



PATIENT

Maize Green

SPECIES

Canine

BREED

Australian Shepherd

SEX

Spayed Female

AGE

11 Years 3 Months

WEIGHT

75.9 pounds

INTERPRETED BY

Greg Kuhlman, DVM,
 DACVIM (SAIM)

IMAGING PERFORMED BY

Vincent Ravancho CVT

HOSPITAL NAME

Legacy Animal Hospital

REFERRING VET

Dr. Kristin Potenzzone

INVOICE

14751

DATE

03/30/26

PRESENTING CLINICAL SIGNS

- Hepatopathy, Cystitis
- r/o bladder mass vs Cushing's vs other

Abnormal PE/Chem/CBC/UA Results: ALT 637 ALP 1467 GGT 24 U/A - WBC increased, RBC >100 no bacteria

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder contains a minimal amount of urine. Within the trigone of the urinary bladder, there is a 2.7 by 3.1 cm irregularly shaped heteroechoic mass lesion present with hyperechoic striations throughout consistent with possible areas of calcifications. Mass appears to be invading into the proximal urethra, mildly distending the proximal urethra. Given the appearance and the location of this mass, it is concerning for possible neoplasia such as transitional cell carcinoma.

The left kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. The left kidney measured 7.2 cm in length. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted.

The right kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The right kidney measured 7.2 cm in length.

Adrenal Glands

The left adrenal gland presents enlarged. The cranial pole measures 9.3 mm and the caudal pole measures 8.7 mm.

The right adrenal gland presents enlarged. The cranial pole measures 11.1 mm and the caudal pole measures 10.4 mm.

Spleen

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

Liver

Liver is subjectively enlarged (swollen contour) with a diffusely mildly coarse architecture and subtly increased portal markings. Mildly mixed echogenic changes are noted diffusely. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder presents normal size with anechoic contents. Normal gallbladder wall. No evidence of bile duct distention or obstruction. There is a single choleolith present within the gallbladder lumen that measures 7.8 mm in width and appears non-obstructive at this time and is most likely not clinically relevant.

Gastrointestinal



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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

- Bilateral adrenomegaly consistent with possible pituitary dependent hyperadrenocorticism.
- Urinary bladder mass.
- Nonspecific hepatopathy.

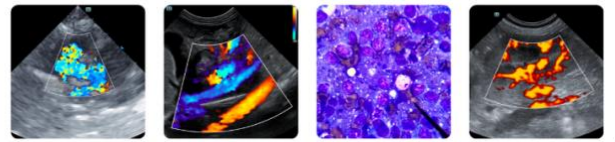
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend performing a low-dose dexamethasone suppression tests to screen for hyperadrenocorticism.

Recommend BRAF test to screen further for transitional cell carcinoma. The urinary bladder mass does not appear to be surgically resectable given its location. If BRAF test is negative, consider cystoscopy to obtain biopsies of mass for histopathology to help determine etiology. Fine needle aspirates of the mass are not recommended at this time.

The appearance of the liver is possibly due to endocrine disease such as hyperadrenocorticism. Changes are most likely also age-related. However, the elevated ALT is not consistent with endocrine disease such as hyperadrenocorticism or a benign hepatopathy. Recommend continuing monitoring ALT. If ALT continues to elevate at that time, a liver biopsy would be recommended. The elevated alkaline phosphatase is suspected to be due to endocrine disease such as pituitary dependent hyperadrenocorticism.

No obvious evidence of chronic kidney disease is present at this time. However, given the dystrophic mineralization seen bilaterally, it will be important to continue to monitor renal function per international renal interest society guidelines. At this time, neither kidney appears obstructed.



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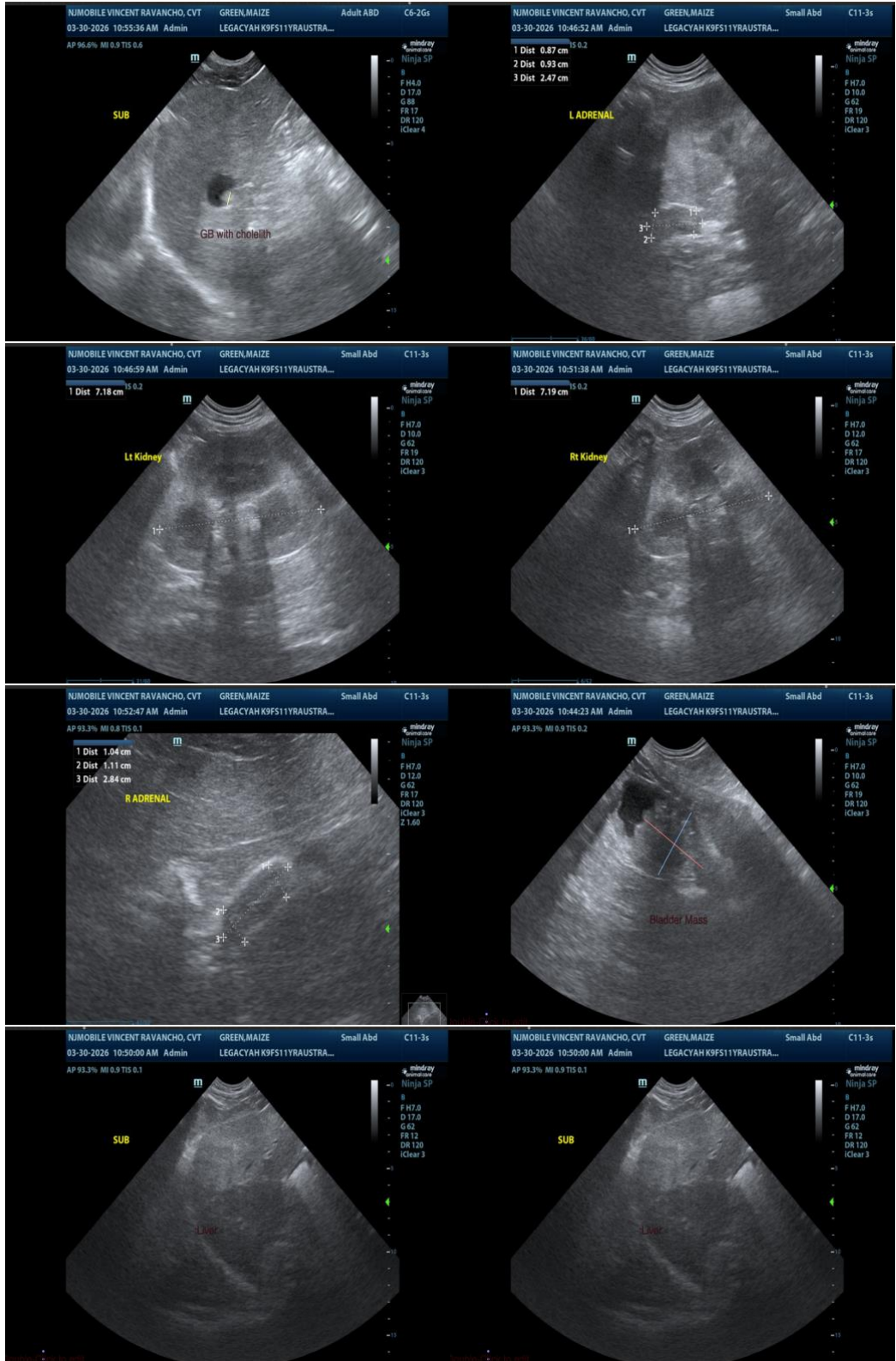
Dr. Kristin Potenzzone

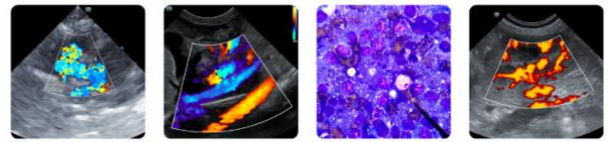
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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