem = mild increase in ALP at 231 (normal: 0-140), ALT is wnl, TBIL 16 (0-9). CBC unremarkable, normal T4.

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 papilla was not seen.

The prostate is normal in size and measured 1.04 cm in width with uniform echogenicity and is symmetrical.

The left kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured 6.9 cm in length.

The right kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The right kidney measured 6.7 cm in length.

Adrenal Glands

The left adrenal gland presents enlarged. The phrenic vasculature is unremarkable. The cranial pole measures 8.0 mm and the caudal pole measures 11.2 mm.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The caudal pole measures 6.9 mm. Hyperechoic nodule in the cranial pole of the right adrenal that measures 10.9 by 9.7 mm. Most likely an incidental finding.

Spleen

The spleen is normal in size, shape, margination and echogenicity. No masses are seen. Blood flow is normal. There are hypoechoic non-capsule displacing lesions throughout the spleen that are most likely benign extramedullary hematopoiesis, less likely these lesions are neoplastic in origin.

Liver

Liver is diffusely enlarged with a hyperechoic echogenicity and a mottled echo texture. Diffusely throughout the liver, there are multifocal hypoechoic ill-defined lesions present that do not appear to be displacing the hepatic capsule. One of the larger lesions is measured at 3.4 by 3.6 cm. A second smaller lesion is measured at 1.1 by 0.7 cm. These hepatic lesions are most likely benign regenerative nodules, however metastatic or primary hepatobiliary neoplasia cannot be ruled out. In the cranial aspect of the liver, there is a 4.3 by 2.7 cm heteroechoic lesion present that is possibly primary hepatobiliary neoplasia such as hepatocellular carcinoma or cholangiocarcinoma.



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

Gastrointestinal

The intestines have normal wall layering and thickness. Colon contains normal contents with normal wall thickness. Gastric wall normal in thickness and layering. Stomach contains a small amount of retained ingesta. No outflow tract obstruction seen.

Pancreas

The visible pancreas is normal in size with normal echogenic parenchyma and surrounded by normal peri-pancreatic mesentery.

Free Abdomen

Mild mesenteric lymphadenopathy is found diffusely throughout the abdomen. These nodes are very mildly enlarged and are most likely reactive. It is unlikely there is a neoplastic cause to their enlargement. There is a very scant pocket of free fluid near the jejunum.

ULTRASONOGRAPHIC FINDINGS

- Enlarged left adrenal gland.
- Hypoechoic splenic lesions.
- Hepatic lesions.
- Gastric ingesta.
- Right adrenal cranial pole nodule.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend fine needle aspirate of the lesions. Submission for cytology to rule out round cell neoplasia such as lymphoma or mast cell disease.

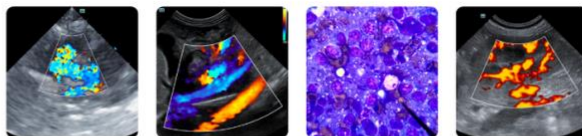
Recommend fine needle aspirate of one or several of the hepatic lesions. Submission for cytology to rule out a neoplastic cause for their presence. Recommend CT scan to further characterize the hepatic lesion to determine the feasibility of surgical resection and submission for histopathology.

If clinically warranted, recommend functionality testing for the adrenal nodule. If clinically warranted, recommend low-dose dexamethasone to screen for hyperadrenocorticism and recommend obtaining blood pressure if patient is found to be hypertensive. Recommend submitting a urine metanephrine to screen for possibility of the nodule being a pheochromocytoma.

If functionality testing is not warranted or is negative for functionality, then recommend periodic monitoring of the nodule via ultrasound to determine if changes in size or appearance are occurring that would warrant a right-sided adrenalectomy.

Consider low-dose dexamethasone suppression tests for enlarged left-sided adrenal gland.

Recommend three-view chest x-rays to screen for pulmonary metastatic disease if not already performed.



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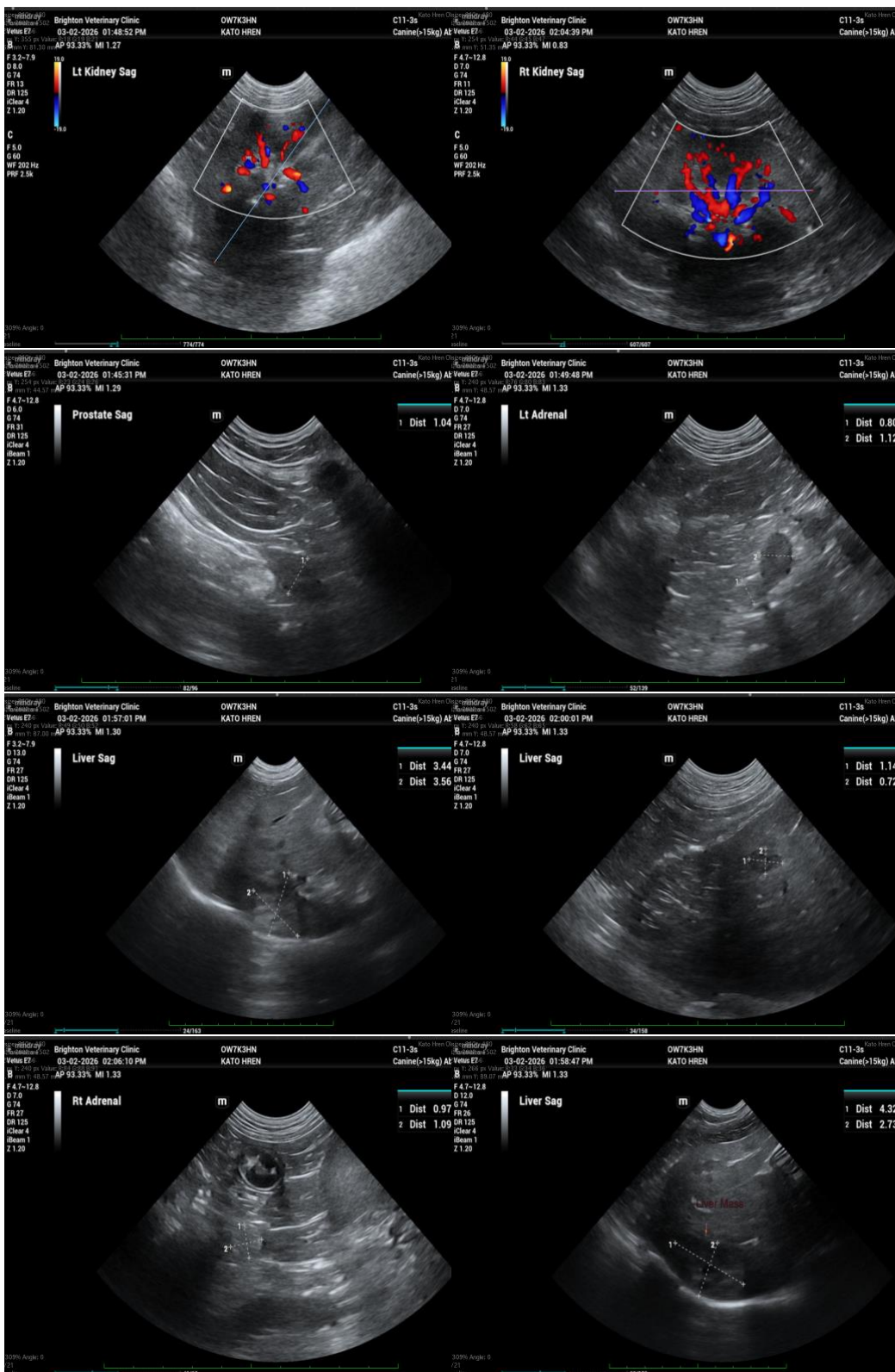
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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Veterinary Internal Medicine Specialist

info@SonoPath.com

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