



**PATIENT**

Cosette Terry

**SPECIES**

Canine

**BREED**

Chihuahua x

**SEX**

Spayed Female

**AGE**

1.5 Years

**WEIGHT**

29 lbs

**INTERPRETED BY**

Greg Kuhlman, DVM,  
DACVIM (SAIM)

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

Town & Country  
Animal Clinic

**REFERRING VET**

Dr. Weston

**INVOICE**

73953

**DATE**

3/24/26

**PRESENTING CLINICAL SIGNS**

Patient appears healthy on physical exam. Patient presented for possible foreign body (P eats foreign objects often) and had GI upset. Radiographs were performed and notes soft tissue density in abdomen (see physical exam notes) and splenomegaly. Repeat radiographs taken a week later and constant demonstration of the patterns, while patient displays no more symptoms and is doing well.

**ABNORMAL Labwork Values:** See emailed copy of results (in with the records and sent separately as well)

**Current Medications:** Provable Forte SID, Credelio, Interceptor

**Radiographic Findings:** Splenomegaly and soft tissue density in abdomen. See notations (2 films from original date, one film from today-1 week later)

**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 papillae seen. The urethra appears normal.

The right kidney presents normal size (5.7 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (5.2 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

**Adrenal Glands**

The cranial pole of the right adrenal gland is mildly enlarged. Diffusely normal layering and echogenicity. No specific masses seen. The cranial pole measures 10.4 mm and the caudal pole measures 4.0 mm.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 3.7 mm and the caudal pole measures 3.6 mm.

**Spleen**

The spleen is diffusely mildly enlarged (1.6 cm in width) with normal echogenicity and echotexture.

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

**Gastrointestinal**

The stomach and intestines have normal wall layering and thickness. Colon contains formed stool with normal wall thickness.



**PATIENT**

**Pancreas**

Cosette Terry

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

**SPECIES**

**Free Abdomen**

Canine

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

**BREED**

**ULTRASONOGRAPHIC FINDINGS**

Chihuahua x

- Subjectively mildly enlarged spleen – This may be a normal variation. However, infiltrative disease such as round cell neoplasia including lymphoma or mast cell disease cannot be definitively ruled out. Infectious disease such as bartonella or other is possible.

**SEX**

Spayed Female

- Mildly enlarged cranial pole right adrenal gland – Most likely a normal variation, less likely due to a pheochromocytoma.

**AGE**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

1.5 Years

No cause is identified for the soft tissue density seen in the abdomen on recent radiographs.

**WEIGHT**

Recommend fine needle aspirate of the spleen to rule out round cell neoplasia and determine if possible splenitis is present. If splenitis is identified, then consider further workup for possible infectious causes.

29 lbs

If there is any consideration for endocrine disease such as hyperadrenocorticism, consider performing a low-dose Dexamethasone suppression test. Recommend obtaining patient's blood pressure. If hypertensive, consider submitting a urine metanephrine test to rule out pheochromocytoma. If the patient is not hypertensive, then pheochromocytoma is much less likely. Recommend rechecking the right adrenal gland via ultrasound in approximately 3-6 months to determine if the appearance of the adrenal gland is stable or if the cranial pole appears to be increasing in size. If it is increasing in size, then consider further workup and possible CT scan as pre-surgical planning for right-sided adrenalectomy. However, given the appearance of the adrenal gland on ultrasound today, this seems unlikely.

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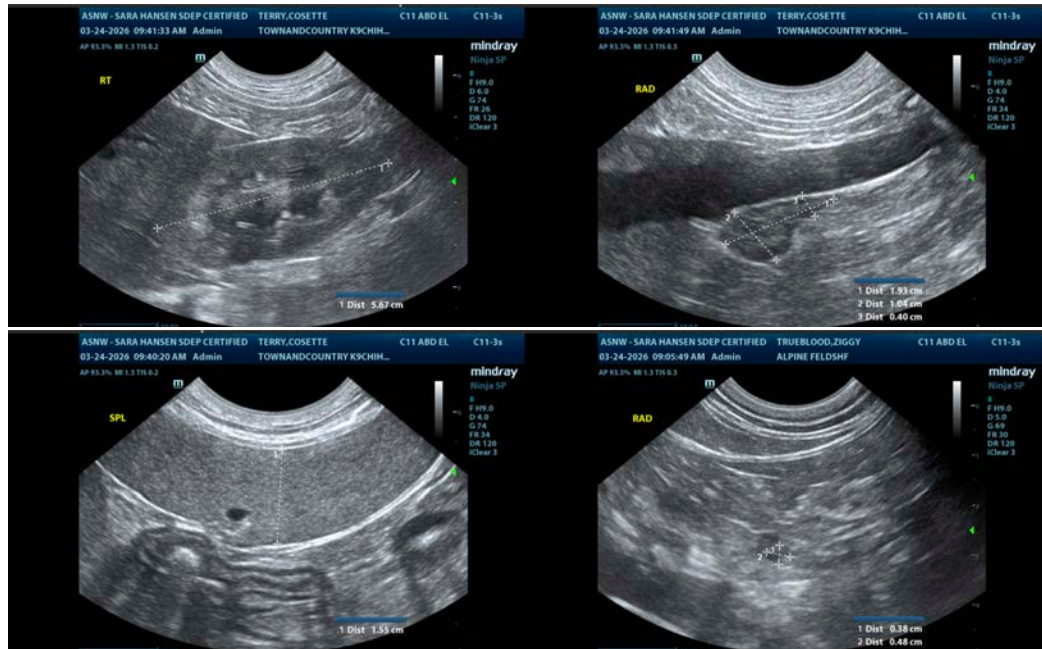
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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[info@SonoPath.com](mailto:info@SonoPath.com)