



PATIENT

Carly Kacmar

SPECIES

Canine

BREED

Norwegian Elkhound

SEX

Spayed Female

AGE

13 Years 10 Months

WEIGHT

46.2 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

VCA AVH Animal
Hospital

REFERRING VET

Dr. Dymond-Szabo

INVOICE

74261

DATE

4/7/26

PRESENTING CLINICAL SIGNS

Elevated LEs, chronic kidney dz, dental dz otherwise PE wnl

Current Medications: Renal diet; Azodyl; Provable; Denamarin; Dasuquin; Iron supplement; Bravecto and Interceptor

Abnormal PE/Chem/CBC/UA Results: Alt-151 (H 118); ALKP-2190 (H 131); TBili-0.4 (H 0.3); Ca-11.5 (H 11.4); BUN-37 (H 31); Creat-2.3 (H 1.6); SDMA-30.1 (<14); Amylase-1905 (H 1125); CPK- 52 (L 59); HGB-10.1 (L 12.1); HCT-34 (L 36); MCH-18.6 (L 19); MCHC-29 (L 30). UA: 0-1 RBC; 4-10 CaOx dihydrate; PH-6; 1+ protein; UPC-1.2; USG: 1.011

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.

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 5.1 cm. The right kidney measures 5.57 cm.

Adrenal Glands

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 5.8 mm and the caudal pole measures 5.3 mm.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 5.8 mm and the caudal pole measures 5.0 mm.

Spleen

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

Liver

Liver is relatively normal in size and contour. Parenchyma is mildly heterogenous and coarse with mild likely age-related parenchymal remodeling noted. A left-sided hypoechoic, capsule displacing liver mass is noted that measures 7.8 cm x 7.8 cm. There are several cystic areas of apparent mild cavitation present associated with the mass. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic with some echogenic debris noted. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

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



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Pancreas

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

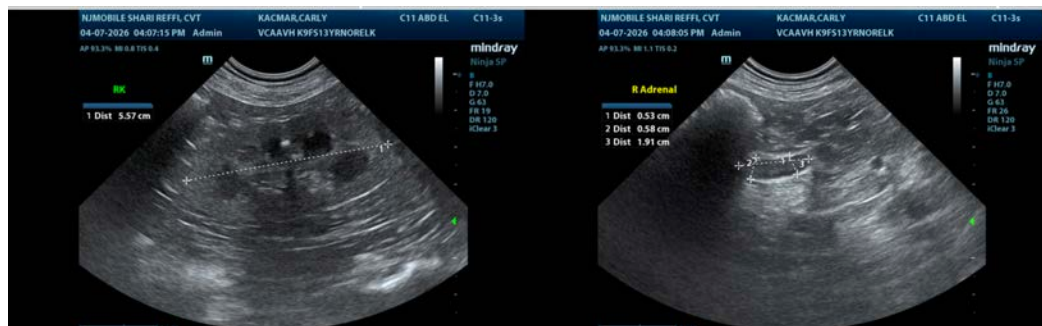
- Liver mass – Differentials include hepatocellular carcinoma versus hepatocellular adenoma, less likely round cell neoplasia such as lymphoma or mast cell disease. Possible hemangiosarcoma. Unlikely to be granulomatous disease.
- Age related renal changes.
- Age related pancreatic remodeling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend fine needle aspirate of the liver mass and submitting for cytology. If cytology is inconclusive, consider CT scan of the abdomen as pre-surgical planning for left sided liver mass resection and submission for histopathology.

Prognosis is open pending recommended further diagnostics. Before pursuing surgery, recommend either 3-view chest radiographs to rule out pulmonary metastatic disease, or if CT scan is performed as pre-surgical planning, consider adding the chest to the CT scan to rule out pulmonary metastatic disease.

The patient's elevated liver values are most likely due to the presence of the liver mass. If the liver mass is surgically resected, recommend obtaining biopsies of normal liver during the same procedure, submitting them for histopathology, copper quantitation, and aerobic and anaerobic bacterial culture.





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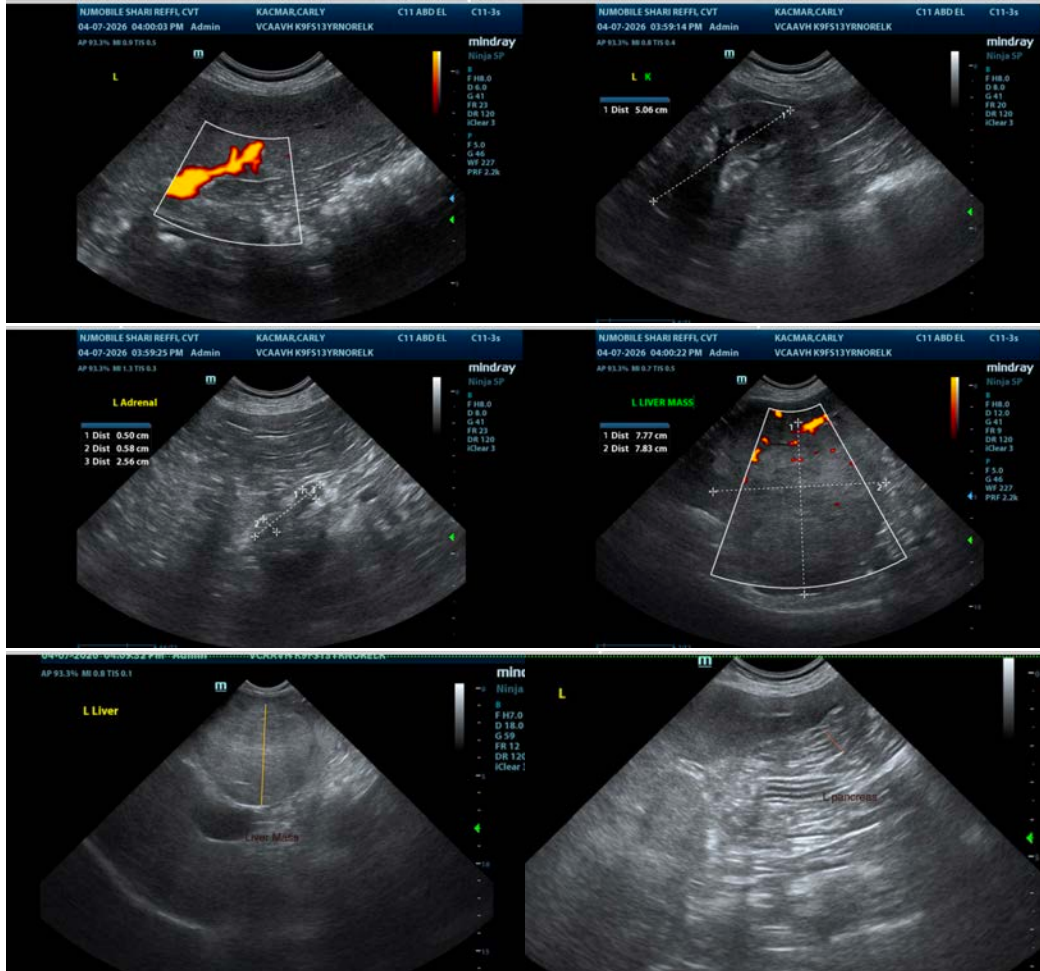
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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