



## PATIENT

Zenya Henderson

## SPECIES

Canine

## BREED

Not Provided

## SEX

Spayed Female

## AGE

8 Years

## WEIGHT

7 kg

## INTERPRETED BY

Greg Kuhlman, DVM,  
DACVIM (SAIM)

## IMAGING PERFORMED BY

Dr. Gira

## HOSPITAL NAME

Petzoic Emergency

## REFERRING VET

Dr Ehab Hamed

## INVOICE

74869

## DATE

4/30/26

## PRESENTING CLINICAL SIGNS

Chronic vomiting and diarrhea, low ALB levels

## 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. No papillae seen.

The right kidney presents normal size (4.5 cm) with normal shape and architecture. Normal corticomedullary distinction. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted.

The left kidney presents normal size (4.2 cm) with normal shape and architecture. Normal corticomedullary distinction. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted.

### Adrenal Glands

The cranial pole of the right adrenal gland was mildly enlarged, measuring 8.0 mm. The caudal pole was normal at 5.5 mm.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 4.3 mm and the caudal pole measures 5.6 mm.

### Spleen

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

### 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. There are multifocal ill-defined lesions throughout the liver, consistent with benign regenerative nodules. A representative lesion measures 6.3 cm x 4.7 cm. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder presents normal size with anechoic contents. Normal gallbladder wall. No evidence of bile duct distention or obstruction.

### Gastrointestinal

The visible stomach wall is normal in thickness and layering. The stomach is moderately distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. If patient was appropriately fasted, delayed gastric emptying could be considered. Non-shadowing foreign material is considered less likely but cannot be definitively ruled out.

If clinical signs are consistent (vomiting, etc.), recommendations include supportive medical care, 24 hours fasting and re-image.



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Small intestine is diffusely mildly thick with a relatively thick mucosa compared to other layers. Normal wall layering is preserved; however, the mucosa is more echogenic than normal and contains hyperechoic striations perpendicular to the lumen. The lumen of the small intestine is empty with no evidence of obstruction or foreign material.

The colon contains what appears to be soft stool. Colon wall is normal in thickness.

### **Pancreas**

The pancreas is diffusely slightly heterochoic. No surrounding hyperechoic fat.

### **Free Abdomen**

A prominent medial iliac lymph node is noted, measuring 16.9 mm x 4.8 mm. There are multiple prominent mesenteric lymph nodes. A representative node measures 9.8 mm x 3.8 mm.

A scant pocket of free fluid is noted near the apex of the urinary bladder measuring 6.3 mm x 3.3 mm. It is not in a location where it could be sampled, unfortunately.

### **ULTRASONOGRAPHIC FINDINGS**

- Mildly enlarged cranial pole right adrenal gland – likely an incidental finding.
- Hyperechoic hepatomegaly with likely benign regenerative nodules.
- Slightly heterochoic pancreas, may be normal variation.
- Prominent medial iliac and mesenteric lymph nodes – most likely reactive. Unlikely to be enlarged due to a neoplastic cause.

### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

If clinically warranted, you could consider screening the patient for functional adrenal disease. Consider urine cortisol to creatinine ratio to rule out hyperadrenocorticism. If the patient is found to be hypertensive, consider submission of a urine metanephrine to rule out pheochromocytoma.

Consider submitting cPLI to screen further for possible clinically significant pancreatic inflammation.





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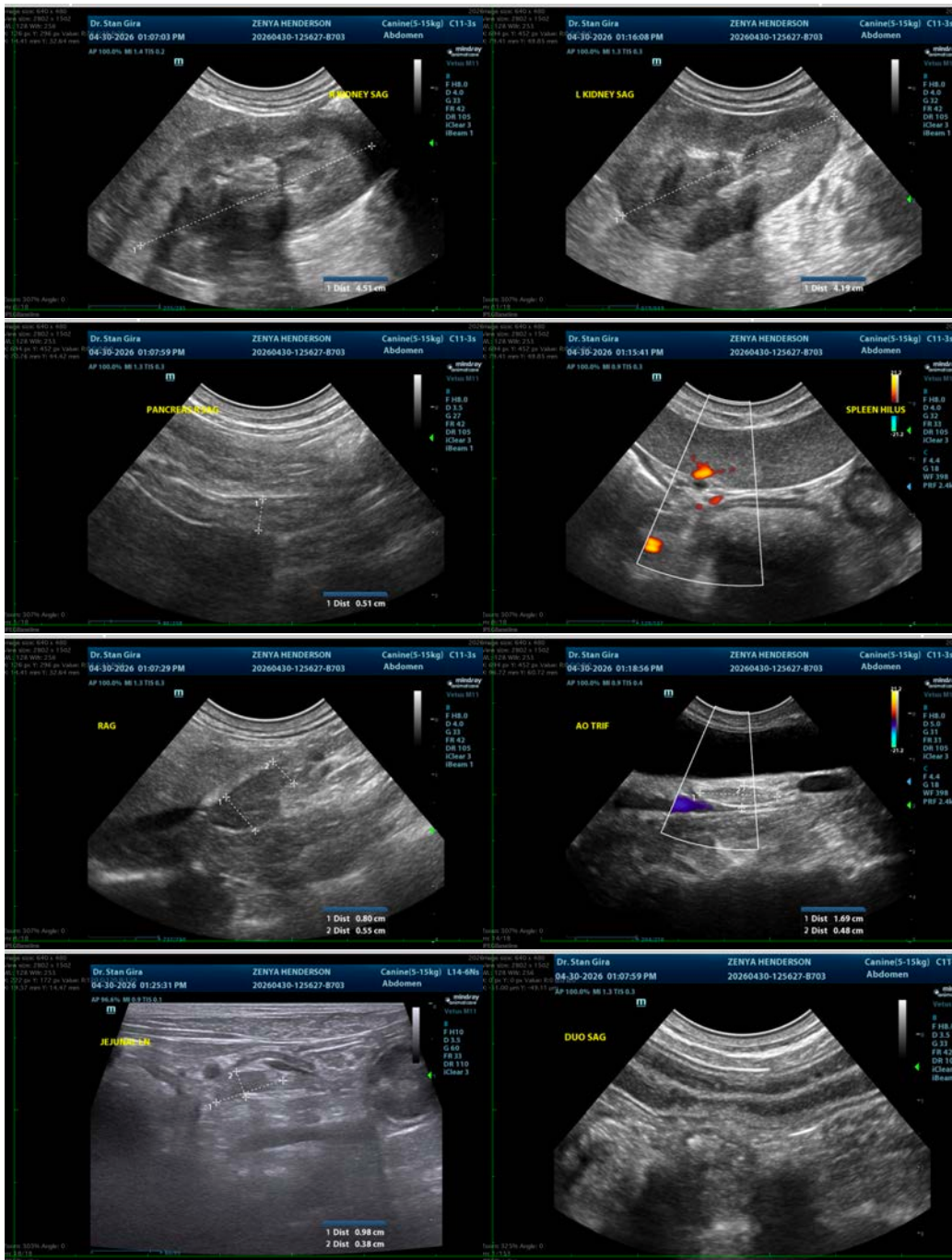
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)