



PATIENT

Badger Arnold

SPECIES

Canine

BREED

Border Collie

SEX

Neutered Male

AGE

11 Years

WEIGHT

33 kg

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Dallas Reynolds, LVT

HOSPITAL NAME

Lone Mountain Animal
Hospital

REFERRING VET

Dr. Lindsay Geiger

INVOICE

73486

DATE

3/7/26

PRESENTING CLINICAL SIGNS

Presented 2/27/26 for polydipsia for >1week and losing fur on his tail >1yr but it's getting worse. Occasional loose stool. Pursuing abd ultrasound due to liver elevations and more specifically extremely increased GGT elevation at 218

Abnormal PE/Chem/CBC/UA Results: ALT - 581 AST - 72 ALP - 386 GGT - 218

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. No papillae seen.

The right kidney presents normal size (7.1 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (7.1 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

Adrenal Glands

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 3.9 mm and the caudal pole measures 5.2 mm.

In the area of the left adrenal gland there is a 2.4 cm x 2.7 cm hypoechoic mass lesion present, suspected to be the left adrenal gland. A normal left adrenal is not seen.

Spleen

The spleen is normal in size and echogenicity. There is a hypoechoic ill-defined non-capsule displacing lesion in the body of the spleen at the dorsal aspect.

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 a small amount of gravity dependent echogenic debris, does not appear significant. Normal gallbladder wall. No evidence of bile duct distention or obstruction.

Gastrointestinal

The stomach and intestines have normal wall layering and thickness. Colon contains normal contents with normal wall thickness.

Pancreas

The left limb of the pancreas is not clearly seen. The right limb appears normal.

Free Abdomen

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



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ULTRASONOGRAPHIC FINDINGS

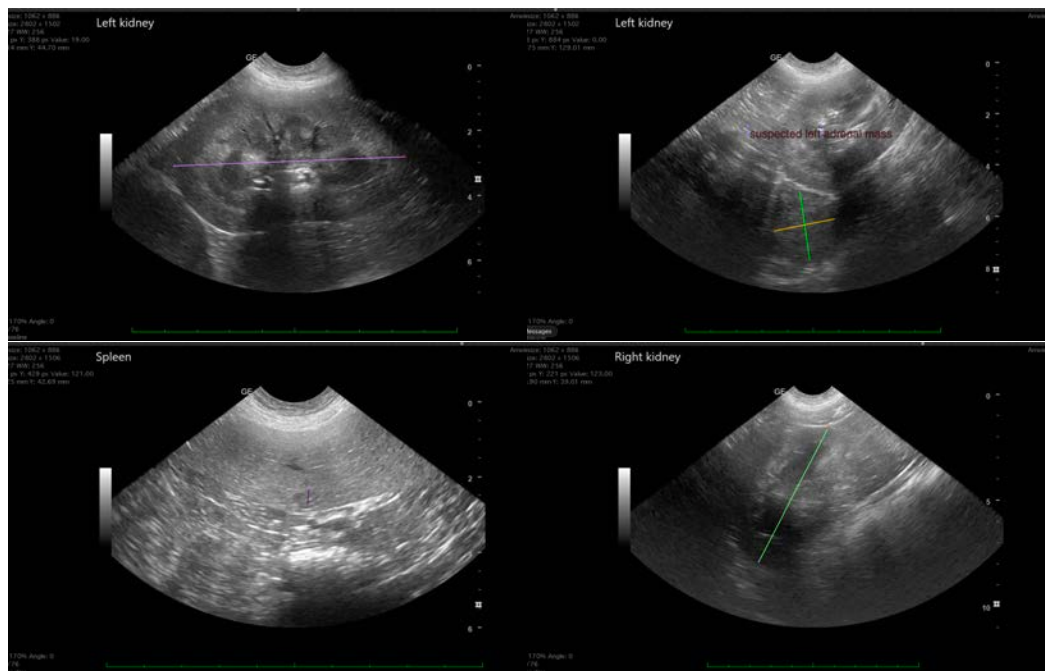
- Suspected left-sided adrenal mass in the location of the left adrenal gland. No normal left adrenal seen – This mass is most likely malignant neoplasia given the size being over 2.0 cm. Given the patient's liver value elevations, there is some concern this mass may be functional as well, specifically the mass may be cortisol producing, causing hyperadrenocorticism, or could potentially be over-producing norepinephrine, causing a pheochromocytoma.
- Hypoechoic lesion in the body of the spleen - most likely benign extramedullary hematopoiesis, much less likely round cell or metastatic neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend low-dose Dexamethasone suppression test to rule out hyperadrenocorticism. Also recommend urine metanephrine to rule out pheochromocytoma. We would recommend obtaining systemic blood pressure to determine if the patient is hypertensive. If the mass is found to be functional, recommend treating for functionality for at least two weeks prior to considering any surgical adrenalectomy option, but it is recommended that the patient has a CT scan of the abdomen for pre-surgical planning. It is recommended that this left-sided adrenal mass be respected and submitted for histopathology.

Recommend recheck ultrasound in 2-3 months to determine if the splenic lesion appears to be progressing in size or appearance. If it is, consider fine needle aspirates. If cytology is non-diagnostic, perform splenectomy.

Prognosis is open pending results of functionality and histopathology of the suspected adrenal mass.





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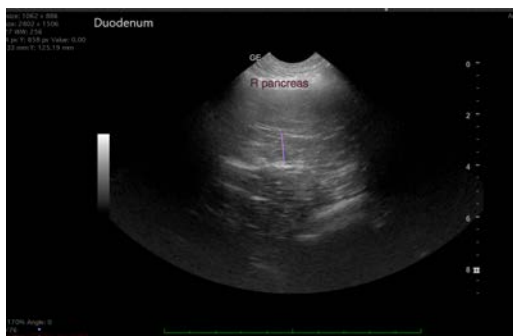
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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