



## PATIENT

Shado Higgins

## SPECIES

Canine

## BREED

Chihuahua Mix

## SEX

Spayed Female

## AGE

14 Years 10 Months

## WEIGHT

14.4 Pounds

## INTERPRETED BY

Greg Kuhlman, DVM,  
DACVIM (SAIM)

## IMAGING PERFORMED BY

Dr. Whitcraft

## HOSPITAL NAME

Craig Road AH

## REFERRING VET

Dr. Cooper

## INVOICE

36556

## DATE

4/11/26

## PRESENTING CLINICAL SIGNS

History: 14y 10 FS Chihuahua mix initially presented for recheck CBC/Chem for Incurin refills to treat urinary incontinence. O reports recent episode of diarrhea that has since resolved. Otherwise normal at home.

Abnormal PE/Chem/CBC/UA Results: \*3x4 cm soft and firm, irregular subcutaneous mass over right elbow; 4x1 cm soft, freely movable subcutaneous mass over right thorax\* Severe dental disease  
Chemistry panel: ALT 351 IU/L ALP 204 IU/L Triglyceride 671 mg/dL

## 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 right kidney presents normal size (4.2 cm in length) with normal shape and architecture. Moderate loss of corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. There is a 0.98 cm x 1.36 cm hypoechoic cyst in the ventral mid aspect of the right kidney. No masses are associated with the cyst, it appears to be a benign renal cyst.

The left kidney presents normal size (4.3 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 4.0 mm and the caudal pole measures 2.8 mm.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 4.8 mm and the caudal pole measures 6.4 mm.

### *Spleen*

In the body of the spleen, there is a 1.0 cm x 0.62 cm hypoechoic non-capsule-displacing lesion present. This is possibly benign extramedullary hematopoiesis, or less likely but possibly round cell neoplasia, such as lymphoma or mast cell disease, and less likely neoplasia, such as hemangiosarcoma.

### *Liver*

Liver is subjectively enlarged with mildly irregular margins. Parenchyma is heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. Visible vasculature and biliary tree appear normal without distension or congestion. There is a hypoechoic round mass lesion present in what appears to be the caudate lobe of the liver, measuring 3.2 cm x 3.0 cm in size.

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*



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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*

In the area where the suspected liver mass is located, there is an 8.6 mm in diameter hypoechoic rounded perihepatic lymph node present.

Two enlarged hypoechoic rounded gastric lymph nodes were present; the first measures 1.6 cm, the second measures 1.2 cm in size.

There are also two mildly enlarged medial iliac lymph nodes dorsal to the urinary bladder; the cranial most measures 5.6 mm and caudal most 4.9 mm in width. The appearance of these nodes is also concerning for neoplasia, either metastatic or round cell.

There are also numerous markedly enlarged mesenteric lymph nodes present; a representative node measures 2.9 cm x 1.4 cm in size.

No free abdominal fluid is seen.

## ULTRASONOGRAPHIC FINDINGS

- Moderate loss of corticomedullary distinction in the right kidney with right renal cyst (appears benign)
- Splenic lesion
- Liver mass lesion, heterogenous liver otherwise
- Mild gallbladder debris, appears clinically incidental at this time
- Hypoechoic rounded perihepatic lymph node
- Hypoechoic rounded gastric lymph nodes
- Mildly enlarged medial iliac lymph nodes
- Markedly enlarged mesenteric lymph nodes

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the appearance of the right kidney, recommend full renal staging and monitoring, and if warranted, managing patient per International Renal Interest Society guidelines for possible early chronic kidney disease.

Recommend fine needle aspirate of the splenic lesion, submitting for cytology.

Recommend fine needle aspirate of the liver lesion to confirm etiology as liver. Given the appearance of the liver lesion, it is much less likely to be present due to metastatic neoplasia. If cytology confirms the mass is hepatic in origin, consider CT scan of the abdomen as presurgical planning and surgically resecting this mass, submitting for histopathology.

The cause for the elevated liver values may potentially be due to the presence of the suspected hepatic mass or given the appearance of the patient's liver, there may be underlying primary hepatic disease present, possibly, but less likely, infiltrative neoplasia, such as lymphoma or mast cell disease,



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possibly primary hepatic disease, such as copper storage disease, chronic active hepatitis. Recommend fine needle aspirate of the liver to rule out round cell neoplasia. If round cell neoplasia is ruled out, and the patient has surgery to remove the liver mas, then obtain liver biopsies at the same procedure to determine underlying etiology of the cause of the appearance of the liver. No obvious evidence of metastatic neoplasia is seen within the liver.

Gallbladder disease does not appear to be the cause of the patient's elevated liver values.

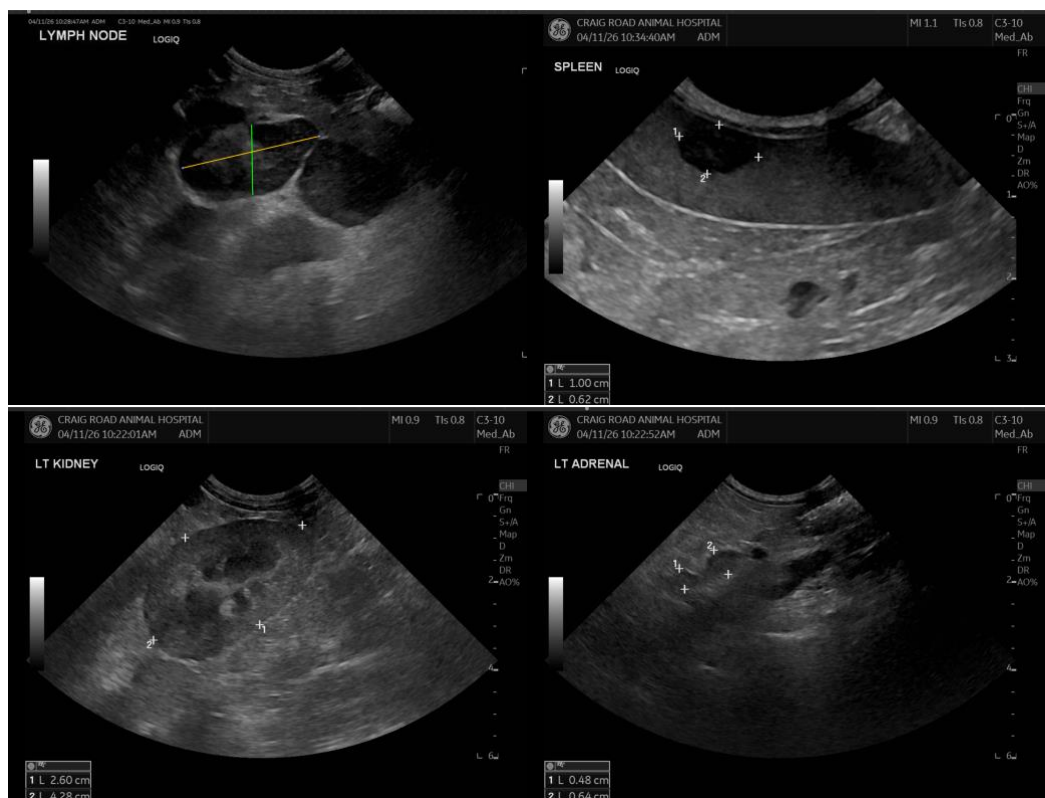
Given the appearance of the perihepatic lymph node, it is possibly enlarged due to metastatic neoplasia. If possible, recommend fine needle aspirate of the hypoechoic rounded perihepatic lymph node, or any other enlarged abdominal lymph nodes to rule out any possibility of metastatic neoplasia, or less likely, this enlarged lymph node may be enlarged due to round cell neoplasia.

Recommend aspirates of the hypoechoic enlarged gastric lymph nodes as well. The appearance of the gastric lymph nodes is also suggestive of either metastatic or round cell neoplasia.

The mesenteric lymph nodes are most certainly enlarged to either metastatic or round cell neoplasia. Recommend cytology of any of these nodes.

Recommend three chest x-rays to be performed, rule out the possibility of pulmonary metastatic disease.

The patient's prognosis appears guarded.





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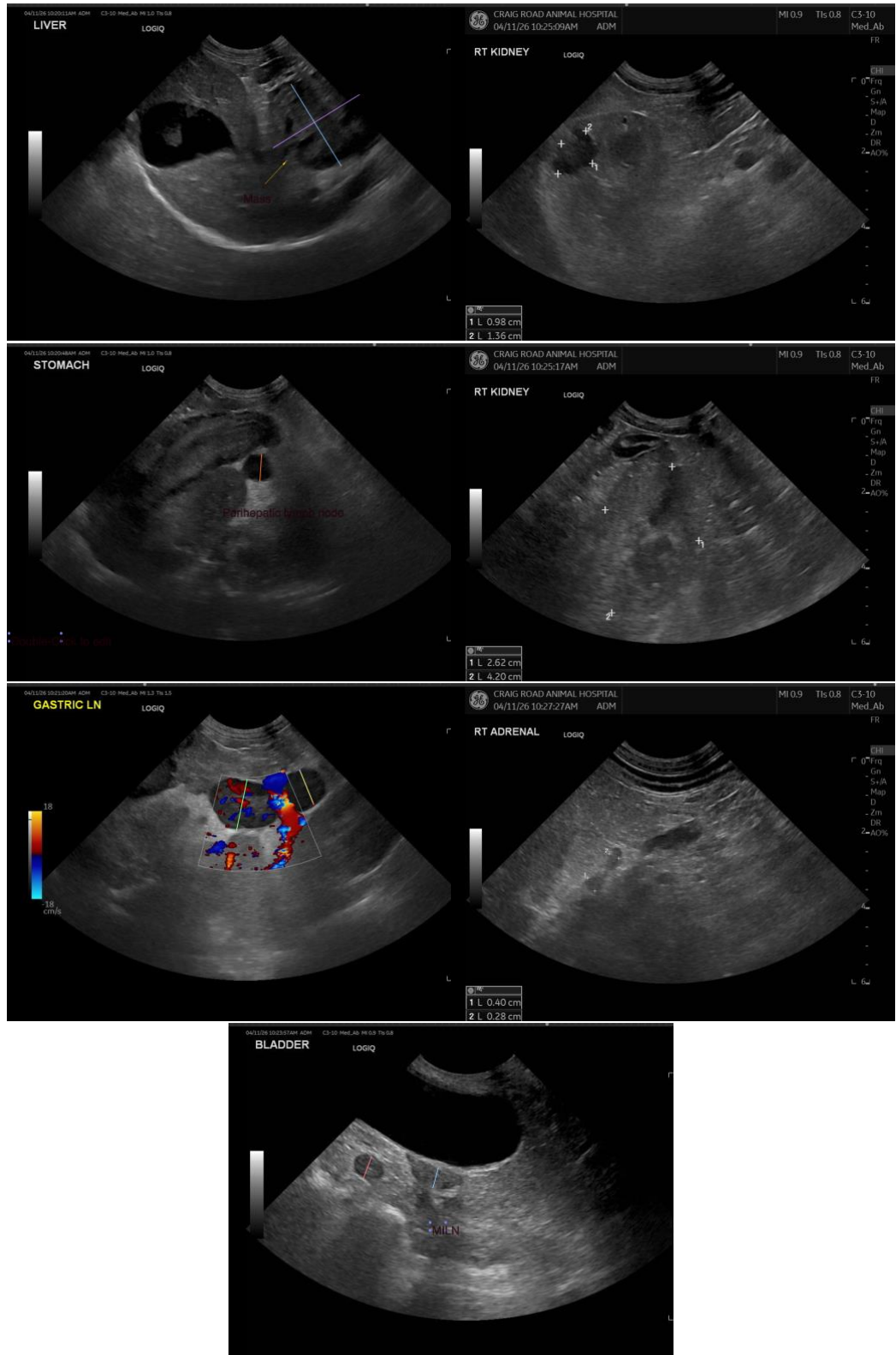
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)