



**PATIENT**

Belle Domanico

**SPECIES**

Canine

**BREED**

Mix

**SEX**

Spayed Female

**AGE**

8 Years 10 Months

**WEIGHT**

6.3 lbs

**INTERPRETED BY**

Greg Kuhlman, DVM,  
 DACVIM (SAIM)

**IMAGING PERFORMED BY**

Chloe Lowe CVT

**HOSPITAL NAME**

Mt Olive Veterinary  
 Hospital

**REFERRING VET**

Dr. Logan

**INVOICE**

16328

**DATE**

05/18/26

**PRESENTING CLINICAL SIGNS**

Enlarged kidneys on radiographs bilaterally. History of seizures not treated. Dental disease.

Abnormal PE/Chem/CBC/UA Results: Glob 4.3, amylase 1591, Bun 33, GGT 22 UA +1 protein, Usg 1.025

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with a moderate/marked amount of echogenic non-shadowing debris, most consistent with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can present with echogenic debris. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The left kidney appears to have lost all normal architecture. There appears to be a heteroechoic mass lesion. The left kidney measured 6.5 cm in length. There is a small amount of normal architecture seen at the ventral aspect of the large mass. It appears to be more normal left kidney. The renal pelvis of the left kidney is markedly dilated at 3.8 cm x 6.8 cm.

The right kidney appears to have lost all normal architecture. There appears to be a heteroechoic mass lesion. The right kidney measured 6.8 cm in length. The right kidney is in an unusual location, dorsal to the urinary bladder.

**Adrenal Glands**

The left adrenal gland presents diffusely small in size. The cranial pole measures 2.5 mm and the caudal pole measures 2.3 mm.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 8.7 mm and the caudal pole measures 5.7 mm.

**Spleen**

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

**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 presents normal size with anechoic contents. Normal gallbladder wall. No evidence of bile duct distention or obstruction.

**Gastrointestinal**

The stomach and intestines have normal wall layering and thickness. Colon appears empty with normal wall thickness.

**Pancreas**



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The visible pancreas appears mildly diffusely hypoechoic without significant surrounding steatitis. The patient appears to have possible mild pancreatitis, most likely cause of reactive pancreatitis is suspected to be renal disease described in this exam.

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**Free Abdomen**

No free abdominal fluid is seen. Cranial to the right kidney, there is what appears to be a round hypoechoic enlarged mesenteric lymph node present that measures 1.0 cm in diameter. The appearance of this node's enlargement appears to be due to possible metastatic neoplasia.

**BREED**

Mix

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

Spayed Female

- Moderate/marked urinary bladder debris.
- Bilateral renal disease with bilateral heteroechoic masses.
- Suspect pancreatitis.
- Enlarged mesenteric lymph node.
- Small left adrenal gland.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**WEIGHT**

6.3 lbs

Recommend urine culture if not already performed. Differentials for the bilateral renal masses include renal carcinoma versus hemangiosarcoma versus other malignant neoplasia. Recommend fine needle aspirate of one or preferably both kidneys for cytology to determine if medical treatment would be an option in regard to treating this patient, specifically discussing chemotherapy. Given both kidneys are involved, a surgical correction is unlikely.

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 DACVIM (SAIM)

No metastatic disease is seen within the liver at this time. Would recommend chest radiographs to rule out pulmonary metastatic disease. Depending on the length of the history of the reported seizures, consider possible metastatic neoplasia if renal carcinoma is diagnosed. Renal carcinoma is known to frequently metastasize to the CNS. Patient's prognosis appears poor at this time.

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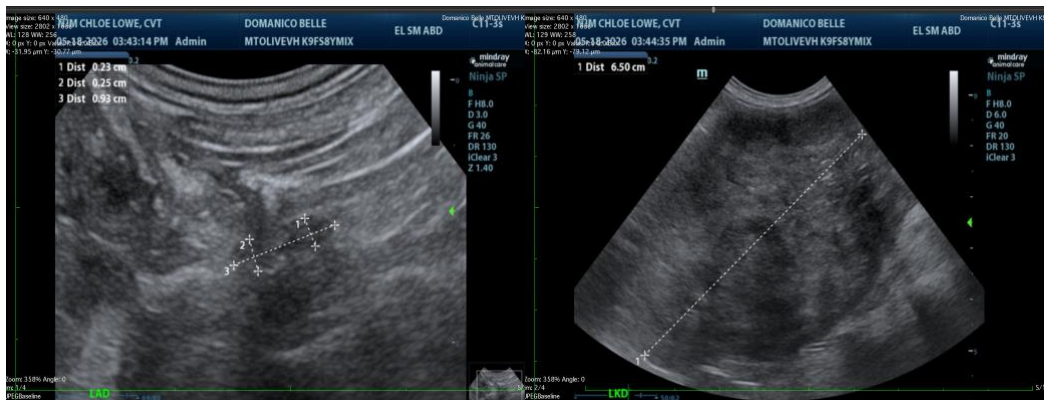
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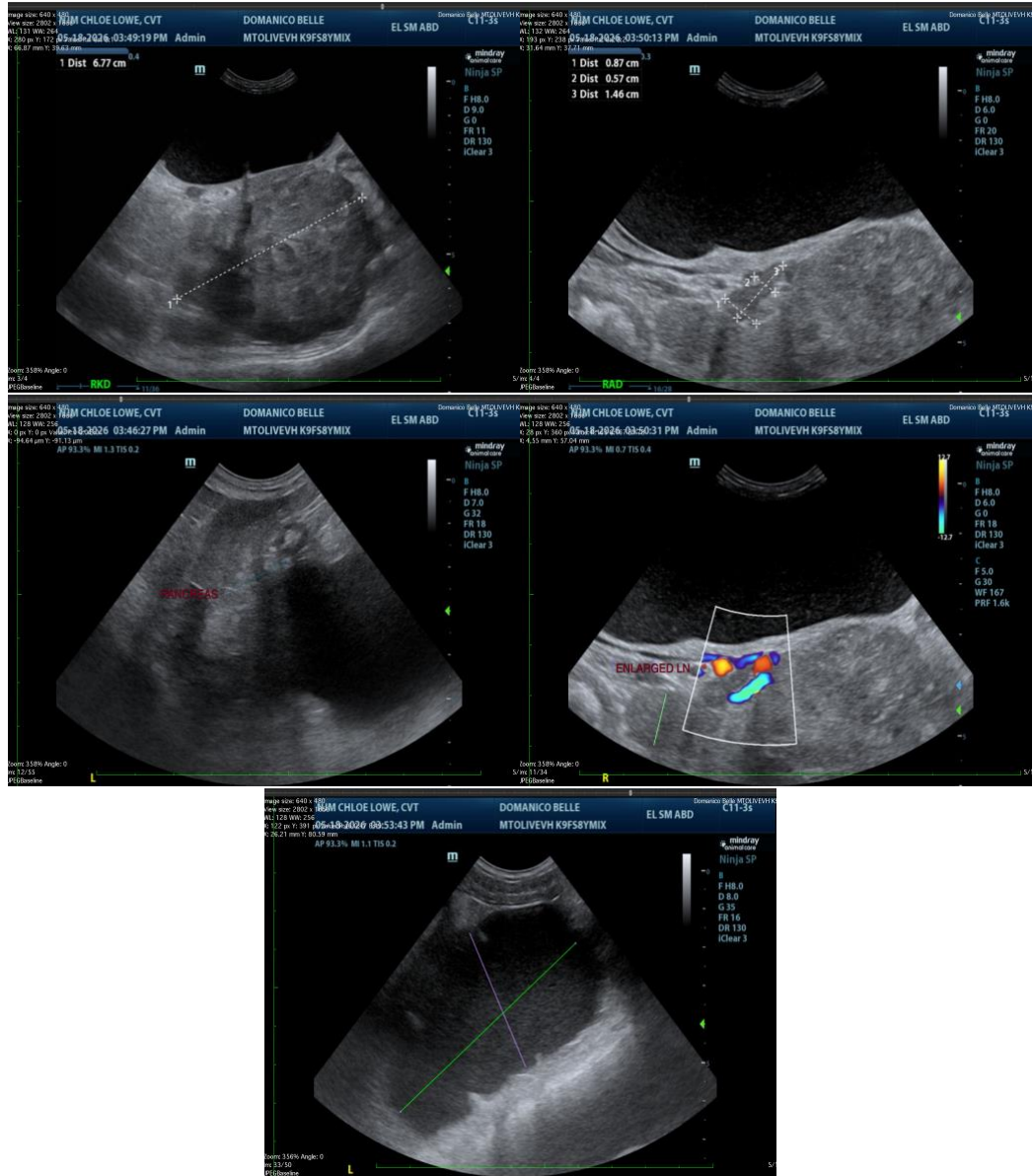
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
[info@SonoPath.com](mailto:info@SonoPath.com)