



## PATIENT

Peedi McMahon

## SPECIES

Canine

## BREED

Pit Bull Terrier

## SEX

Neutered Male

## AGE

14 Years 1 Month

## WEIGHT

27.4 kg

## INTERPRETED BY

Greg Kuhlman, DVM,  
DACVIM (SAIM)

## IMAGING PERFORMED BY

Renee Trionfetti, VMD

## HOSPITAL NAME

Cypress Veterinary  
Clinic

## REFERRING VET

Laura Johnson, VMD

## INVOICE

74057

## DATE

3/26/26

## PRESENTING CLINICAL SIGNS

AUS to further evaluate chronic stable but mild progression of liver enzyme elevations, mild renal values consistent with IRIS stage 2 CKD, UA 1+ proteinuria. Clinical history includes acute onset of polyuria/polydipsia and vomiting, no diarrhea. Recent diagnostics show elevated serum cortisol, not consistent with hypoadrenocorticism. Urine cortisol:creatinine ratio highly unlikely for hyperadrenocorticism. Endocrine disease (Addisons and Cushings) considered unlikely based on current results.

Meds: Gabapentin, Denamarin, Adequan, Benadryl PRN, Dasaquin/cosequin

Abnormal PE/Chem/CBC/UA Results: - CBC: Hct 49.7%, Mono 0.912 H, Plts 429 H, remainder NSF - Chem: Cr 1.9 H, BUN 40 H, SDMA 12-n, cystatin B <50, Phos 5.6-n, TP 7.8 H, Glob 4.6 H, K 5.5 H, Na:K 26, ALT 151 (was 128), AST 60 (was normal at 51), ALP 182 (was 216), Lipase 293, CK 316 H - T4: 2.1 - UA: 1.025, pH 5.5, 1+ protein, 1+ blood (cysto), no bacteria, wbc, crystals or casts - TT4: 2.1-n - Resting Cortisol: 9.6 H (2.0-6.0) - Urine Cortisol / Cr: 15 ( <34 Hyperadrenocorticism is highly unlikely)

## 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 kidneys have overall normal in size (6.4 cm on the left and 7.6 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 both kidneys. A divot is present at the cranial pole of the right kidney, consistent with previous infarction. Mild renal pelvic dilation of approximately 2.0 mm in width noted in the right kidney.

### Adrenal Glands

The cranial pole of the right adrenal gland is enlarged (17.9 mm) with mild heterogenous parenchymal changes. Swollen capsular expansion is noted without evident capsular escape or vascular invasion. The caudal pole is slightly enlarged at 9.1 mm.

The left adrenal gland is mildly enlarged at the caudal pole, measuring 11.4 mm in size. However, the caudal pole appears normal otherwise. The cranial pole measures 7.6 mm in width, which is normal, and it appears normal.

### Spleen

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

### Liver

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



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

## Free Abdomen

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

## ULTRASONOGRAPHIC FINDINGS

- Right adrenal mass.
- Mildly enlarged caudal pole left adrenal gland.
- Chronic kidney disease.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient is reported to have Stage 2 chronic kidney disease. This appears to be supported by reappearance of the kidneys. Chronic kidney disease is suspected based on this ultrasound. Recommend continuing to stage, monitor and manage per IRIS guidelines.

Given that the patient had a normal urine cortisol to creatinine ratio, hyperadrenocorticism appears unlikely. The right adrenal mass may be non-functional. However, it may represent a pheochromocytoma. Recommend submitting urine metanephrine test to rule out pheochromocytoma. Also consider performing a blood pressure to determine if patient is hypertensive, which may support a diagnosis of pheochromocytoma. Given the size of this mass, it is possible it is malignant. However, that can be determined on ultrasound. Recommend rechecking the right adrenal mass in 2-3 months to determine if it is continuing to increase in size. If the mass is increasing in size, consider CT scan for pre-surgical planning for right-sided adrenalectomy and submitting the adrenal for histopathology to determine malignancy of adrenal mass. If pheochromocytoma is ruled out, then most likely the very mild elevation in liver values is not clinically significant at this time. It would be recommended to continue monitoring liver values every 3-6 months. If ALT is progressively elevating over time, then consider liver biopsy.





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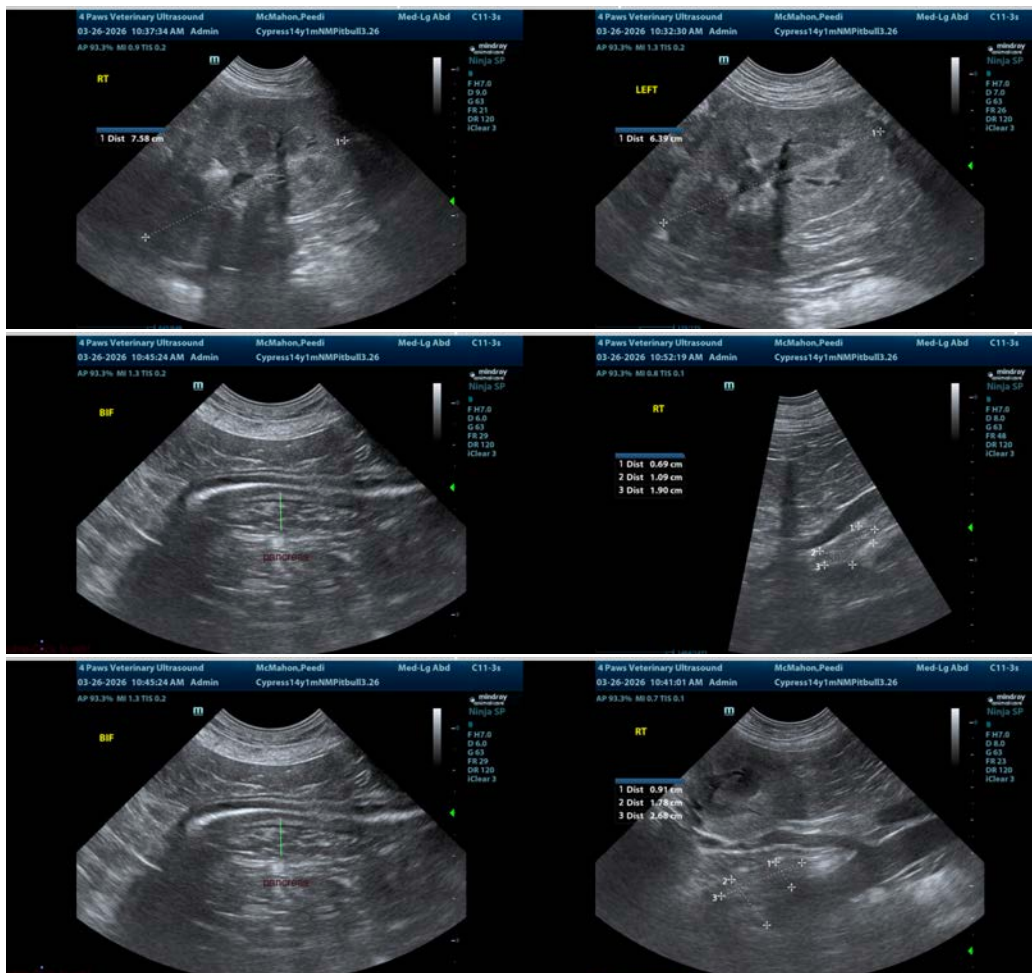
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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