



PATIENT

Daisy Lloyd

SPECIES

Canine

BREED

Maltese X

SEX

FS

AGE

13 years

WEIGHT

6.5 kg

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Gira

HOSPITAL NAME

Ramsay VC

REFERRING VET

Dr. Nangal

INVOICE

11668

DATE

4/9/2026

PRESENTING CLINICAL SIGNS

Ongoing inappetence, mild elevated liver and kidney enzymes, elevated globulin and wbc.

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 left kidney presents normal size with normal shape and architecture. Marked loss of corticomedullary distinction. Mild renal pelvic dilation noted measuring 5.0 mm. Marked non-obstructive dystrophic mineralization noted. No pyelectasia or ureteral dilation. In the caudal aspect of the left kidney, there is an ill-defined, mildly capsular displacing 2.6 cm x 1.4 cm hypoechoic lesion present. The left kidney measured 5.3 cm in length.

The right kidney presents normal size with normal shape and architecture. Marked loss of corticomedullary distinction. Pyelectasia and renal pelvic dilation noted measuring 5.8 mm in width. No ureteral dilation or nephrolithiasis. The right kidney measured 4.9 cm in length.

Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 6.9 mm and the caudal pole measures 5.9 mm.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 5.5 mm and the caudal pole measures 5.8 mm.

Spleen

The spleen is normal in size, shape, margination and echogenicity. In the subcutaneous tissue adjacent to the area of the spleen, there is a 1.8 cm x 4.1 cm heterogenous mass lesion present and appears to be adhered to the deep subcutaneous tissues.

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.

Gallbladder is mildly overdistended with a moderate amount of non-dependent, mildly aggregated/inspissated sludge. Hypo to anechoic cystic areas are noted between the gallbladder sludge and luminal wall. The wall is otherwise smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion.

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.

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Free Abdomen

There is mild medial iliac and mesenteric lymphadenopathy, a representative medial iliac node measures 7.0 mm x 4.1 mm in size. A representative mesenteric lymph node measures 8.2 mm x 4.3 mm.

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Within the abdomen there is a heterogenous 4.4 cm x 3.2 cm irregularly shaped mass lesion present near the tail of the spleen.

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ULTRASONOGRAPHIC FINDINGS

AGE

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- Age related changes in both kidneys with bilateral renal pelvic dilation, left sided dystrophic mineralization and right sided pyelectasia. In the caudal aspect of the left kidney there is an ill-defined, mildly capsular displacing 2.6 cm x 1.4 cm hypoechoic lesion present.
- Emerging mucocele – Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. The non-dependent nature of this sludge combined with the cystic areas are suggestive, however, of possible emerging cystic mucosal hyperplasia or early gallbladder mucocele.
- Pancreatic age-related remodeling/Chronic pancreatitis – Mild irregularities are consistent with benign age-related change. Low-grade smoldering chronic pancreatitis cannot be ruled out and should be suspected in the face of appropriate clinical signs.
- Mild medial iliac lymphadenopathy. Most likely reactive and less likely neoplastic.
- Mesenteric lymphadenopathy. Most likely reactive but possible that these are enlarged due to round cell or metastatic neoplasia.
- Age related hepatic changes.
- Abdominal mass near the tail of the spleen and Heterogenous mass lesion in the subcutaneous tissue adjacent the spleen.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend medical management with ursodiol at 15 mg/kg by mouth in two daily doses, and continued monitoring liver values periodically. If bilirubin begins to increase, then consider cholecystectomy. Recommend a fine needle aspirate and submission of bile for aerobic/anaerobic culture, and cytology to rule out bacterial cholangitis as a component of the gallbladder disease. You could also treat empirically with amoxicillin at 20 mg/kg.

Recommend full staging, monitoring, and managing per IRIS guidelines, as well as submission of a urine culture if not already performed. Right sided pyelectasia may indicate possible pyelonephritis.

The heterogenous mass adjacent to the spleen is concerning for possible malignant neoplasia such as a soft tissue sarcoma, a mast cell tumor. Recommend fine needle aspirate and submission for cytology.

If possible, recommend fine needle aspirate of the enlarged mesenteric lymph nodes and submission for cytology.



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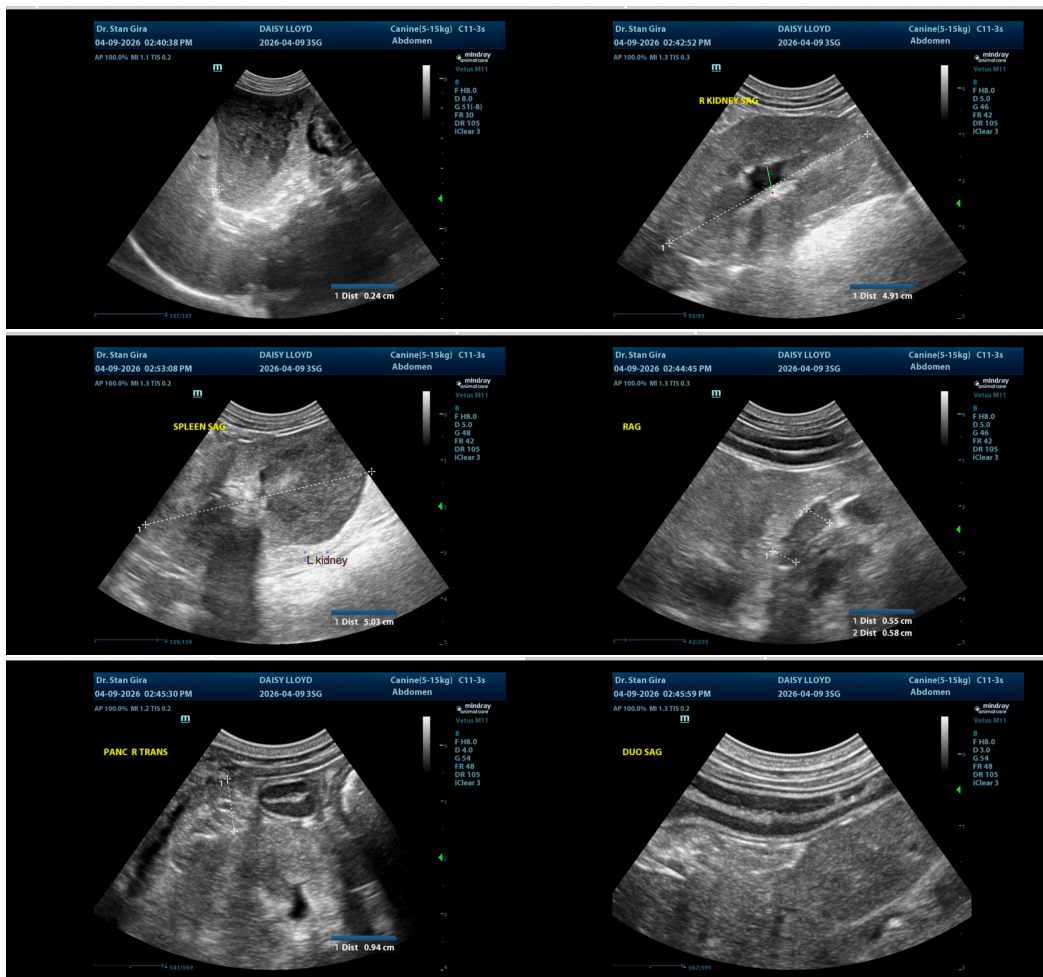
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Recommend fine needle aspirate of the abdominal mass to determine tissue of origin. This mass does not appear to be associated with any organs on this exam. If fine needle aspirate if inconclusive, then I recommend a CT of the abdomen to further characterize this mass lesion and for pre-surgical planning to consider possible resection.

In the caudal aspect of the left kidney, this lesion may just represent an inflammatory lesion due to the local steatitis and the presence of the mass previously described near the tail of the spleen or less likely primary renal neoplasia such as renal carcinoma. Recommend fine needle aspirate of this lesion and submission for cytology to determine the etiology.

Prognosis is open pending further diagnostics.





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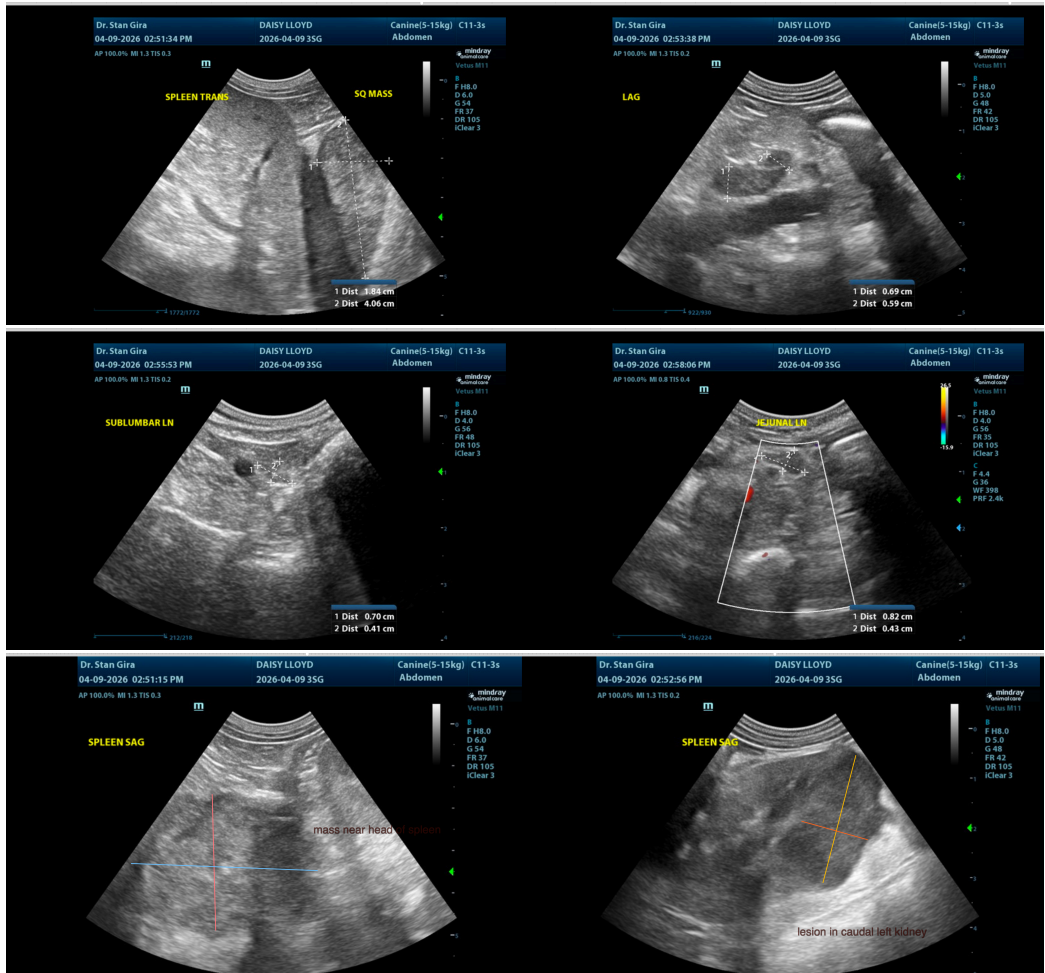
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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