



PATIENT

Minnie Dingco

SPECIES

Canine

BREED

Pug

SEX

Spayed Female

AGE

12 Years 9 Months

WEIGHT

19 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
 DACVIM (SAIM)

IMAGING PERFORMED BY

Chloe Lowe CVT

HOSPITAL NAME

Martinsville Veterinary
 Hospital

REFERRING VET

Dr. Shendell

INVOICE

16271

DATE

05/15/26

PRESENTING CLINICAL SIGNS

Met check following surgical excision of 2 high grade cutaneous mast cell tumors. Will be referring to oncology. Regional lymph nodes have not been aspirated.

Abnormal PE/Chem/CBC/UA Results: Alt 122

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. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured 4.7 cm in length.

The right kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The right kidney measured 4.3 cm in length.

Adrenal Glands

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 6.0 mm and the caudal pole measures 3.5 mm.

The cranial left adrenal gland reveals a mass lesion that measures 15.7 mm in width. The caudal pole is enlarged and measures 9.6 mm in width. The left adrenal is heteroechoic. The left adrenal is concerning for possible adrenal neoplasia such as adrenal carcinoma, however, other considerations whether or not this mass may be functional, it may be cortisol producing or may be overproducing norepinephrine.

Spleen

The spleen is normal in size, shape, margination and echogenicity. No masses are seen. Normal blood flow is evident with no obvious evidence of metastatic mast cell disease.

Liver

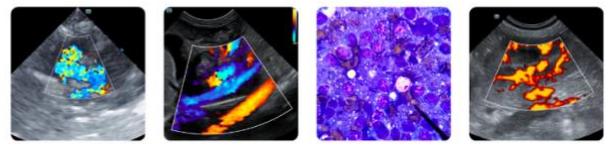
The liver is diffusely enlarged and heteroechoic with rounded margins. Given the appearance of liver, there is potentially concern for metastatic mast cell disease.

The gallbladder is markedly distended with anechoic bile and mild surrounding hyperechoic fat.

Gallbladder mucocele is not present at this time. The gallbladder wall is diffusely mildly thickened at approximately 2.0 mm in width. These findings are potentially consistent with cholangitis, specifically bacterial cholangitis. The gallbladder does contain a mild to moderate amount of aggregating echogenic debris but once again, a gallbladder mucocele does not appear to be present at this time.

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

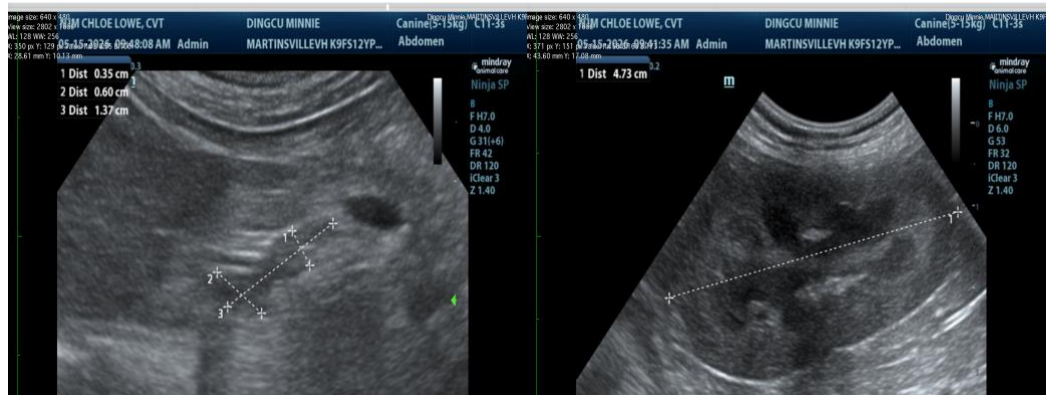
- Cranial left adrenal mass lesion.
- Heteroechoic liver.
- Distended gallbladder with anechoic bile.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend low-dose dexamethasone suppression tests to screen for adrenal dependent hyperadrenocorticism. Also recommend obtaining a blood pressure if patient is hypertensive or has any other potential clinical signs consistent with pheochromocytoma. Submit a urine metanephrine test to either IDEX or Zoetis to screen for pheochromocytoma. After functional testing has been complete, consider CT scan of abdomen as presurgical planning if owner would consider left adrenalectomy.

Recommend pre-medicating patient with diphenhydramine at 2 mg/kg given intramuscularly 15 minutes prior to performing the recommended ultrasound guided liver aspirate for cytology to determine if metastatic mast cell disease is present. If aspirating the liver, also recommend even though the spleen appears normal, aspirating the spleen as well. There are cases in the literature where normal looking organs can contain metastatic mast cell.

Recommend ultrasound guided aspirate of the gallbladder to obtain bile sample and submitting bile for all three aerobic bacterial culture and cytology to determine if appearance of gallbladder on ultrasound due to bacterial cholangitis.





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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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