



PATIENT

Sadie Ahuja

SPECIES

Canine

BREED

Eskimo

SEX

Spayed Female

AGE

13 Years

WEIGHT

10.2

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Gira

HOSPITAL NAME

Fish Creek Pet Hospital

REFERRING VET

Dr. Mutlow

INVOICE

14125

DATE

03/06/26

PRESENTING CLINICAL SIGNS

- History of weight loss and decreased appetite.

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 presents normal size with normal shape and architecture. Normal corticomedullary distinction. Numerous pinpoint hyperechoic foci within the renal pelvis consistent with benign nephrocalcinosis. The left kidney measured 4.3 cm in length.

The right kidney presents normal size with normal shape and architecture. Mild loss of corticomedullary distinction. Numerous pinpoint hyperechoic foci within the renal pelvis consistent with benign nephrocalcinosis. The right kidney measured 4.4 cm in length.

Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 6.0 mm and the caudal pole measures 6.3 mm.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 8.4 mm and the caudal pole measures 6.9 mm.

Spleen

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

Liver

Within the left liver, there is a 3.48 by 1.65 cm cavitated hyperechoic lesion present. Diffusely throughout the liver, there are other multi-focal ill-defined hyperechoic areas present as well. Liver is diffusely enlarged and overall has a mildly hyperechoic echogenicity. Liver has a markedly mottled echotexture. There are numerous hypoechoic ill-defined lesions present throughout the liver.

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

Gastrointestinal

Stomach is empty and diffusely has normal layering and thickness measuring 3.8 mm in width. Colon contains soft stool. Colon wall is normal in thickness measuring 1.0 mm. Jejunum diffusely has normal layering and thickness measuring 3.0 mm in width. There are hyperechoic speckles diffusely throughout the small bowel mucosa.

Pancreas



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Right pancreas is diffusely mildly hypoechoic and mildly enlarged at 1.25 cm in width without significant surrounding hyperechoic fat. Left pancreas has same appearance as right limb of the pancreas.

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Free Abdomen

Mild mesenteric lymphadenopathy is present with a representative node measuring 5.7 mm in width, appears reactive. Less likely, these lymph nodes are enlarged due to neoplasia.

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ULTRASONOGRAPHIC FINDINGS

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- Diffusely enlarged liver with mottled echotexture. Liver has both hyperechoic and hypoechoic lesions found diffusely throughout the parenchyma with a left liver hyperechoic cavitated lesion. Differentials include neoplasia, hemangiosarcoma versus cholangiocarcinoma, or possible benign cholangioadenoma. It's also possible differentials for the appearance of the remainder of the liver include possible age-related changes. However, infiltrative neoplasia such as lymphoma, mast cell disease, or histiocytic sarcoma cannot be ruled out at this time. Benign regenerative nodules are also a differential for the hypoechoic lesion seen throughout the liver.
- Hyperechoic speckling throughout the small bowel mucosa- most likely due to inflammatory disease such as inflammatory bowel disease.
- Right kidney has mild loss of corticomedullary distinction with bilateral mild to moderate nephrocalcinosis present.
- Mesenteric lymphadenopathy.
- Diffusely hypoechoic pancreas without significant surrounding hyperechoic fat- possibly clinically significant pancreatitis.

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Greg Kuhlman, DVM,
DACVIM (SAIM)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend performing fine needle aspirate of both the hyperechoic lesions in the left liver and also recommend aspirating the liver itself. If possible, recommend fine needle aspirate of enlarged mesenteric lymph node as well. Recommend submitting CPLI to further investigate pancreas for degree of pancreatitis present. Recommend full staging, monitoring, and managing patient per the International Renal Interest Society guidelines.

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Recommend submitting Texas A&M GI panel to evaluate patient for possible chronic GI disease. Patient's clinical signs are most likely attributed to their hepatic disease. Recommend full lab work including CBC chem and urinalysis to screen for degree of hepatic disease present. If liver aspirates are non-diagnostic as to the etiology of the patient's hepatopathy, consider liver biopsy.

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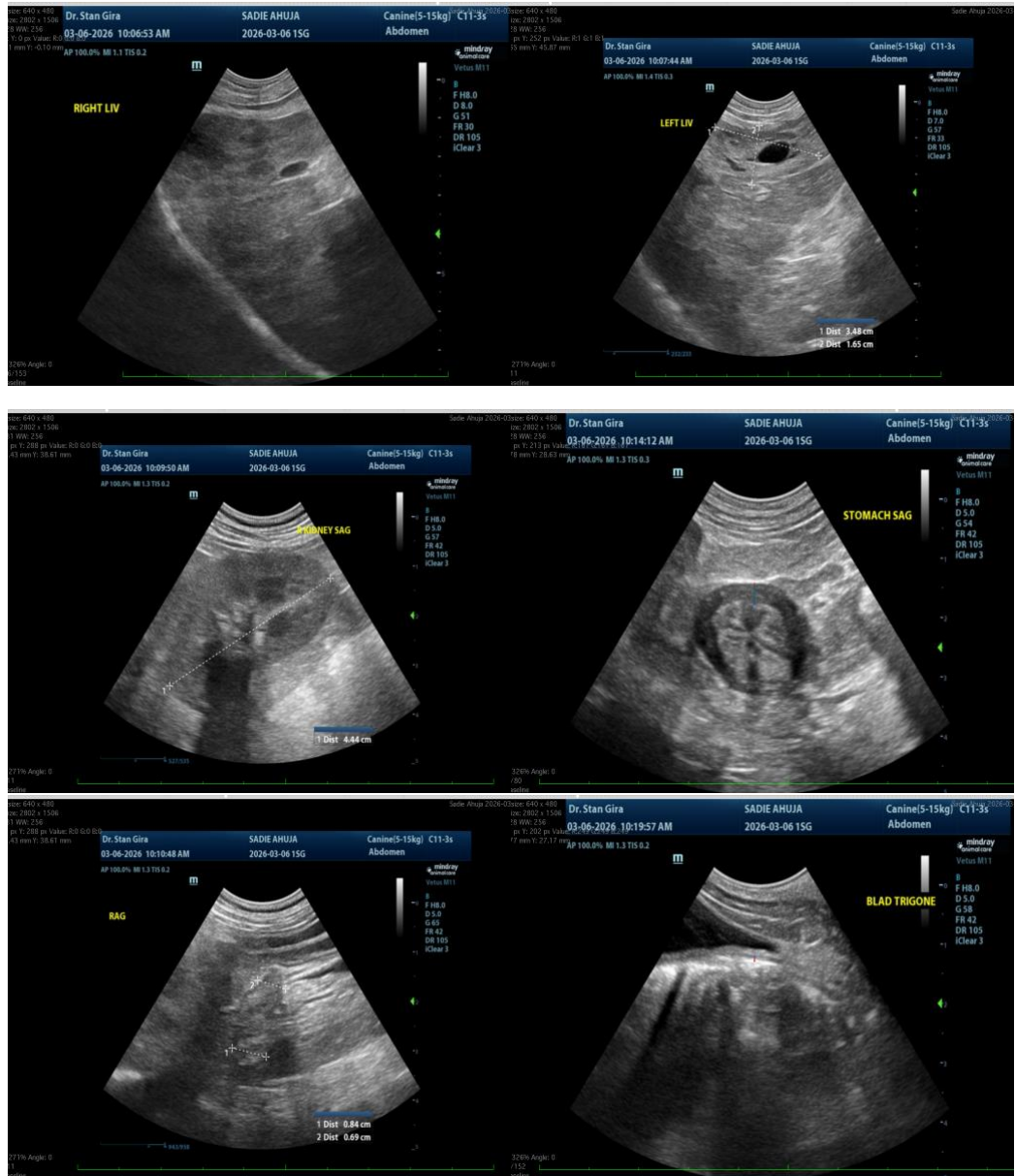
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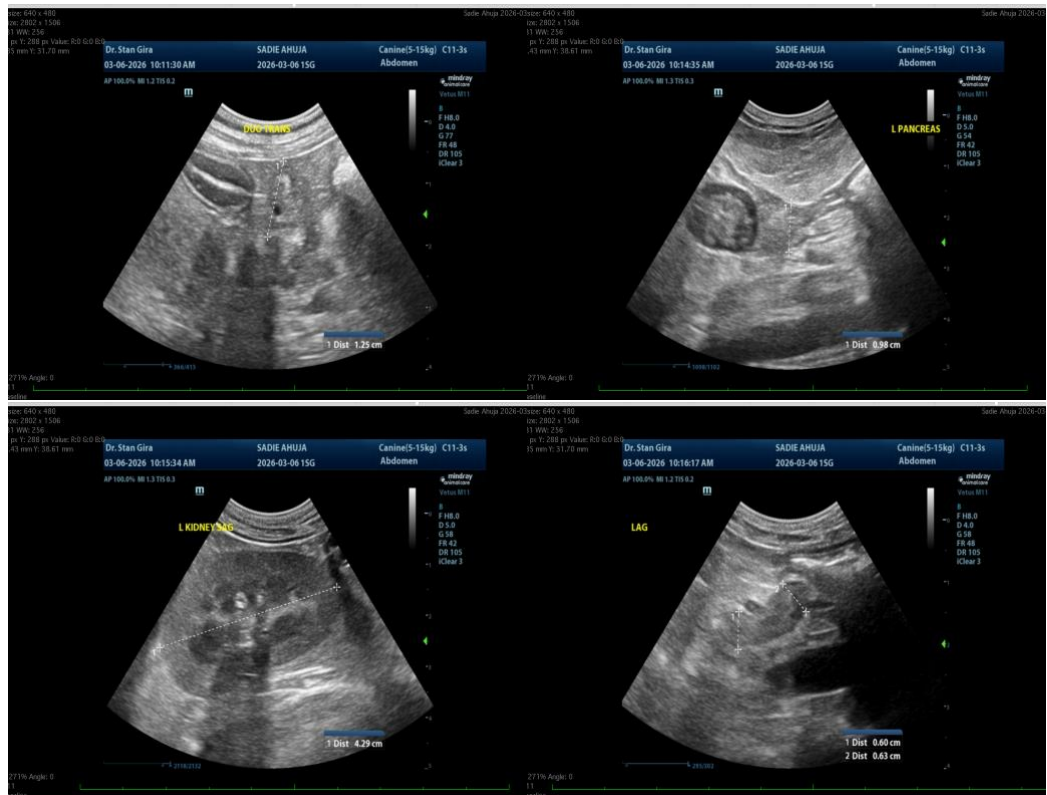
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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