



PATIENT

Lola Shepherd

SPECIES

Canine

BREED

Chihuahua x

SEX

Spayed Female

AGE

13 Years

WEIGHT

17.12 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Cottage Grove
Veterinary Clinic

REFERRING VET

Dr. Damewood

INVOICE

74005

DATE

3/25/26

PRESENTING CLINICAL SIGNS

Decreased appetite, tense in the abdomen (poss mass) coughing

Current Medications: Hydrocodone/homatropine 5mg/1.5mg per 5ml syrup. Give 1.5 to 3mls everyb 8-12hrs. Novox 75mg 1/4 tab sid. apoquel 3.6mg 1 sid

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. Th urethra appears normal.

The kidneys are overall normal in size (4.4 cm on the left and 5.17 cm on the right) and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted in the left kidney. There is no evidence of pyelectasia or infarcts observed.

Adrenal Glands

The right adrenal gland is enlarged, measuring 6.7 mm at the caudal pole and 11.5 mm at the cranial pole.

The left adrenal gland is enlarged, measuring at 8.3 mm at the cranial pole and 9.0 mm at the caudal pole.

Spleen

In the head of what appears to be the spleen there is a 2.9 cm x 2.6 cm hypoechoic non-cavitated, capsule displacing mass present. There is a 2nd hypoechoic lesion in the body of the spleen that is also hypoechoic and mildly capsule displacing, measuring 2.8 cm x 1.5 cm.

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. No evidence of metastatic disease seen within the liver.

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 normal contents with normal wall thickness.

Pancreas

The observed pancreas appears appropriately isoechoic to surrounding omental fat. The capsule is mildly irregular in shape. Parenchyma is mildly heterogenous and coarse. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.



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Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

- Splenic masses - Most likely malignant neoplasia such as hemangiosarcoma, less likely benign hemangioma. Other differentials include round cell neoplasia such as lymphoma or mast cell disease.
- Bilateral adrenal enlargement – Suggestive of pituitary dependent Cushing’s.
- Age related renal changes with dystrophic mineralization in the left kidney.

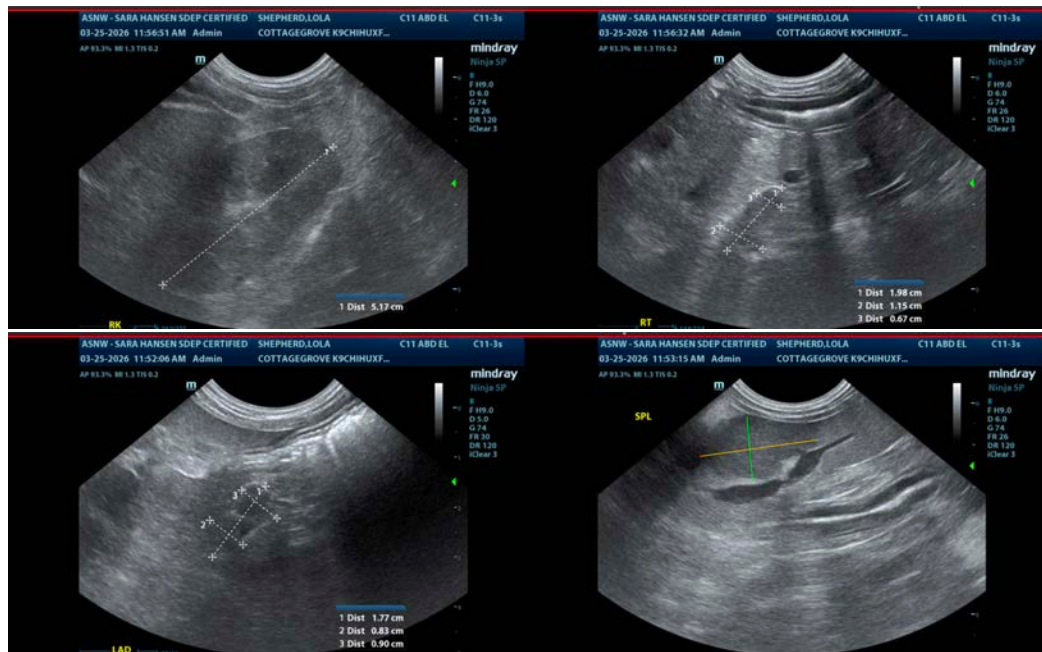
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Before considering splenectomy, recommend fine needle aspirate with submission for cytology to rule out round cell neoplasia, which may be medically treatable. If round cell neoplasia is ruled out, recommend splenectomy and submit spleen for histopathology.

Recommend performing current comprehensive lab work including CBC/Chem and urinalysis. Also recommend low-dose Dexamethasone suppression test to screen further for hyperadrenocorticism.

Recommend full staging, monitoring, and management of the patient’s kidney disease based on IRIS guidelines.

Recommend 3-view chest radiographs to evaluate for pulmonary metastatic disease. Prognosis is open pending results of recommended diagnostics.





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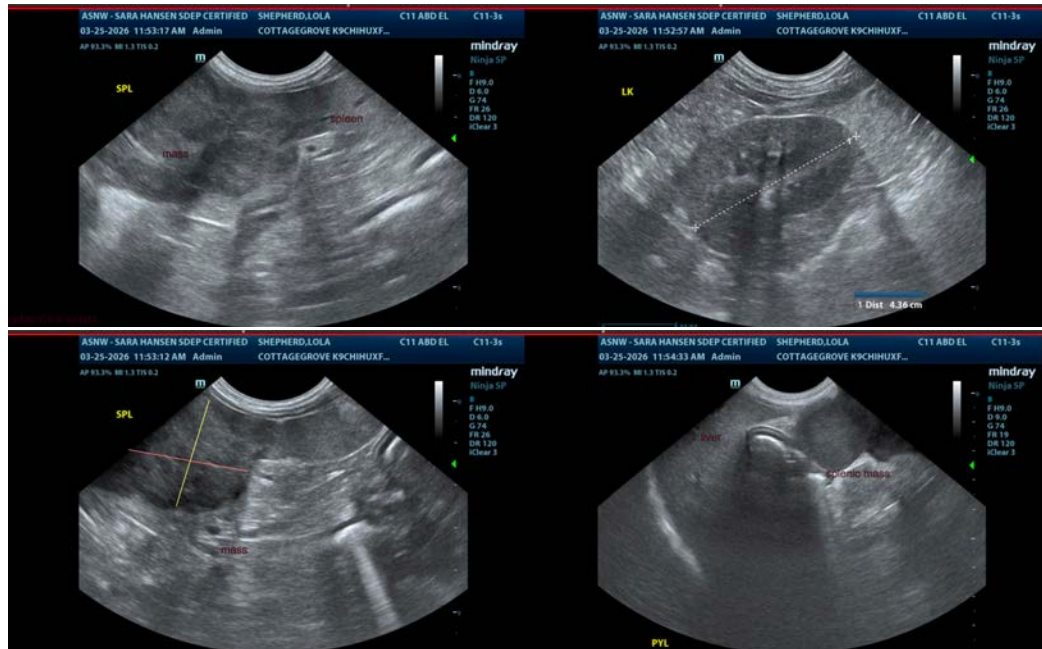
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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