



PATIENT

Sammie Testa

SPECIES

Canine

BREED

Yorkshire Terrier Mix

SEX

Spayed Female

AGE

9 Years 10 Months

WEIGHT

13.84 pounds

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Vincent Ravancho CVT

HOSPITAL NAME

Legacy Animal Hospital

REFERRING VET

Dr. Potenzone

INVOICE

15500

DATE

04/27/26

PRESENTING CLINICAL SIGNS

Cushing's - r/o mass vs other. Baseline Abd scan

Abnormal PE/Chem/CBC/UA Results: ACTH Stim Positive 27+, ALP 711, CK 250

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder is moderately distended with minimal urine. No uroliths are seen. The bladder wall is normal in appearance and thickness. No masses are seen.

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 3.7 cm. The right kidney measures 4.8 cm.

Adrenal Glands

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 5.3 mm.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 11.7 mm and the caudal pole measures 5.1 mm.

Spleen

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

Liver

Liver is subjectively enlarged (swollen contour) without disruption of architecture. It has a normal homogenous echotexture. Parenchyma is diffusely hyperechoic characterized by less prominent than normal portal vein walls and increased echogenicity relative to the spleen and falciform fat. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

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

The stomach and intestines have normal wall layering and thickness. Colon is empty with normal wall thickness.

Pancreas

The visible left and right pancreas is normal in size with normal echogenic parenchyma and surrounded by normal peri-pancreatic mesentery.



PATIENT

Free Abdomen

Sammie Testa

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

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ULTRASONOGRAPHIC FINDINGS

- Age-related renal changes with nonobstructive mineralizations.
- Benign vacuolar hepatopathy.
- Mild gallbladder debris.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

Spayed Female

Hyperadrenocorticism is possible, however, given the normal adrenal glands bilaterally, consider performing low-dose dexamethasone suppression tests to confirm ACTH stimulation tests. Low-dose dexamethasone suppression test has a significantly higher sensitivity and specificity. Alternatively, consider a Trilostane trial, monitoring patient every 7 to 10 days via ACTH stimulation test after starting Trilostane.

AGE

9 Years 10 Months

Recommend Trilostane at 1.0 mg/kg given twice per day. Monitoring every 7 to 10 days via ACTH stimulation test to prevent hypoadrenocorticism and to get suspected hyperadrenocorticism well controlled. If hyperadrenocorticism is ultimately ruled out, consider other secondary causes for benign vacuolar hepatopathy such as hypertriglyceridemia, hypothyroidism, occult pancreatitis, or occult GI disease.

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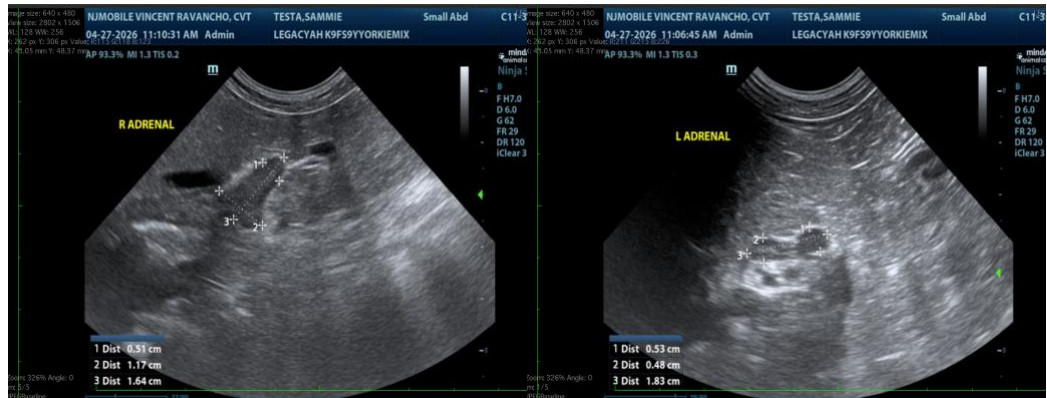
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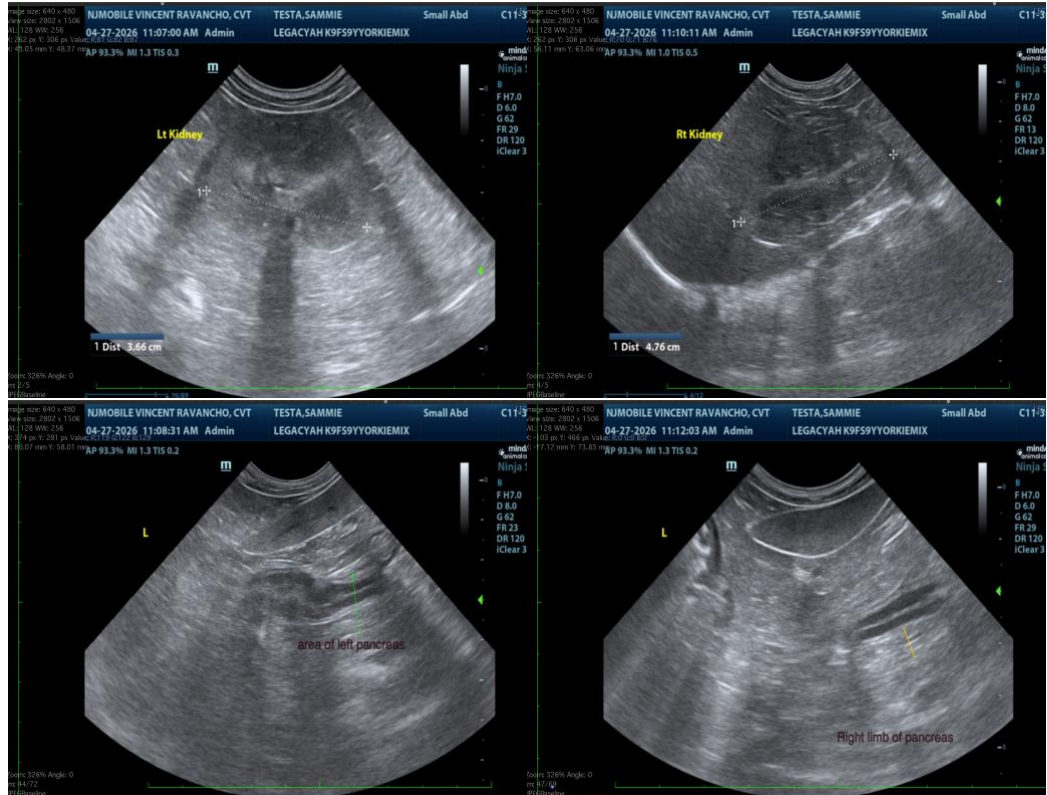
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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