



PATIENT

Raikou Salcedo

SPECIES

Canine

BREED

Shih Tzu

SEX

Neutered Male

AGE

15 Years 4 Months

WEIGHT

13.6 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
 DACVIM (SAIM)

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Midland Park
 Veterinary Hospital

REFERRING VET

Dr. Shokoff

INVOICE

74007

DATE

3/25/26

PRESENTING CLINICAL SIGNS

Mineralized kidneys on rads, elevated Liver/ Kidney values on BW, Presented for vomiting/ anorexia on 3/20. Responded to symptomatic treatment but abnormal findings on BW/ Rads

Abnormal PE/Chem/CBC/UA Results: ^ Creat 2.7, ^ BUN 79, ^ PHos 9.7, ^ Glob 4.8, ^ ALT - to high to register, ^ ALKP 1740, ^ GGT 54, ^ Chol 356, ^ Chloride 102, ^ Retic 1184

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended with primarily anechoic contents and occasional echogenic non-shadowing debris. Apical urinary bladder wall is diffusely thick (1.7 mm). Mucosa is hyperechoic and irregular. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface.

The prostate is normal in size, measuring 8.2 mm in width. It is symmetrical and uniform in echogenicity.

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

Kidneys are overall normal in size (right kidney 4.0 cm, left 3.79 cm) 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 both kidneys. Mild pyelectasia noted in the left kidney measuring 1.6 mm in width. A 6.6 mm cortical cyst was present in the mid dorsal right kidney, appears benign.

Adrenal Glands

The cranial pole of the right adrenal gland is mildly enlarged, measuring 6.4 mm in width. Caudal pole measures 4.3 mm in width.

The left adrenal gland is diffusely enlarged with normal echotexture. Caudal pole measures 9.4 mm. Cranial pole measures 8.0 mm.

Spleen

There is a mass at the head of the spleen that measures 1.8 cm x 1.7 cm. It is mixed echoic and capsule displacing, non-cavitated. The remainder of the spleen is normal with normal blood flow.

Liver

Liver is relatively normal in size and contour. Parenchyma is mildly heterogenous and coarse with mild likely age-related parenchymal remodeling noted. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is mildly overdistended with a moderate amount of non-dependent, mildly aggregated/inspissated sludge. Hypo to anechoic cystic areas are noted between the gallbladder sludge and luminal wall. The wall is otherwise smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion.



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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.

Free Abdomen

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

No pericardial effusion seen in the view of the heart.

ULTRASONOGRAPHIC FINDINGS

- Splenic mass – Most likely a neoplastic process such as hemangiosarcoma, less likely a benign process such as hemangioma and associated hematoma.
- Mild bilateral adrenomegaly – Possible hyperadrenocorticism.
- Emerging gallbladder mucocele – Likely to be the cause of the patient’s elevated liver values and clinical illness.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend a fine needle aspirate of the spleen to rule out the possibility of round cell neoplasia as a cause of the splenic mass. If round cell neoplasia is ruled out, then recommend submitting spleen for histopathology.

Recommend screening for hyperadrenocorticism. Consider a low-dose Dexamethasone suppression test or ACTH stimulation test.

Medical management of the emerging mucocele is unlikely to be effective. Recommend cholecystectomy and submission of gallbladder for histopathology and aerobic and anaerobic bacterial culture.





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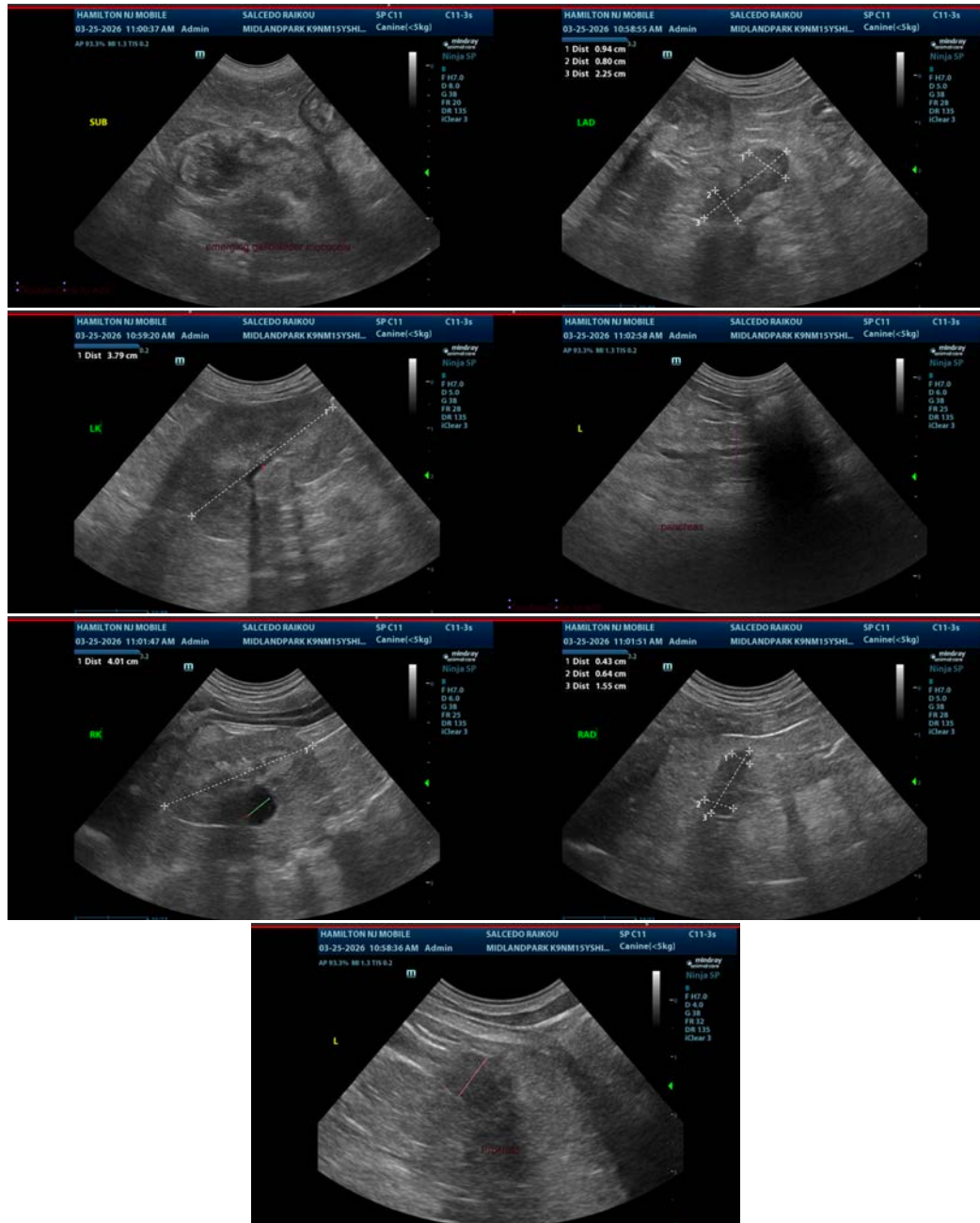
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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