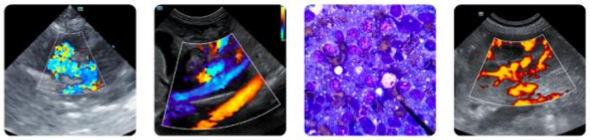


PATIENT

Thunder Czerniack

SPECIES

Canine

BREED

Australian Blue Heeler

SEX

Neutered Male

AGE

12 Years

WEIGHT

25 pounds

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Julia Bakker DVM

HOSPITAL NAME

Orange Blossom Veterinary Imaging

REFERRING VET

Dr. Stephen Romero

INVOICE

14747

DATE

03/30/26

PRESENTING CLINICAL SIGNS

- Patient with history of well managed Cushing's recently required adjustment of Vetoryl based on ACTH stim results.
- Noted that for the first time patient has a severely elevated ALT value, recommend AUS to screen for other possible causes

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 left kidney is 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. Mild nonobstructive dystrophic mineralization was present. The left kidney measures 5.5 cm.

The right kidney has markedly irregular shape and complete loss of corticomedullary distinction and measures 4.6 cm.

Adrenal Glands

The left adrenal gland presents enlarged. The cranial pole measures 12.1 mm and the caudal pole measures 10.7 mm.

The right adrenal gland presents enlarged. The cranial pole measures 10.4 mm and the caudal pole measures 12.7 mm.

Spleen

The spleen is normal in size, shape, margination and echogenicity. No masses are seen. Normal blood flow was evident.

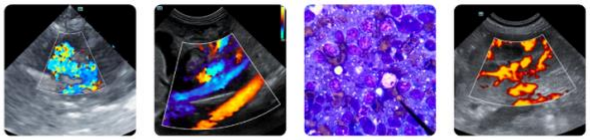
Liver

In the left liver, there is a 7.1 by 6.0 cm heteroechoic mildly cavitated mass lesion suspected to be primary hepatobiliary neoplasia such as hepatocellular carcinoma, less likely cholangiocarcinoma, possibly but less likely hemangiosarcoma. A benign etiology to this mass lesion is unlikely. An infectious cause for this mass lesion is unlikely. Round cell neoplasia of the mass lesion is possible, however unlikely such as lymphoma or mast cell disease.

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The stomach is moderately distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. If patient was appropriately fasted,



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delayed gastric emptying could be considered. Non-shadowing foreign material is considered less likely but cannot be definitively ruled out. If clinical signs are consistent (vomiting, etc.), recommendations include supportive medical care, 24 hours fasting and re-image.

Pancreas

The visible pancreas is diffusely enlarged and hypoechoic, measures approximately 1.6 cm in width with dilated intrapancreatic ducts and mild surrounding hyperechoic fat.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

- Bilaterally enlarged adrenal glands.
- Age-related renal changes with nonobstructive mineralization.
- Suspect mild pancreatitis.
- Hepatic mass lesion.
- Mild gallbladder debris.
- Suspect chronic kidney disease (particularly in the right kidney).
- Full GI tract.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The bilaterally enlarged adrenal glands are consistent with the patient's diagnosis of hyperadrenocorticism.

Confirm suspect mild pancreatitis with cPLI. If confirmed, recommend treating supportively and considering changing to ultra-low-fat diet.

Recommend fine needle aspirate with submission for cytology to assist in determining etiology of hepatic mass. Consider a CT scan of abdomen as pre-surgical planning. Forced to determine if surgical resection of liver mass is feasible, submit for histopathology. If round cell neoplasia is ruled out, then recommend CT scan and as pre-surgical planning and resection for histopathology. The elevated liver values are most likely due to the presence of the liver mass.

Recommend full staging, monitoring and managing of patient's chronic kidney disease per international renal interest society guidelines.

GI tract is full, but no pathologic cause is seen, no mechanical obstruction appears to be present. Patient appears to be not completely fasted for this exam. Recommend three view chest radiographs to rule out pulmonary metastatic disease.

Prognosis is open pending result of liver mass cytology and possible surgical resection.

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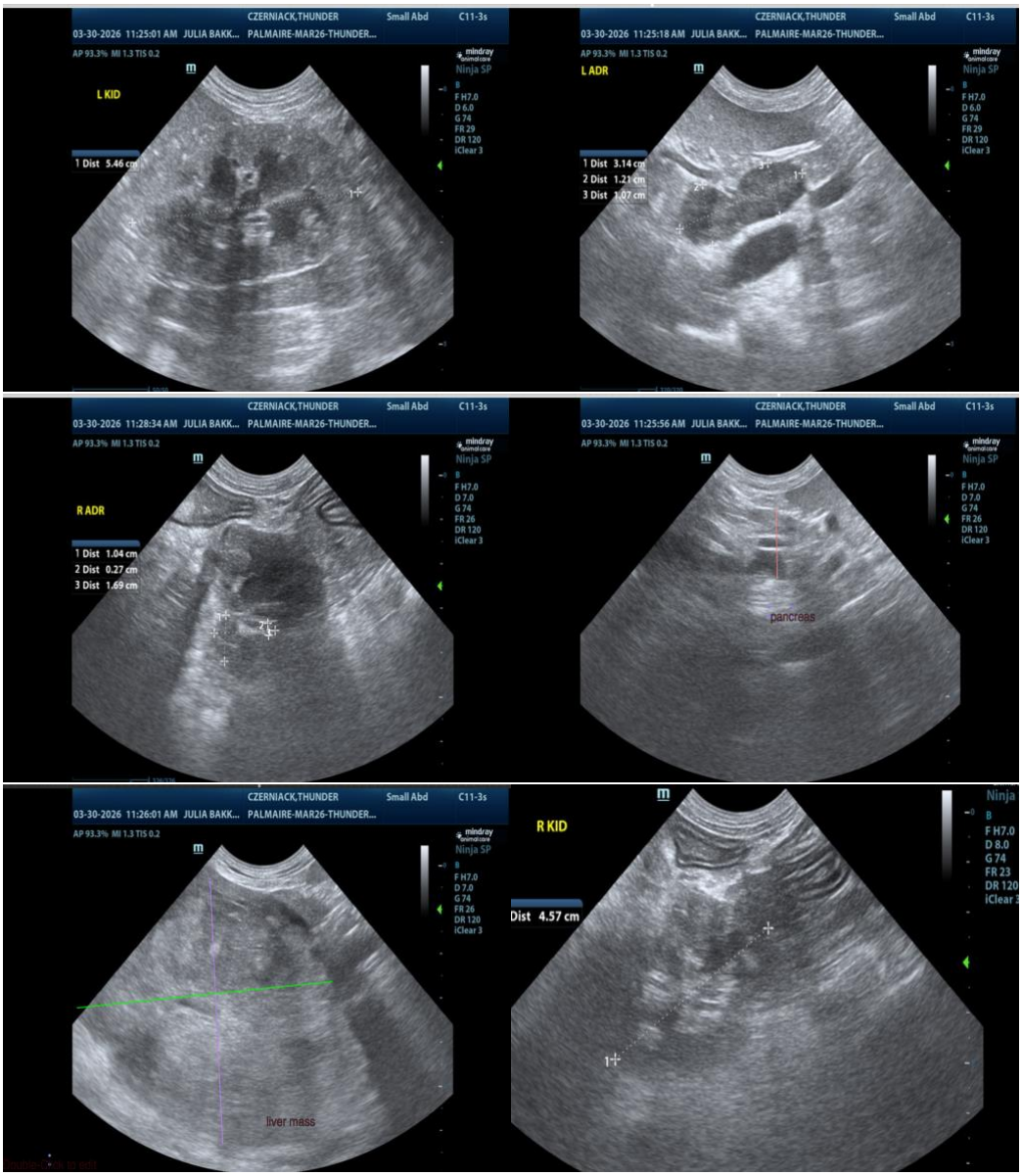

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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