



PATIENT

Jillie Hiebert

SPECIES

Canine

BREED

Shepherd x

SEX

Spayed Female

AGE

11.5 Years

WEIGHT

23.2 kg

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Carlie Koltek, RVT

HOSPITAL NAME

Tuxedo Animal
Hospital

REFERRING VET

Dr. Lameg

INVOICE

75061

DATE

5/12/26

PRESENTING CLINICAL SIGNS

Decreased appetite and episodes of listlessness over the past 6 months. -History of a mast cell tumor, which was reported as completely excised several years ago. No chronic conditions. No OTC medications or supplements, surolan for ear infections. Recommended ultrasound exam to check for extra-pancreatic neoplasia, insulinoma or other conditions not found on exam or bloodwork.

Abnormal PE/Chem/CBC/UA Results: CBC NSF -Chem all within normal limit except slightly low Blood glucose, this may be a spurious finding. -Recommended chest x-rays **Left adrenal not attempted on scan as did not want to apply pressure to LK/mass**

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 papillae seen.

The right kidney presents normal size (5.9 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

In the caudal pole of the left kidney there is an approximately 5.7 cm x 5.3 cm heterochoic cavitated mass lesion present. It is displacing the capsule of the kidney.

Adrenal Glands

The adrenal glands were not visualized.

Spleen

The spleen is normal in size with a heterochoic echotexture. In the tail of the spleen there is a hypoechoic nodule present that is not capsule displacing, measuring 7.4 mm x 6.5 mm. There are numerous hyperechoic non-capsule displacing lesions that are adjacent to large vessels present throughout the spleen, consistent with benign myelolipomas.

Liver

The liver presents normal size and shape with smooth lobar margins. The parenchyma has normal echogenicity with normal echotexture. No focal lesions are seen. Intrahepatic bile ducts are normal. Normal vascular pattern.

The gallbladder contains a moderate amount of aggregating hyperechoic debris that appears to be adhering to the luminal wall. The gallbladder does not appear obstructed and does not appear to currently be a gallbladder mucocele.

Gastrointestinal

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



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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

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

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ULTRASONOGRAPHIC FINDINGS

- Mass in caudal pole of the left kidney.
- Splenic nodule.
- Gallbladder debris with some debris adhered to the lumen wall.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The left kidney mass lesion is most certainly malignant neoplasia such as renal carcinoma or hemangiosarcoma or other malignant neoplasia. Recommend fine needle aspirate of this lesion and submission for cytology.

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Given the appearance of the splenic nodule, it is possibly benign extramedullary hematopoiesis. However, malignant neoplasia such as metastatic mast cell disease, lymphoma, histiocytic sarcoma, or less likely metastatic neoplasia cannot be ruled out. Recommend a fine needle aspirate of the splenic lesion with submission for cytology.

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The appearance of the gallbladder may be a normal variation or may suggest a disease process such as bacterial cholangitis. Consider ultrasound guided bile aspirate and submit bile for aerobic and anaerobic culture and cytology.

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No evidence of metastatic disease seen on this abdominal ultrasound. No enlarged lymph nodes or hepatic lesions seen. Recommend 3-view chest radiographs to evaluate for pulmonary metastatic disease. If no evidence of metastatic disease is seen, consider performing a left nephrectomy, submitting left kidney for histopathology.

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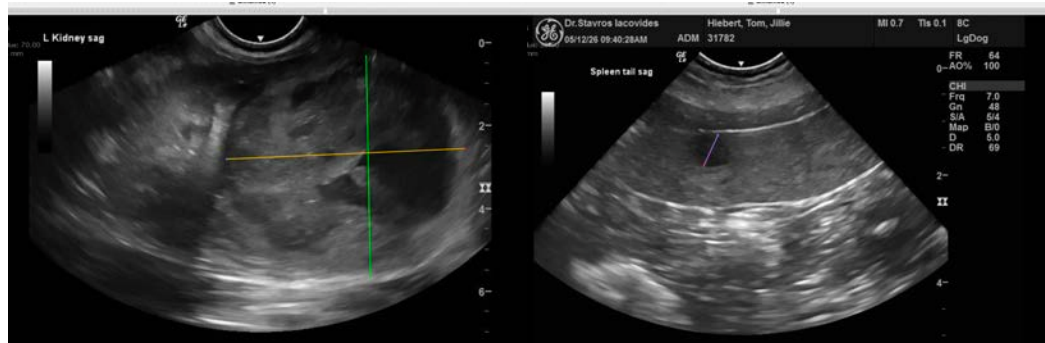
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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