



PATIENT

Cachita Manzur

SPECIES

Canine

BREED

Border Collie Mix

SEX

FS

AGE

13 years

WEIGHT

48 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Julia Bakker

HOSPITAL NAME

Orange Blossom
Veterinary Imaging

REFERRING VET

Dr. John Ligori

INVOICE

11574

DATE

3/27/2026

PRESENTING CLINICAL SIGNS

- Abdominal rads (right lateral): hepatomegaly, irregular liver margins (historical); no radiopaque uroliths noted.
- Recommend abdominal ultrasound due to persistent hematuria and pollakiuria.

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.

Kidneys are overall normal in size 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. There is no evidence of pyelectasia or infarcts observed. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted bilaterally. Left kidney measures 6.7 cm in length and the right kidney measures 5.7 cm in length.

Adrenal Glands

The left adrenal gland presents small/lower end of normal in size, normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 4.3 mm and the caudal pole measures 5.2 mm.

The right adrenal gland presents normal small/lower end of normal in size, normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 5.5 mm and the caudal pole measures 5.0 mm.

Spleen

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

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 are mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction or foreign material noted. Colon contains normal contents with normal wall thickness.

Pancreas



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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.

In the left abdomen there is an approximately 7.8 cm x 6.9 cm hyperechoic cavitating lesion that appears to be originating from the liver.

ULTRASONOGRAPHIC FINDINGS

- Age related kidney changes with bilateral non-obstructive linear multifocal hyperechoic diverticular foci.
- Bilaterally small adrenals.
- Pancreatic age-related remodeling/Chronic pancreatitis – Mild irregularities are consistent with benign age-related change. Low-grade smoldering chronic pancreatitis cannot be ruled out and should be suspected in the face of appropriate clinical signs.
- Hyperechoic cavitating lesion in the left abdomen.

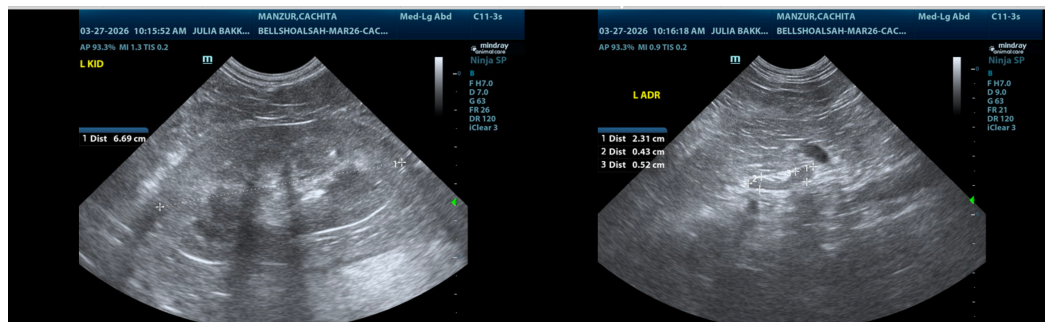
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend resting cortisol to rule out hypoadrenocorticism. If resting cortisol is less than 2.0, then I recommend an ACTH stimulation test.

There is no urinary bladder pathology visualized that would explain the hematuria and pollakiuria. If not already performed, recommend urine culture to rule out occult urinary tract infection.

The lesion in the abdomen most likely represents malignant neoplasia such as hemangiosarcoma, possibly primary hepatobiliary neoplasia, hepatocellular carcinoma versus cholangiocarcinoma. Recommend a fine needle aspirate and submission for cytology to determine the etiology of this mass lesion. Additionally, recommend presurgical planning CT scan and Three View chest radiographs to further evaluate the mass lesion and to rule out pulmonary metastatic disease prior to considering surgical intervention for the suspected liver mass.

Prognosis is open pending further diagnostics.





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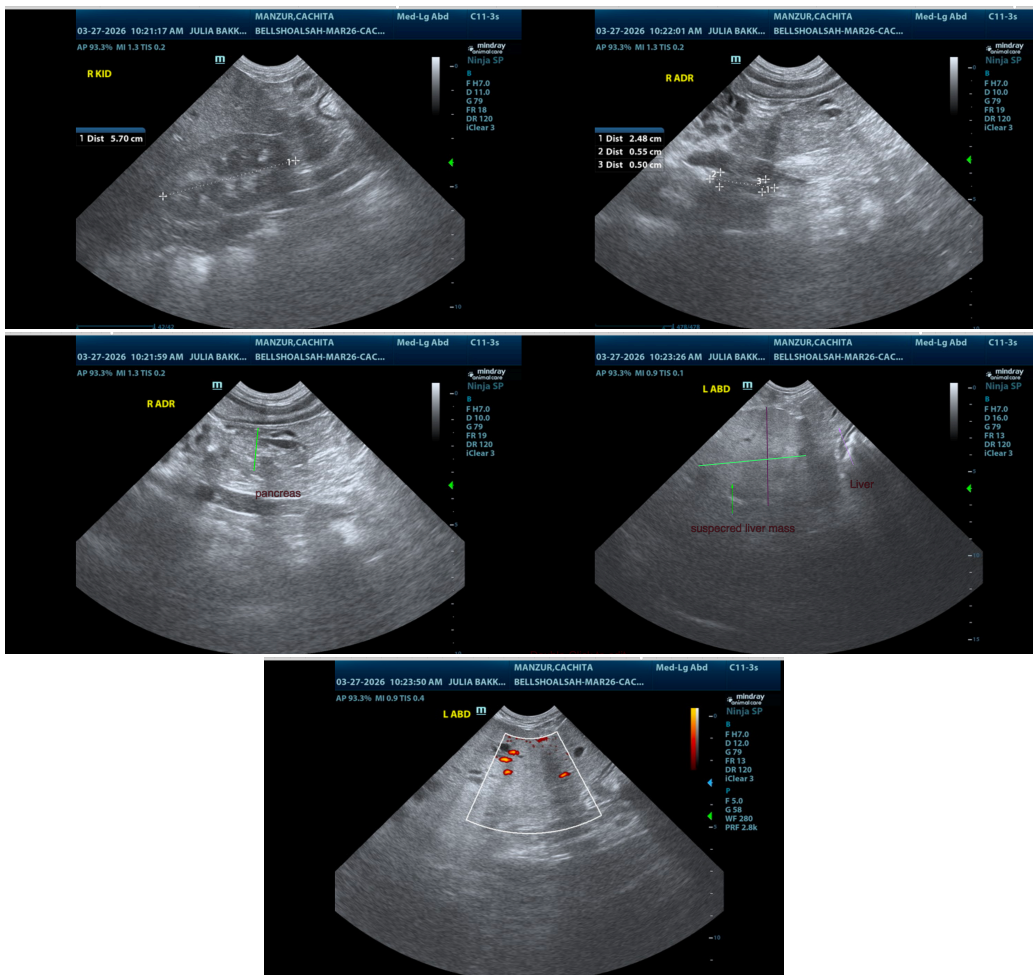
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

Veterinary Internal Medicine Specialist

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