



## PATIENT

Padme Lourenco

## SPECIES

Canine

## BREED

French Bulldog

## SEX

FS

## AGE

12 years

## WEIGHT

29 lbs

## INTERPRETED BY

Greg Kuhlman, DVM,  
DACVIM (SAIM)

## IMAGING PERFORMED BY

Dr. Julia Bakker

## HOSPITAL NAME

Orange Blossom  
Veterinary Imaging

## REFERRING VET

Dr. Ashley McNamee

## INVOICE

11758

## DATE

4/21/2026

## PRESENTING CLINICAL SIGNS

Unexpected finding of a round, soft tissue opaque mass, just cranial to bladder (7x 7 cm) on survey radiographs while preparing for dental procedure. Orthogonal view shows mass on left side, between the kidney and head of spleen. Mass appears heterogenous and dense with a thin, hyperechoic capsule on ultrasound. No evidence of free fluid in abdomen. Bloodwork performed on 4-7-26 unremarkable, except for mild elevation in TP/glob/ALT/ALP. Suspect the mass is originating from the spleen. Recommended full abdominal ultrasound to screen for metastasis and confirm origin prior to surgery.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The luminal margin of the urinary bladder is mildly irregular in contour and is not smooth like seen in a normal urinary bladder. The bladder wall appears normal in thickness.

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. There is no evidence of pyelectasia, mineral or infarcts observed. Left kidney measures 4.7 cm in length. Right kidney measures and contains mild renal pelvic dilation 1.9 mm x 3.4 mm.

### Adrenal Glands

The left adrenal gland is large in size, normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 14.9 mm and the caudal pole measures 9.4 mm.

The right adrenal gland is small in size, presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 3.4 mm and the caudal pole measures 3.8 mm.

### Spleen

There is a 6.2 cm x 6.1 cm heterogenous non-cavitated, markedly capsule displacing mass present in what appears to be the head of the spleen.

### 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.

Gallbladder is mildly overdistended with a moderate amount of non-dependent, mildly aggregated/inspissated sludge. Hypo to anechoic cystic areas are noted between the gallbladder sludge and luminal wall. The wall is otherwise smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion.

### Gastrointestinal

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



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## Pancreas

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.

## Other

There is no pericardial effusion in the cardiac image provided.

## ULTRASONOGRAPHIC FINDINGS

- Moderate to marked age related kidney changes bilaterally with mild right sided renal pelvic dilation.
- Enlarged left adrenal gland, and a small right adrenal.
- Splenic mass.
- Irregular luminal margin in the urinary bladder.
- Very early emerging mucocele – Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. The non-dependent nature of this sludge combined with the cystic areas are suggestive, however, of possible emerging cystic mucosal hyperplasia or early gallbladder mucocele.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Consider a fine needle aspirate of the spleen mass to submit for cytology to rule out a round cell neoplastic disease such as lymphoma, mast cell, which are less likely, or consider direct splenectomy.

The right sided renal pelvic dilation is most likely incidental, but however, possible pyelonephritis cannot be ruled out. Consider a urine culture and treatment for 1 month with an appropriate antibiotic if a bacterial urinary tract infection is identified.

Given that the left adrenal gland is enlarged, and the right adrenal gland is small, the possibility that the left adrenal gland may be a cortisol producing mass lesion should be considered. Given that there is no free abdominal fluid, and the splenic mass is not cavitated, before pursuing surgery, recommend a low dose dexamethasone to screen the patient for possible adrenal dependent hyperadrenocorticism. If this is diagnosed, then consider a CT scan of the abdomen for pre-surgical planning for a possible left sided adrenalectomy. If adrenalectomy is performed, then I recommend a splenectomy at the same time.

As previously discussed, recommend a urine culture to determine if the patient may have an occult urinary tract infection causing both the appearance of the luminal margin of the urinary bladder and the mild pyelonephritis seen with the kidney.

Recommend treating with ursodiol for the early gallbladder mucocele. Consider cholecystectomy if the patient does have adrenalectomy and/or splenectomy.



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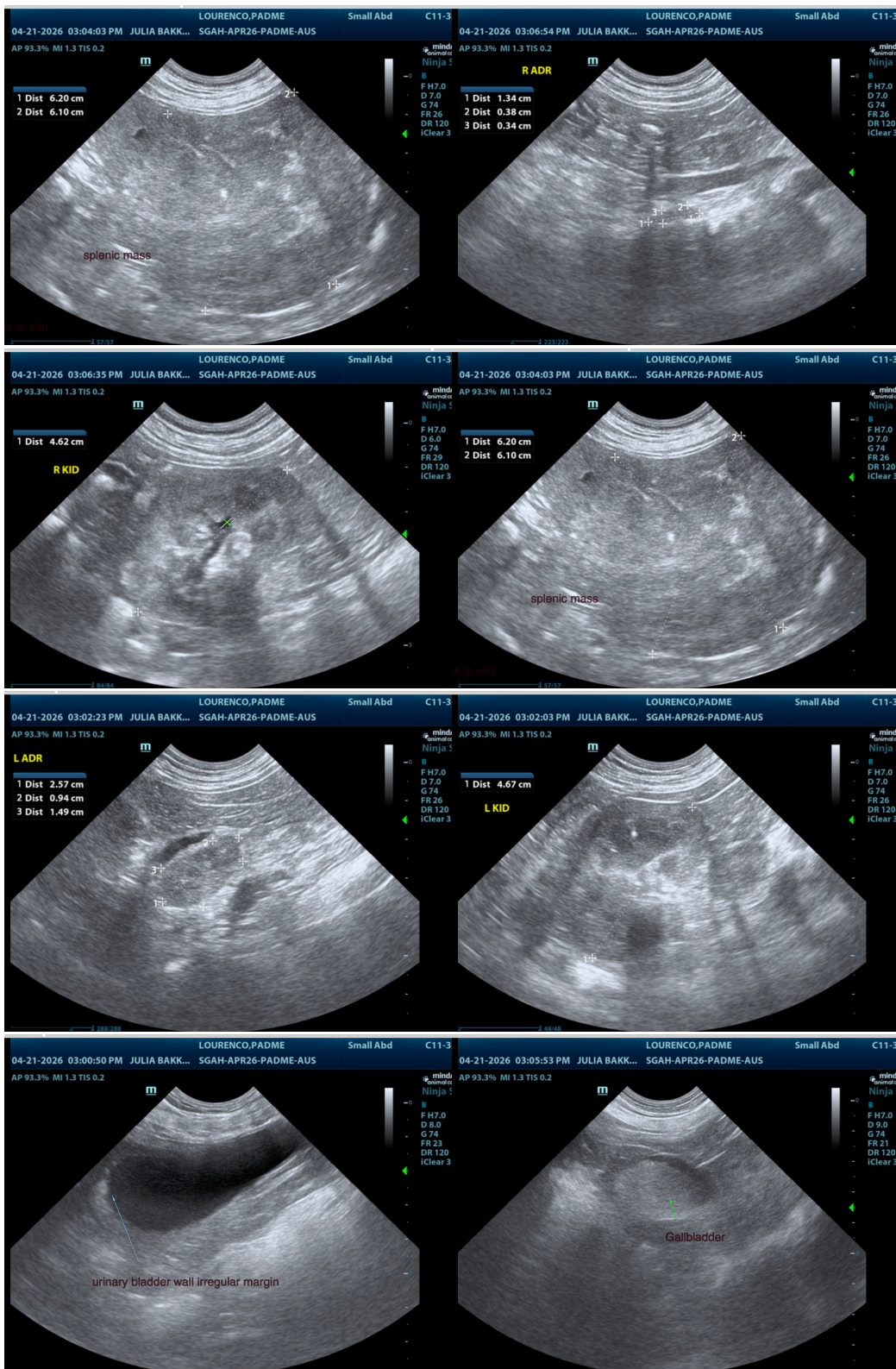
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)