



PATIENT

Quila Solomoan

SPECIES

Canine

BREED

Border Collie Mix

SEX

Spayed Female

AGE

9 Years

WEIGHT

75.8 pounds

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Jocelyn Hollway

HOSPITAL NAME

Valley Green
Veterinary Hospital

REFERRING VET

Dr. Orberer-Gerber

INVOICE

14882

DATE

04/06/26

PRESENTING CLINICAL SIGNS

No C/S/V/D. E/D/U/D all WNL. Here to work-up new increased ALP and new masses. BAR. ABD = TTP - would not allow deep palpation. Suspect this is secondary to anxiety/stress and not true pain.

No obvious heart or lung abnormalities noted on PE, but excessive panting. BCS 8/9 generalized stiffness. Mass: R skull ventral to ear, pinpoint dermal free from deep structures. MASS: Cranial ventral thorax, SQ, golf ball sized, palpates fatty. FNA = lipoma. MASS: caudal left thorax, SQ, golf ball-sized, palpates fatty. FNA = inconclusive --> punch biopsy performed today. NEW MASS Lateral RF distal to elbow - dime-sized, firm, haired, non-ulcerative --> FNA = pending. NEW MASS LEFT dorsal neck - quarter-sized, haired, non-ulcerative, firm on palpation but aspirated like a lipoma --> FNA = pending. NEW ~1-2mm firm mass medial RF in axillary area -- too small to FNA at this time, non-ulcerative. (punch BX = pending). GR1-2 dental disease with crown fracture 208 (no pulp exposure). Mild boney non-ulcerative swelling noted left mandible. Lymph nodes are all normal in size

Abnormal PE/Chem/CBC/UA Results: ACTH STIM = pending AUS = pending iCa = pending 4/4/26 PT = 9.2 normal PTT = 8.3 LOW 3/20/26 HCT = 48.5% (normal) PLT = 503 HIGH Ca = 12 HIGH (8.4-11.8) TP = 7.9 HIGH (5.5-7.5) ALB = 4.2 HIGH (2.7-3.9) ALP = 1521 HIGH (5-160) CK = 333 HIGH (10-200) 4Dx = (-)x4 T4= 2.0 normal

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 papilla is 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. Nonobstructive dystrophic mineralization was noted in the right kidney. The left kidney measures 6.0 cm. The right kidney measures 7.3 cm.

Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole was not visualized and the caudal pole measures 5.9 mm.

The right adrenal gland was not visualized.

Spleen

The spleen is normal in size, shape, margination and echogenicity. No masses are seen. The head of the spleen was folded upon itself. Normal blood flow was evident.

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. Visible vasculature and biliary tree appear normal without distension or congestion. In the left liver, there is a hypoechoic non-capsule displacing lesion present, measuring 2.2 cm by 2.1 cm. This is most likely a



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regenerative nodule, less likely primary hepatobiliary neoplasia such as hepatocellular carcinoma, also less likely but possibly metastatic neoplasia.

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

Gastrointestinal

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

Pancreas

The area of the left limb of the pancreas revealed no pathology. The pancreas was not directly visualized. The right limb of pancreas was mildly hypoechoic with no surrounding steatitis. The pancreatic ducts were mildly distended diffusely throughout right limb of pancreas. These findings are potentially consistent with mild pancreatic inflammation.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

- Age-related renal changes with right kidney mineralizations.
- Hepatic lesion in the left liver.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the appearance of both kidneys, recommend full staging, monitoring, and managing the patient per the International Renal Interest Society guidelines for possible early chronic kidney disease.

The appearance of the liver is consistent with the benign vacuolar hepatopathy. Changes to the liver most likely due to secondary causes such as hyperadrenocorticism, hypertriglyceridemia, hypothyroidism versus occult gastrointestinal disease or occult pancreatic disease. Less likely the appearance of the liver is due to an infectious cause such as leptospirosis.

An ACTH stimulation test is pending. If hyperadrenocorticism is ruled out, consider testing for other disease processes discussed as differentials for the appearance of the liver. If there is no cause identified for the appearance of the patient's liver and liver values remain elevated, consider a liver biopsy at that time.

Recommend screening via a cPLI to determine if clinically significant pancreatitis is present. If it is, it may be the cause of the appearance of the patient's liver and the elevated alkaline phosphatase by causing a mild extra hepatic biliary duct obstruction.



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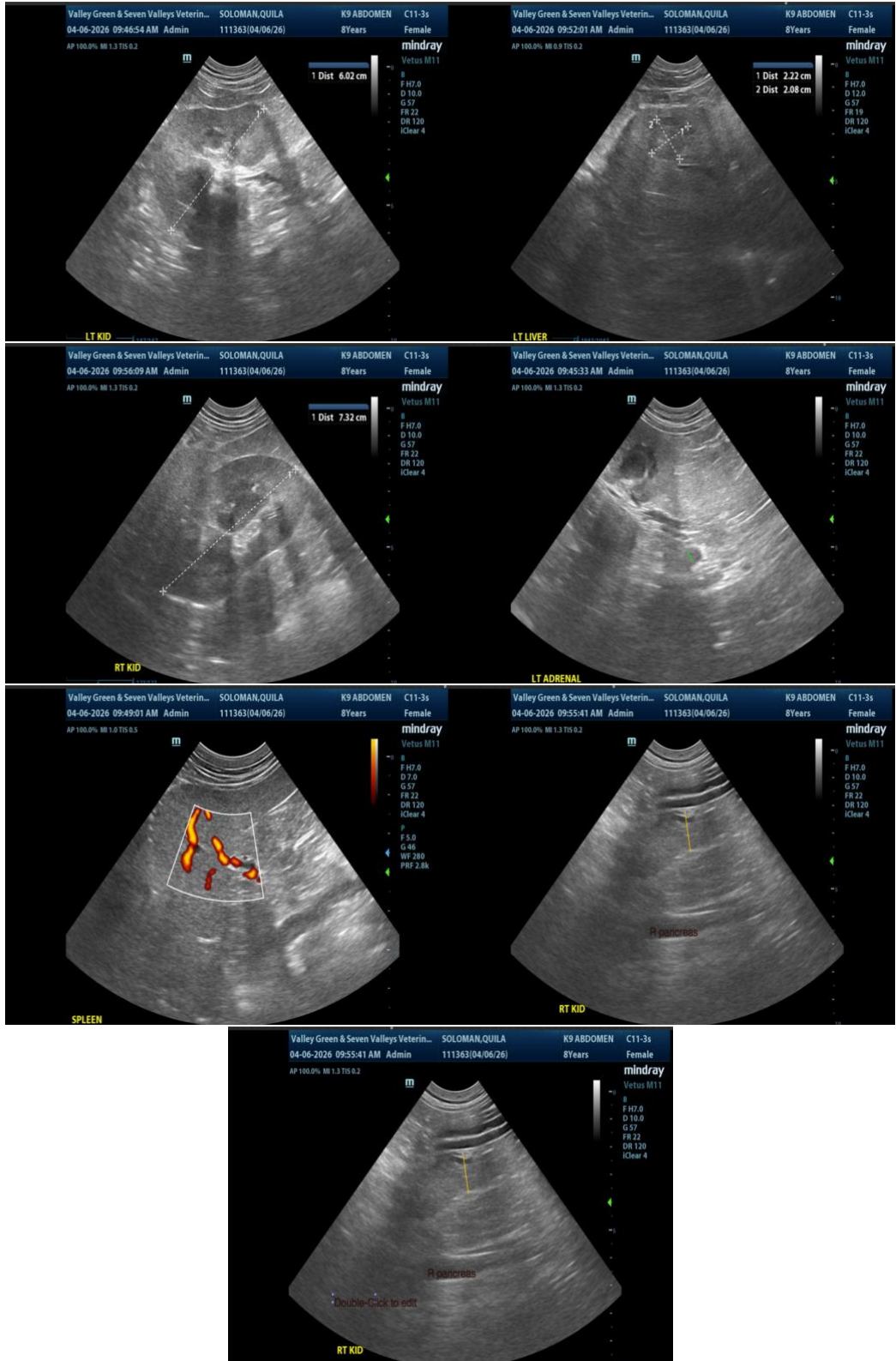
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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