



**PATIENT PRESENTING CLINICAL SIGNS**

Bailey Allen PU/PD, Suspect Cushing's

**SPECIES** Abnormal PE/Chem/CBC/UA Results: CBC/Superchem/T4 WNL. ACTH Stim pending. USG 1.007

Canine

**BREED** *Urinary System*

Lab Mix 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.

**SEX** The left kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted. The left kidney measured 6.4 cm in length.

Spayed Female

**AGE**

9 Years

The right kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted. The right kidney measured 7.6 cm in length.

**WEIGHT**

Not Provided

*Adrenal Glands*

**INTERPRETED BY**

Greg Kuhlman, DVM,  
 DACVIM (SAIM)

The left adrenal gland presents diffusely enlarged in size. The cranial pole measures 8.8 mm and the caudal pole measures 9.1 mm.

The right adrenal gland presents diffusely enlarged in size. The cranial pole measures 10.6 mm and the caudal pole measures 8.4 mm.

**IMAGING PERFORMED BY**

Vincent Ravancho CVT

*Spleen*

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

**HOSPITAL NAME**

Hillsdale Animal  
 Hospital

*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. There's a 1.3 cm hyperechoic lesion in the left liver that is non-capsule displacing. Most likely benign regenerative nodule, less likely primary hepatobiliary neoplasia such as hepatocellular carcinoma or cholangiocarcinoma.

**REFERRING VET**

Dr. Kenneth Fischer

**INVOICE**

16270

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.

**DATE**

05/15/26

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

**Free Abdomen**

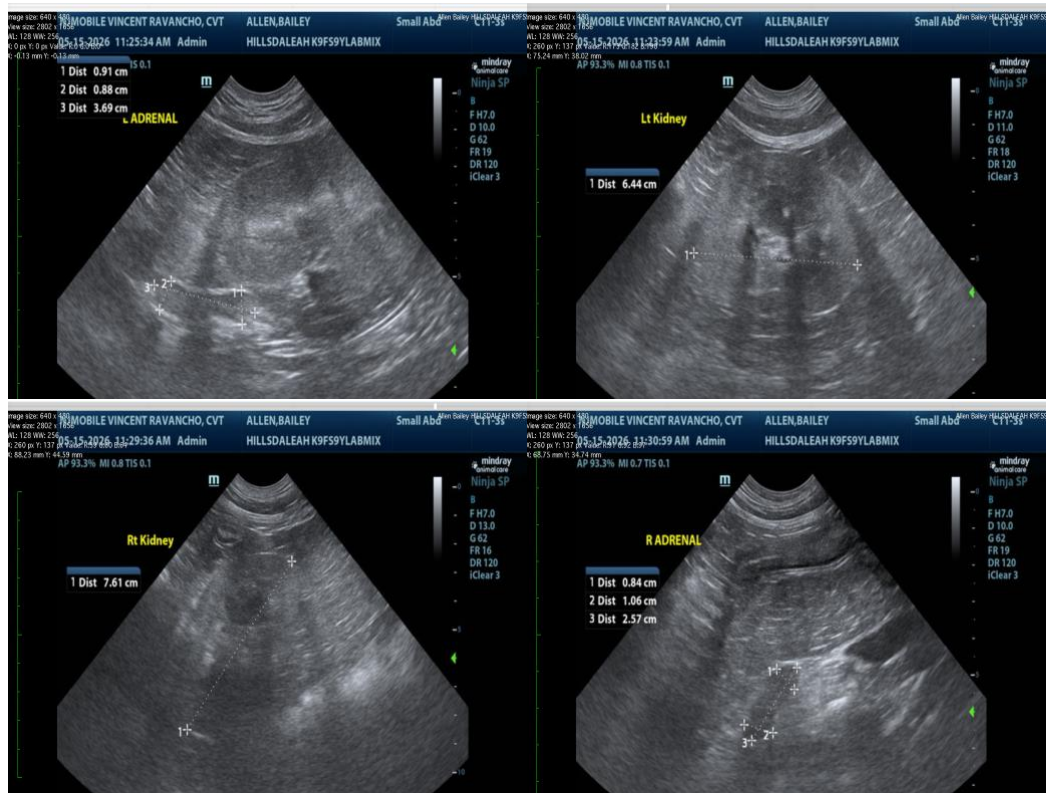
There are no enlarged abdominal lymph nodes seen on this exam. No free abdominal fluid is seen.

**ULTRASONOGRAPHIC FINDINGS**

- Bilateral adrenomegaly.
- Hepatic lesion.
- Mild gallbladder debris- clinically incidental.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Recommend fine needle aspirate with submission for cytology to help determine etiology of hepatic lesion. The patient has bilateral mild adrenomegaly, consistent with pituitary dependent hyperadrenocorticism. ACTH stimulation test is reportedly pending. If the results are confirmatory, treat with Trilostane at 1.0 mg/kg by mouth twice per day. If results are either normal or within a gray zone, then recommend performing low-dose dexamethasone suppression test as a confirmatory test to determine if hyperadrenocorticism is present.





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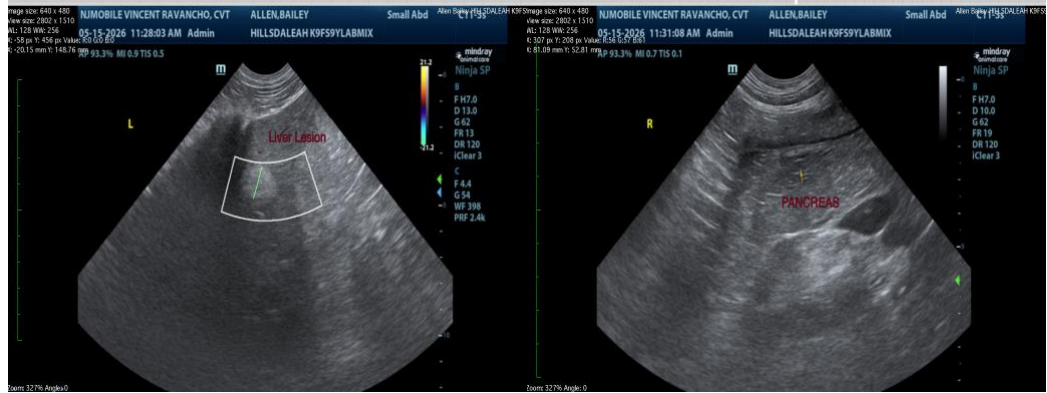
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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