



PATIENT

Macy Arrigo

SPECIES

Canine

BREED

Weimaraner

SEX

Spayed Female

AGE

10 Years

WEIGHT

101 Pounds

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Julia Bakker, DVM

HOSPITAL NAME

Orange Blossom VI

REFERRING VET

Carmen Lucena, DVM

INVOICE

36063

DATE

3/2/26

PRESENTING CLINICAL SIGNS

- Relevant Patient History and Primary Purpose for this Exam:
- Patient presented for acute onset of Urinating in large amounts in the house twice last week. Was lethargic last week, improved over the weekend and at presentation was BAR. Has a non healing lick granuloma from mass removed on the R rear leg caudal top the hock 9 months ago.
- Unable to palpate individual organs caudal abdomen, seems sensitive upon palpation of caudal abdomen.
- Numerous lipomas through the body.
- Remaining of PE WNL
- BW: TP & Glob Increased, CA Increased, BUN & Creat Increased, U/A low USG

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 urethral papilla is not visible.

In the cranial pole of the right kidney, there is what appears to be a mass lesion present that measures 5.03 cm x 4.40 cm. It is hypoechoic with a mottled echotexture. The right kidney presents large size (9.7 cm in length) due to the mass lesion with mild loss of corticomedullary distinction.

The left kidney was slightly small in size (5.2 cm in length) and markedly irregular in shape with marked loss of corticomedullary distinction. Mild renal pelvic dilation (3.4 mm in width) was noted.

Adrenal Glands

The right adrenal gland presents normal in size. The cranial pole measures 7.3 mm and the caudal pole measures 5.9 mm.

The left adrenal gland was diffusely enlarged. The cranial pole measures 0.74 cm and the caudal pole measures 1.09 mm.

Spleen

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

Liver

The liver presents normal size and shape with smooth lobar margins. The parenchyma has normal echogenicity with normal echotexture. No focal lesions are seen. Intrahepatic bile ducts are normal. Normal vascular pattern.

The gallbladder appears normal. The gallbladder contains a small amount of suspended hyperechoic debris that is most likely clinically incidental at this time, given the no reported elevated liver values.



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Gastrointestinal

The stomach contains a small amount of digested food. No outflow tract obstruction is seen. The patient is either not fully fasted for exam or may have gastric ileus from reported azotemia. The intestines have normal wall layering and thickness. Colon contains normal contents with normal wall thickness.

Pancreas

The visible pancreas, which is the left limb, appears normal. No evidence of pancreatitis seen on this exam.

Free Abdomen

There are no enlarged abdominal lymph nodes seen on this exam. No free abdominal fluid is seen.

ULTRASONOGRAPHIC FINDINGS

- Right sided renal mass- differentials include renal carcinoma versus hemangiosarcoma versus other malignant neoplasia, or less likely renal abscess.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend fine needle aspirate of renal mass with submission for cytology. If cytology is suggestive of a renal abscess, then medical treatment with long term antibiotic may be an acceptable treatment plan and allow for resolution of abscess. If cytology is suggestive of a neoplastic process or it is inconclusive, recommend three view chest xrays as presurgical planning, and recommend right sided nephrectomy with submission for histopathology. Three view chest xrays are recommended to rule out pulmonary metastatic disease prior to pursuing surgery. Given that the patient is reported to be hypercalcemic, renal carcinoma is a top differential at this time. Prognosis is currently guarded, pending further diagnostics.



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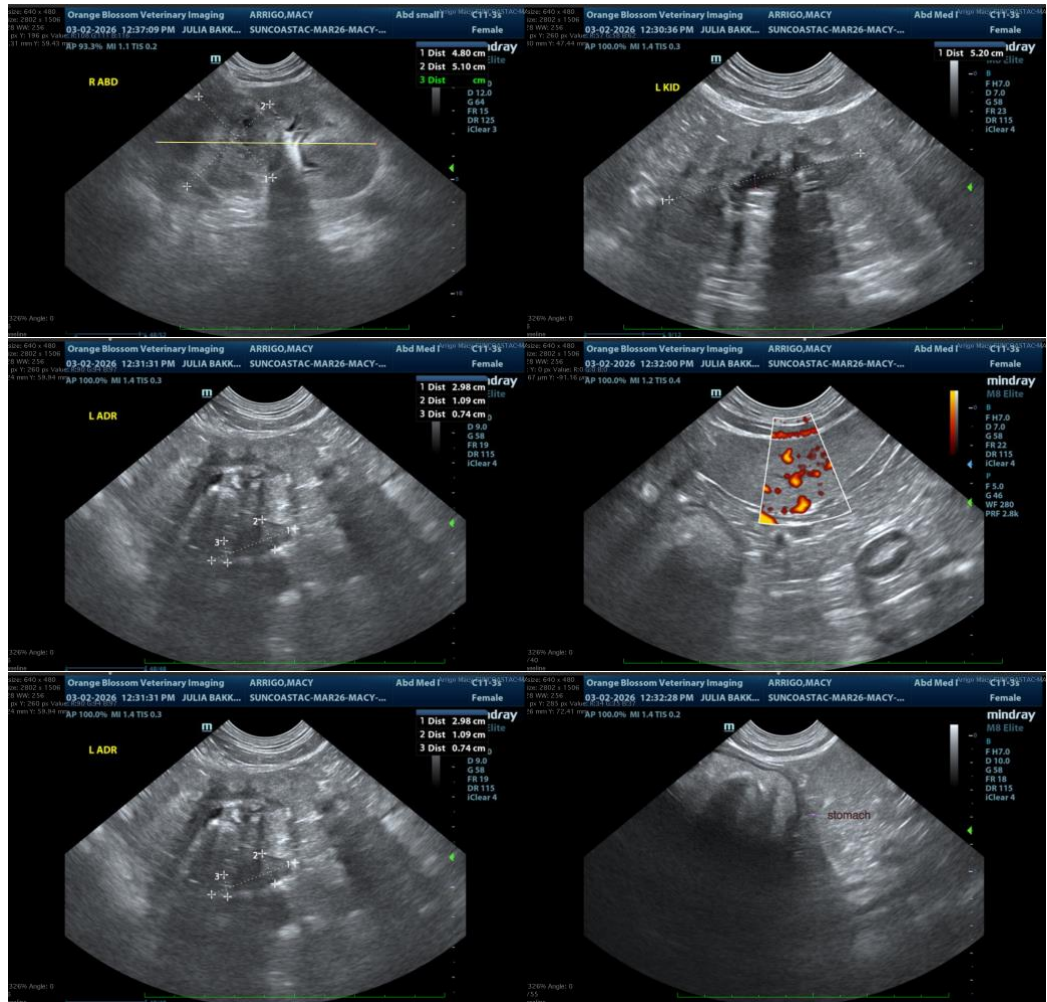
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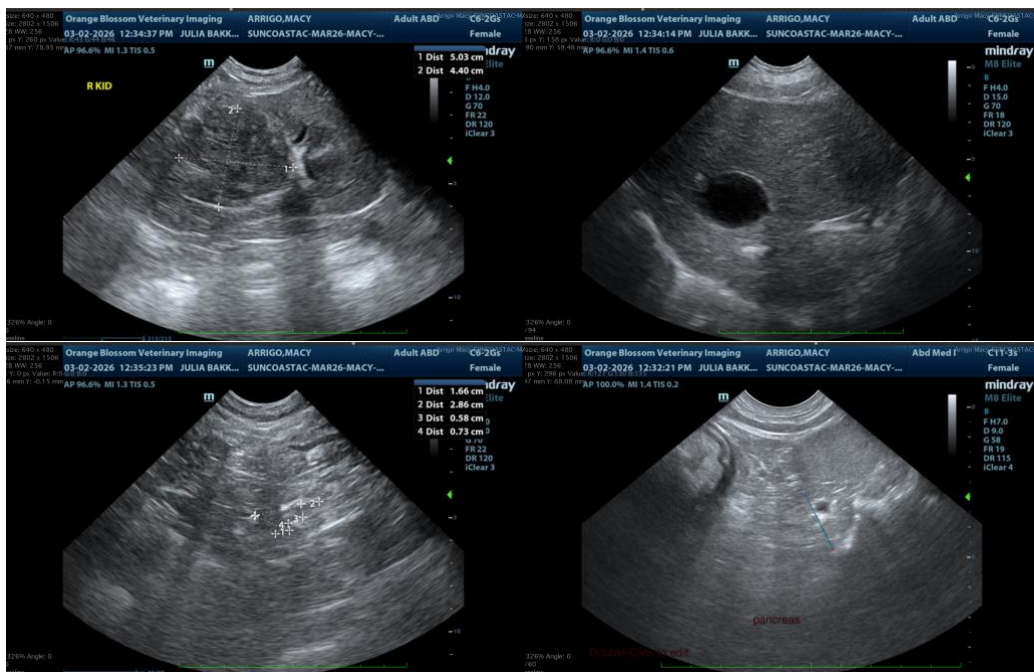
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
Veterinary Internal Medicine Specialist
info@SonoPath.com