

**PATIENT**

Lola Cochrane

**SPECIES**

Canine

**BREED**

Pug Mix

**SEX**

Spayed Female

**AGE**

18 Years

**WEIGHT**

15.8 lbs

**INTERPRETED BY**

Greg Kuhlman, DVM,  
 DACVIM (SAIM)

**IMAGING PERFORMED BY**

Amanda Stewart

**HOSPITAL NAME**

The Maples Animal  
 Hospital

**REFERRING VET**

Dr. Kazienko

**INVOICE**

15671

**DATE**

05/01/26

**PRESENTING CLINICAL SIGNS**

Did not urinate for 24 hours & wasn't interested in food. Her hind legs are very weak, giving out on her at times. Xray April 30 revealed a very large bladder. Eventually urinated last evening on her own. She twitches quite often & has a permanent head tilt.

Ate last night but vomited 2 hours afterwards. Current Medications Thyrotabs 0.2mg-1/2 tablet BID, Benazepril 5mg-1/2 tablet SID, Tramadol 10mg-1 capsule BID; Trazadone 50mg-1 pill SID

Abnormal PE/Chem/CBC/UA Results: Primary Question to Be Answered in This Exam Assess internal organs

**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. Moderate/marked loss of corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured 3.4 cm in length.

The right kidney presents normal size with normal shape and architecture. Moderate/marked loss of corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The right kidney measured 3.8 cm in length.

**Adrenal Glands**

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 5.2 mm and the caudal pole measures 3.2 mm.

The right adrenal gland is not seen.

**Spleen**

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

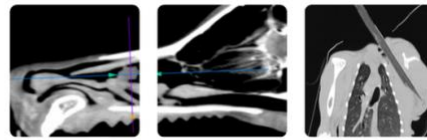
**Liver**

Liver is subjectively enlarged with mildly irregular margins. Parenchyma is heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. Visible vasculature and biliary tree appear normal without distension or congestion.

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



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A focal lesion in the colon that appears potentially to be causing an obstruction. There's an intramural 4.5 mm hypoechoic lesion within the visible colon wall that measures 13.4 mm in length. This may be due to an infectious, parasitic protozoal disease or possibly due to neoplastic cause such as lymphoma, adenocarcinoma, myosarcoma. Also, this thickening could be benign and may be present due to local inflammatory disease. The colon that is proximal to this lesion does contain a moderate amount of soft stool. Undetermined whether or not patient actually is constipated or obstructed at this time.

**Pancreas**

The visible pancreas is normal in size with normal echogenic parenchyma and surrounded by normal peri-pancreatic mesentery.

**Free Abdomen**

Cranial to the left kidney and dorsal to the spleen, there is an irregularly shaped heteroechoic moderately to markedly cavitated mass lesion present that measures approximately 4.2 by 3.6 cm in size. Given that we are able to visualize the left adrenal, this lesion is most likely non-adrenal in nature. It is possible this lesion is an enlarged cystic lymph node and less likely that this this lesion does not appear to be originating from the spleen nor the pancreas although that is possible but unlikely.

There are at least two enlarged lymph nodes in the area of the mass in the left abdomen that was just described. The first is 1.7 by 1.3 cm, the second is 0.76 cm by 1.1 cm in size.

These lymph nodes may be enlarged due to the an infiltrative process such as lymphoma, mast cell, or may be enlarged due to metastatic neoplasia from the larger mass that is suspected to be the primary mass.

**ULTRASONOGRAPHIC FINDINGS**

- Chronic kidney disease.
- Colonic lesion.
- Undifferentiated mass lesion with enlarged lymph nodes.
- Heterogenous liver.
- Mild to moderate gallbladder debris.

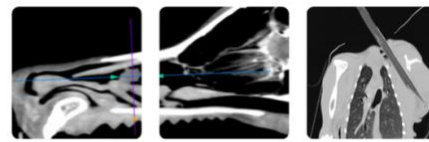
**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Recommend full staging, monitoring, and managing patient per International Renal Interest Society guidelines.

Consider colonic biopsies preferably and definitely are highly recommended to be performed endoscopically to obtain samples of this lesion for histopathology. Consider starting a medication such as Lactulose to help facilitate defecation.

Recommendation would be to perform a fine needle aspirate of the mass lesion and lymph nodes and submit for cytology to help determine etiology. If etiology cannot be determined on cytology, consider CT scan of abdomen as presurgical planning to resect this mass for histopathology.

The appearance of gallbladder and liver appear possibly clinically incidental at this time. No obvious evidence of metastatic disease seen within liver. At this time, given the multiple comorbidities identified on this ultrasound, recommend monitoring the colon lesion, managing with Lactulose if necessary, and once determination as to the etiology of the mass lesion seen in the left abdomen and the enlarged lymph nodes is determined and the treatment plan is identified at that time, consider



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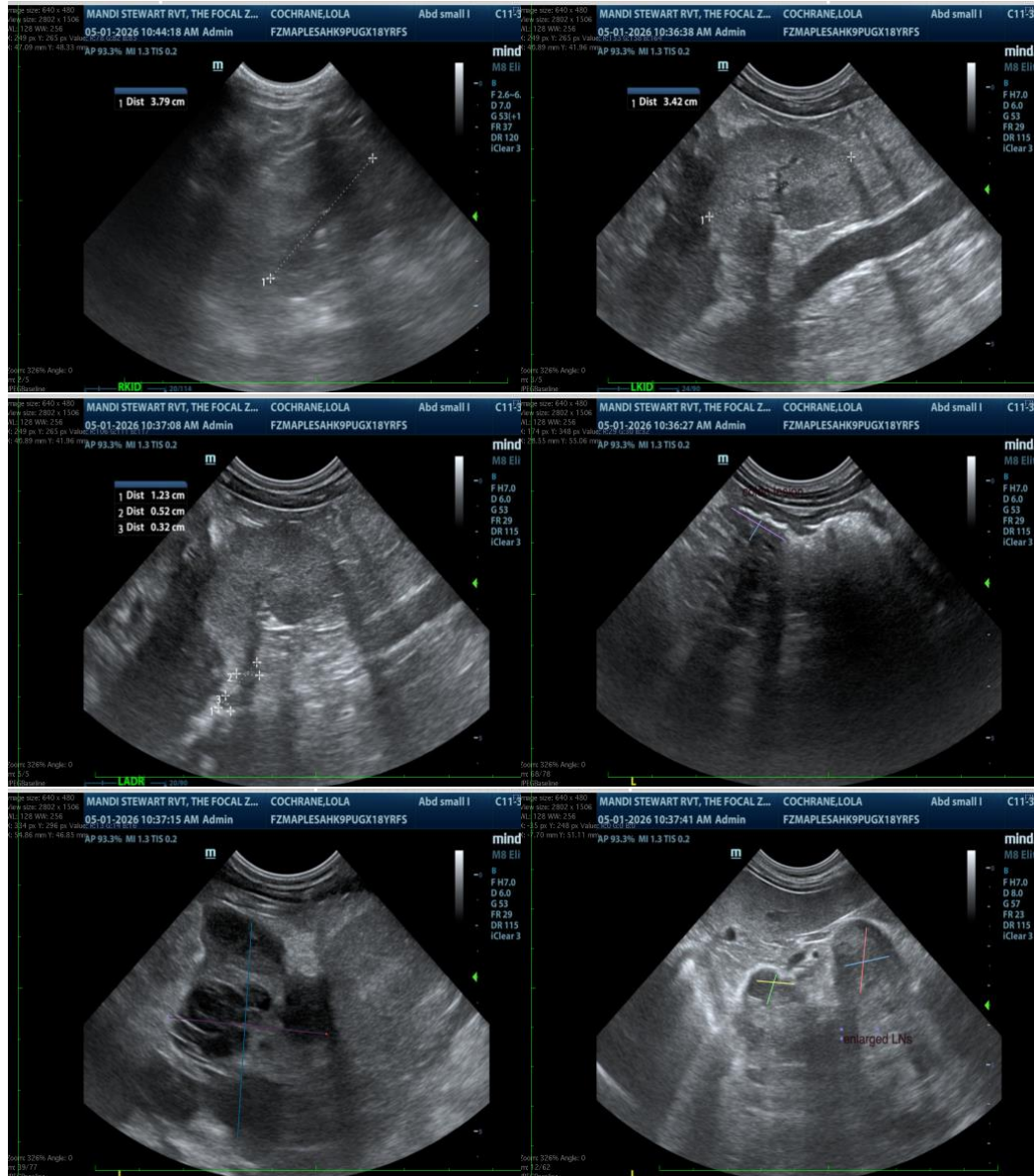
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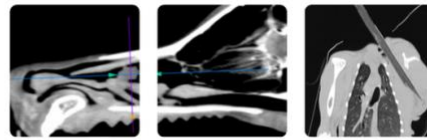
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rechecking thickened colon wall lesion to determine if this lesion is still present and needs further diagnostics.



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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**Greg Kuhlman, DVM, DACVIM (SAIM)**  
Veterinary Internal Medicine Specialist  
[info@SonoPath.com](mailto:info@SonoPath.com)

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