



PATIENT

Weezy Nicholson

SPECIES

Canine

BREED

Havanese

SEX

Neutered Male

AGE

14 Years

WEIGHT

20 pounds

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Ashley Whitesell

HOSPITAL NAME

Dickson Animal Clinic

REFERRING VET

Dr. Ashley Whitesell

INVOICE

14885

DATE

04/06/26

PRESENTING CLINICAL SIGNS

Potentially cushingoid last year when we did an ultrasound. Lethargic. PU/PD

Abnormal PE/Chem/CBC/UA Results: ALP 502, blood and bacteria in urine

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. The left kidney measures 4.6 cm. The right kidney measures 4.8 cm. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted.

Adrenal Glands

The left adrenal gland is at the upper ends of normal in size for a patient of this body weight. The cranial pole measures 5.4 mm and the caudal pole measures 5.9 mm.

The right adrenal gland is at the upper ends of normal in size for a patient of this body weight. The cranial pole measures 5.4 mm and the caudal pole measures 6.0 mm.

Spleen

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

Liver

Liver is relatively normal in size and contour. Parenchyma is mildly heterogenous and coarse with mild likely age-related parenchymal remodeling noted. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion. In the left aspect of the liver, there is a 1.2 cm by 1.8 cm hypoechoic non-capsule displacing lesion that is most likely benign regenerative nodule, less likely hepatobiliary neoplasia such as hepatocellular carcinoma and less likely metastatic neoplasia. A second similar lesion that measures 1.9 cm in length in the mid liver and is most likely a regenerative nodule.

Gallbladder is moderately distended with anechoic bile as well as suspended and mild 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.

Pancreas



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The observed pancreas appears appropriately isoechoic to surrounding omental fat. The capsule is mildly irregular in shape. Parenchyma is mildly heterogenous and coarse. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

- Age-related abdominal changes.
- Hepatic lesions.
- Mild gallbladder debris- appears insignificant.
- Pancreatic remodeling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Appearance of the patient's liver is most likely age-related. A benign hepatopathy is suspected such as vacuolar hepatopathy. Much less likely, the appearance of the liver would be due to infiltrative neoplasia such as lymphoma or mast cell disease. Consider fine needle aspirate of the hepatic lesions with submission for cytology to rule out neoplasia.

Recommend full staging, monitoring and managing the patient for early chronic kidney disease via International Renal Interest Society guidelines.

The fact that both adrenal glands at the upper end of normal in size may be a normal variation or may indicate pituitary dependent hyperadrenocorticism. If not already performed, recommend submitting a urine cortisol to creatinine ratio to rule out hyperadrenocorticism. If the UCCR ratio is elevated above normal, then recommend performing low dose dexamethasone suppression test.

Given the patient has blood and bacteria seen in their urine, recommend submitting urine culture to further evaluate for urinary tract infection and to determine appropriate antibiotic therapy.

No cause for the reported hematuria and bacteria as discussed. No specific cause for patients lethargy seen on this exam or the polyuria polydipsia.

A urine culture if positive may indicate given the appearance of the patient's kidneys that there might be an occult pyelonephritis present. If a urinary tract infection is confirmed, recommend treating for at least 30 days with an appropriate antibiotic to treat for possible pyelonephritis.



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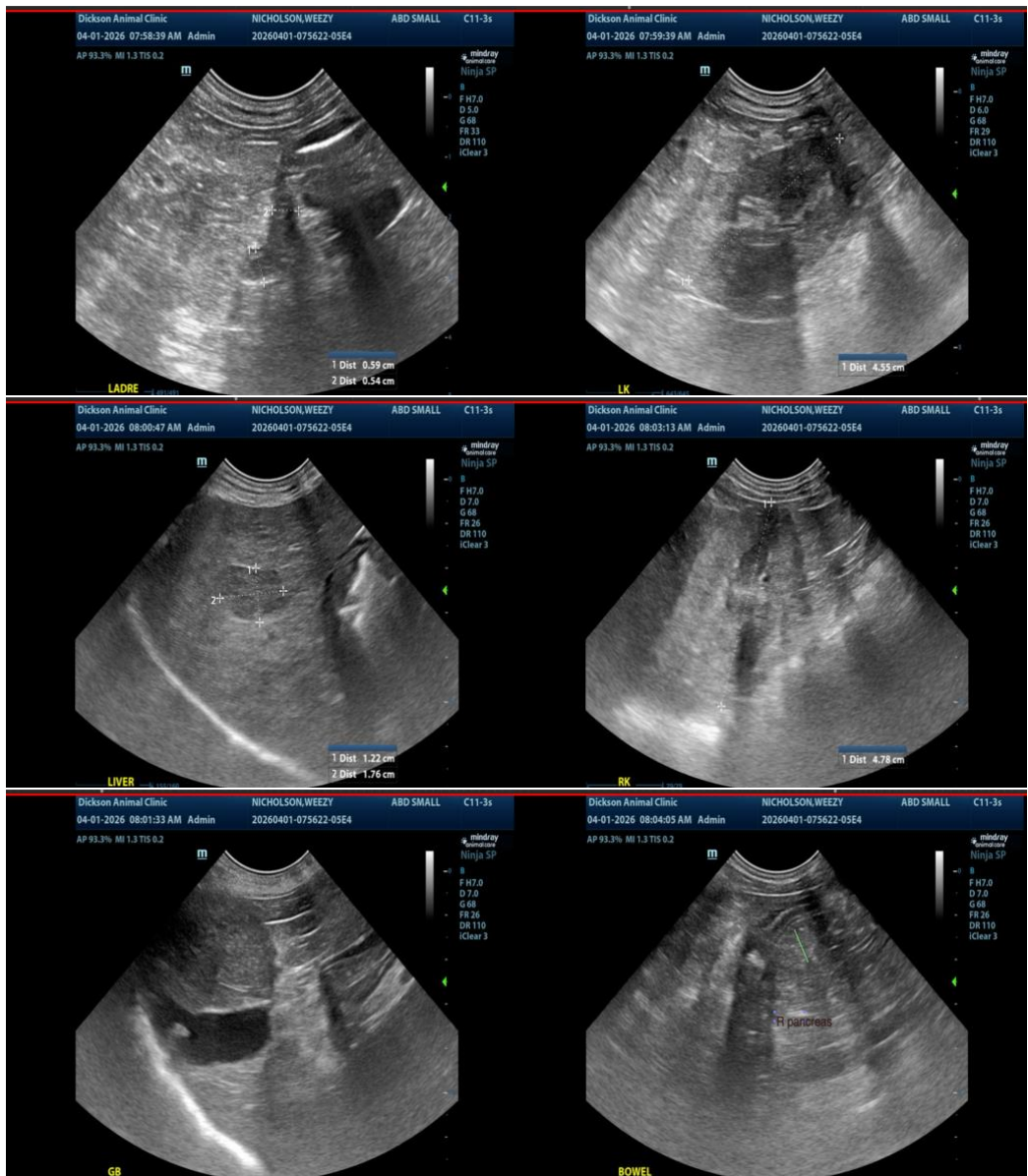
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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