



**PATIENT**

Ava Derrick

**SPECIES**

Canine

**BREED**

Husky

**SEX**

Spayed Female

**AGE**

11 Years 8 Months

**WEIGHT**

60 lbs

**INTERPRETED BY**

Greg Kuhlman, DVM,  
DACVIM (SAIM)

**IMAGING PERFORMED BY**

Kathleen Byrnes

**HOSPITAL NAME**

Animal Hospital of  
Lake Brandt

**REFERRING VET**

Dr. Smith

**INVOICE**

74760

**DATE**

4/28/26

**PRESENTING CLINICAL SIGNS**

P presented for US due to back weakness, decreased appetite, anemia, and elevated GGT, Rad report- suspected splenic or hepatic mass.

Abnormal PE/Chem/CBC/UA Results: HCT 38, ALT 75, ALKP 200, GGT 13, Glob 4.7, usg 1.020

**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 is overall normal in size (7.0 cm) 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.

The left kidney is overall normal in size (5.9 cm) 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.

**Adrenal Glands**

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 9.1 mm and the caudal pole measures 5.1 mm.

The caudal pole of left adrenal gland presents normal shape and homogenous parenchyma, measuring 4.6 mm in width. The cranial pole revealed a hyperechoic mass lesion measuring 11.2 mm x 18.1 mm.

**Spleen**

In the head of the spleen there is a 5.2 cm x 6.6 cm isoechoic capsule displacing splenic mass present that has two areas of cavitation that contain fluid. The remainder of the spleen appears normal.

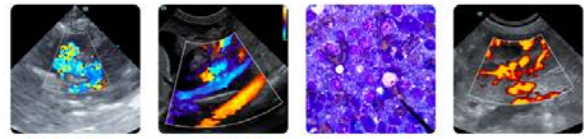
**Liver**

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. No evidence of metastatic disease seen.

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 contains normal contents with normal wall thickness.



**PATIENT**

**Pancreas**

Ava Derrick

No pathology seen in the region of the left pancreas. The visible right pancreas appears normal.

**SPECIES**

**Free Abdomen**

Canine

There is an enlarged medial iliac lymph node present that measures 4.8 mm x 18.7 mm. It is heterochoic in appearance. No cause for its enlargement is seen.

**BREED**

No free abdominal fluid is seen.

Husky

Normal uterine body seen measuring 4.6 mm in width.

**SEX**

In the provided cardiac images there is no pericardial effusion seen. No obvious cardiac mass identified.

Spayed Female

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

- Splenic mass – Most likely malignant neoplasia such as hemangiosarcoma, less likely a benign process such as hemangioma.
- Left adrenal mass – Most likely an incidental finding. However, it is possible that this mass represents a neoplastic process such as adrenal carcinoma.
- Enlarged medial iliac lymph node – Suspect reactive, less likely enlarged due to a neoplastic process.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Greg Kuhlman, DVM,  
DACVIM (SAIM)

Consider a fine needle aspirate of the splenic mass lesion and submission for cytology or consider splenectomy and submission for histopathology.

**IMAGING PERFORMED BY**

Kathleen Byrnes

Recommend testing the patient for functional adrenal disease. Consider submitting a urine cortisol to creatinine ratio to rule out hyperadrenocorticism. If elevated, perform a low-dose Dexamethasone suppression test. Also recommend submitting urine metanephrine testing to rule out a pheochromocytoma. If no functional adrenal disease is seen, consider rechecking the mass in 2-3 months via ultrasound to determine if it is increasing in size. If this mass is increasing in size, consider left-sided adrenalectomy at that time. Recommend a CT scan prior to performing adrenalectomy as pre-surgical planning.

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Recommend 3-view chest radiographs prior to proceeding with any surgical procedure such as splenectomy to rule out obvious pulmonary metastatic disease.

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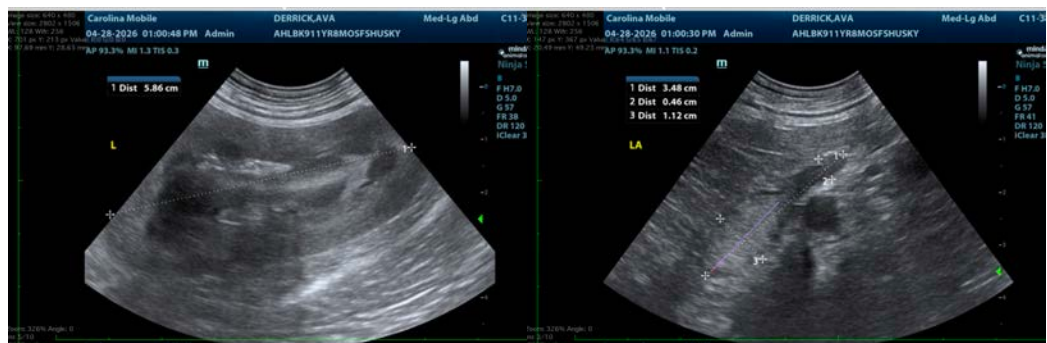
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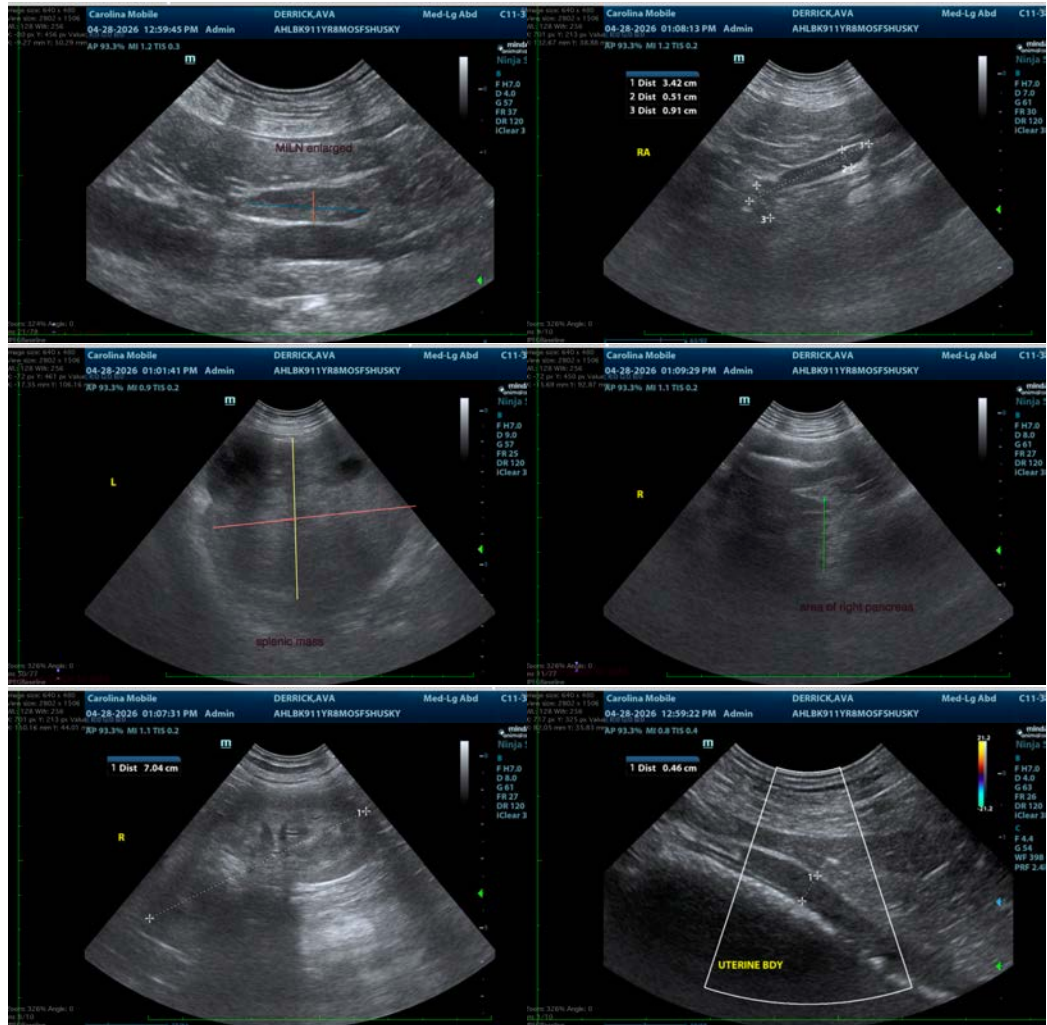
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

Veterinary Internal Medicine Specialist  
[info@SonoPath.com](mailto:info@SonoPath.com)