



PATIENT

Lily Ponensky

SPECIES

Canine

BREED

Lab Terrier Mix

SEX

Spayed Female

AGE

14 Years

WEIGHT

48 pounds

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Vincent Ravancho CVT

HOSPITAL NAME

Northvale Veterinary
Clinic

REFERRING VET

Dr. Simon

INVOICE

15257

DATE

04/20/26

PRESENTING CLINICAL SIGNS

Hx of elevated ALP (710 on 06/2025), 1900 this past week (04/2026). Hx of dermatitis, recent PD, panting. Possible distended abdomen, large liver on rads this weekend, concerned about hepatopathy and Cushing's. Hx of bladder stones 2023, last U/S performed then.

Abnormal PE/Chem/CBC/UA Results: ALP 1931, Lymph 0.69. All else WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Within the urinary bladder near the trigone there is a 1.5 cm in width hyperechoic shadowing urolith present that may be a single solid urolith or potentially may be adhered small conglomeration of adhered smaller uroliths. The remainder of the urinary bladder and urethra were normal.

Kidneys are 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. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted. The left kidney measures 6.2 cm in length. The right kidney measures 6.2 cm.

Adrenal Glands

The left adrenal gland presents diffusely enlarged at the caudal pole. The cranial pole measures 8.6 mm and the caudal pole measures 13.3 mm.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 6.7 mm and the caudal pole measures 6.6 mm.

Spleen

The spleen is normal in size, shape, margination and echogenicity. No masses are seen. There is a hyperechoic myelolipoma in the cranial aspect of the spleen at this time. This is most likely a benign lesion.

Liver

The visible liver shows moderate to marked age-related changes. The appearance of liver is suggestive of benign hepatopathy. Most likely age-related possibly secondary causes contributing to appearance of liver such as hyperadrenocorticism, possibly hypertriglyceridemia, possibly hypothyroidism, occult GI or occult pancreatic disease.

Gallbladder currently contains minimal bile with no gallbladder pathology seen.

Gastrointestinal

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

Pancreas



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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

- Enlarged left adrenal gland.
- Age-related renal changes with mineralizations.
- Urinary bladder urolith.
- Splenic myelolipoma.
- Age-related hepatic changes.

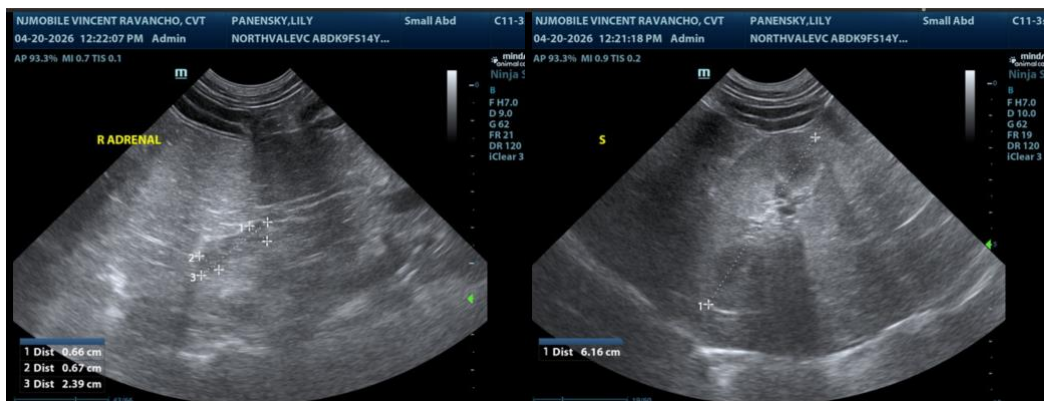
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the left adrenal is enlarged and the patient has an elevated alpine phosphatase, screening for hyperadrenocorticism via low-dose dexamethasone suppression test is recommended.

Recommend if not already performed, starting patient on dissolution diet for one month and re-checking ultrasound or radiographs to determine if stones still present. If stones are still present, consider cystotomy. If stones do dissolve after a strict dissolution diet, then recommend this diet indefinitely. It was mentioned that in 2023, the patient had much larger urolith present not as large on this scan.

Given the enlarged left adrenal gland recommend beginning diagnostics by ruling out hyperadrenocorticism and progressing through other diagnostics to determine if secondary cause for the appearance of the liver and elevated alkaline phosphatase is present. If no secondary cause appears to be contributing to the appearance of the liver. Recommend continued monitoring and if at any point patient's ALT becomes progressively elevated, then consider a liver biopsy at that time.

Recommend full international renal interest society staging, monitoring and managing.





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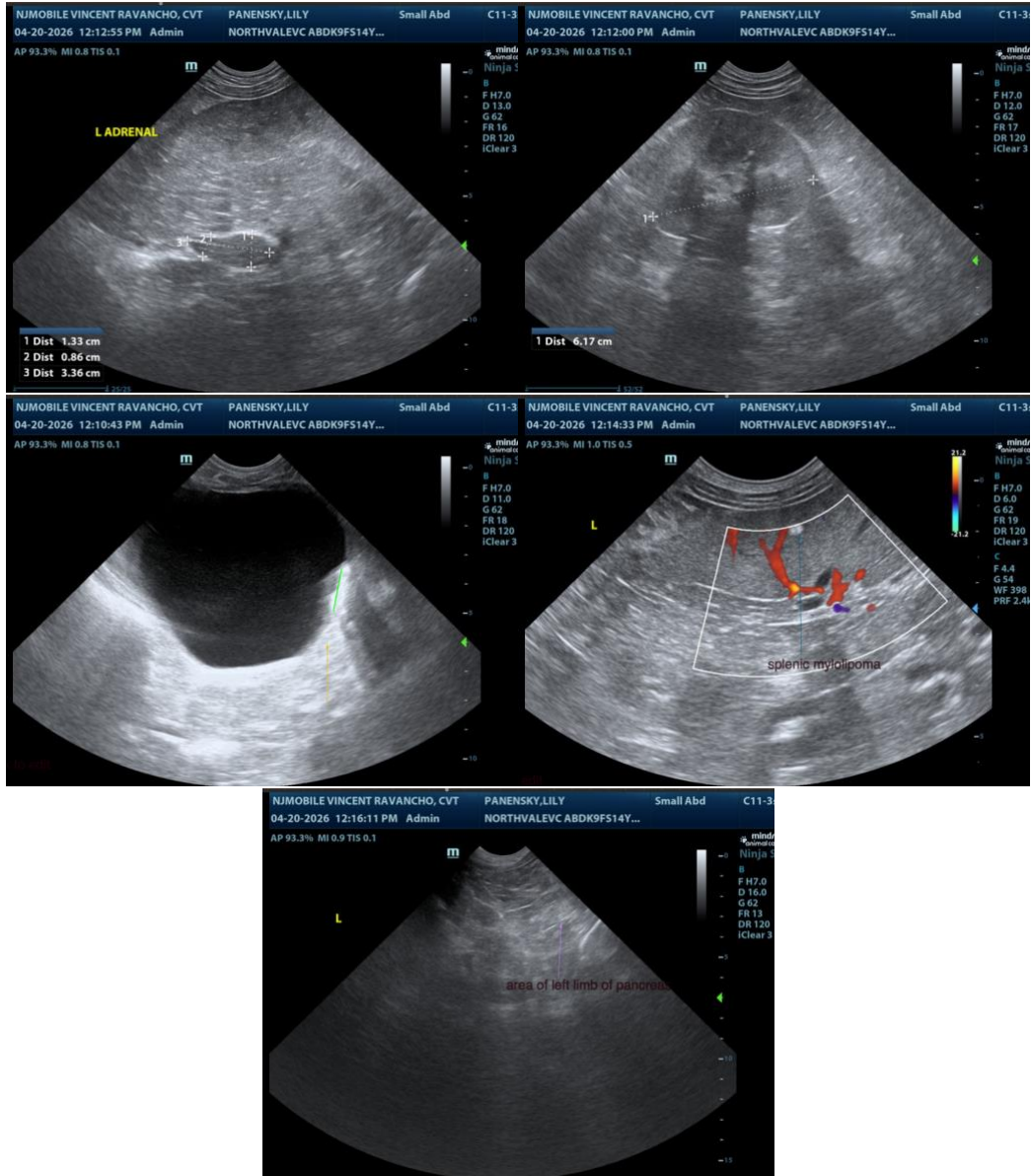
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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