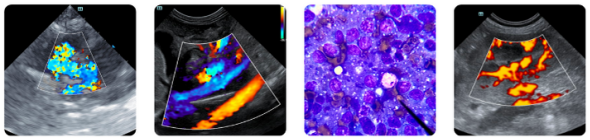


PATIENT

Pepper Anthony

SPECIES

Canine

BREED

Australian Cattle Dog

SEX

FS

AGE

9 years

WEIGHT

22 kg

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Gira

HOSPITAL NAME

Glamorgan AC

REFERRING VET

Dr. MacAuley

INVOICE

11993

DATE

5/20/2026

PRESENTING CLINICAL SIGNS

History of painful episodes. Recent radiograph report indicated a "soft tissue opacity" in the region of patient's right kidney, as well as a mildly enlarged spleen.

Abnormal PE/Chem/CBC/UA Results: BW NSF.

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. Mild, non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted measuring 5.9 cm in length. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured X cm in length.

The right kidney presents normal size with normal shape and architecture. Marked loss of corticomedullary distinction. Mild renal pelvic dilation is noted measuring 3.0 mm in width as well as mild non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted. No pyelectasia is noted. There is an 8.3 cm in diameter cortical cyst that is displacing the capsule and containing echogenic fluid. The right kidney measured 7.9 cm in length.

Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 5.4 mm and the caudal pole measures 5.1 mm.

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 5.0 mm.

Spleen

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

Liver

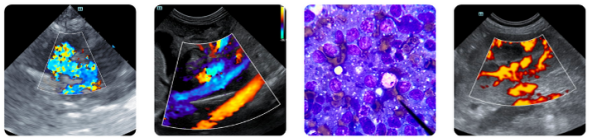
The liver presents normal size and shape with smooth lobar margins. The parenchyma has normal echogenicity with normal echotexture. No focal lesions are seen. Intrahepatic bile ducts are normal. Normal vascular pattern.

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

Gastrointestinal

The stomach has normal wall layering and thickness, except for one area in the fundic region that is thickened and hypoechoic with loss of normal layering measuring 9.0 mm in width this region within the stomach appears to measure 2.7 cm in length.

Small intestines appear to have normal wall layering and thickness.



PATIENT

Pepper Anthony

SPECIES

Canine

BREED

Australian Cattle Dog

SEX

FS

AGE

9 years

WEIGHT

22 kg

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Gira

HOSPITAL NAME

Glamorgan AC

REFERRING VET

Dr. MacAuley

INVOICE

11993

DATE

5/20/2026

Colon contains normal contents with normal wall thickness.

Pancreas

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

Free Abdomen

Mild medial iliac and jejunal lymphadenopathy is noted. A representative medial iliac node measures 17.9 mm x 7.2 mm. A representative jejunal node measures 15.5 mm x 3.4 mm.

No free abdominal fluid is seen.

ULTRASONOGRAPHIC FINDINGS

- Age-related changes within the right kidney as well as pelvic dilation, mild non-obstructive dystrophic mineralization, and a large, capsule displacing cortical cyst. Differentials for the cortical cyst includes possible benign cortical cyst versus possible renal abscess.
- Mild, non-obstructive dystrophic mineralization is noted within the left kidney but is otherwise normal.
- Thickened, hypoechoic region within the fundus with loss of layering. Possible differentials include benign gastritis, however neoplasia such as lymphoma, adenocarcinoma, and leiomyosarcoma cannot be ruled out.
- Mild medial iliac and jejunal lymphadenopathy. This appears reactive and unlikely to be mildly enlarged due to a neoplastic cause.

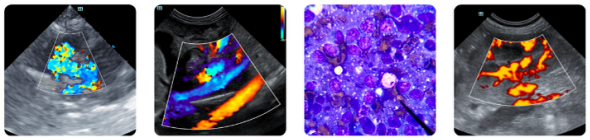
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the echogenic fluid within the fluid of the cortical cyst, recommend ultrasound guided draining of this cyst and submission for fluid analysis and cytology, as well as bacterial culture. If this is found to be an abscess, surgical debridement would be recommended.

Given that the patient has no GI clinical signs, recommend recheck imaging via ultrasound within 2-4 weeks. If this section within the fundic region is still present, then I recommend surgical or endoscopic biopsies of this area.

The history of painful episodes is most likely attributed to the right sided renal cysts. Recommendations in terms of further diagnostics and possible treatment options. Prognosis is open pending results of the recommended diagnostics.

SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Pepper Anthony

SPECIES

Canine

BREED

Australian Cattle Dog

SEX

FS

AGE

9 years

WEIGHT

22 kg

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Gira

HOSPITAL NAME

Glamorgan AC

REFERRING VET

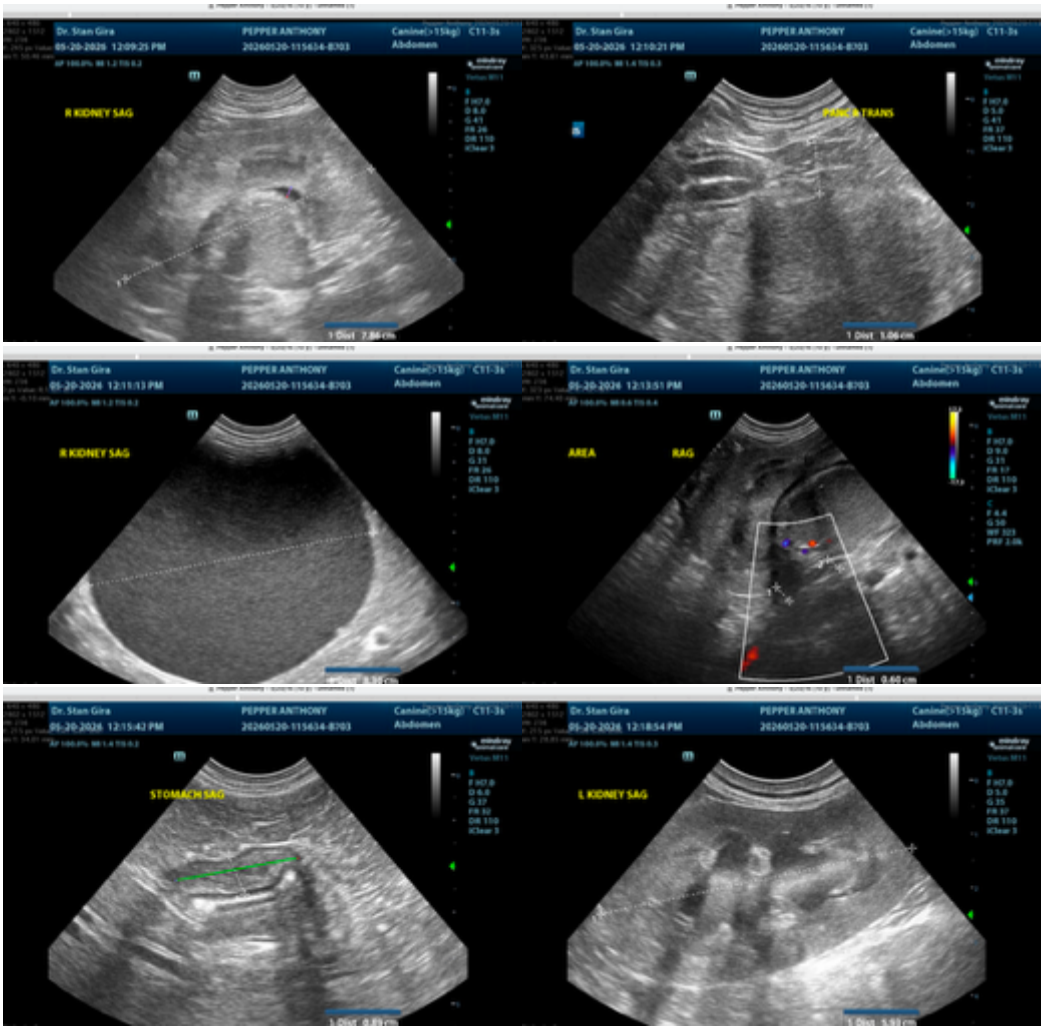
Dr. MacAuley

INVOICE

11993

DATE

5/20/2026



PATIENT

Pepper Anthony

SPECIES

Canine

BREED

Australian Cattle Dog

SEX

FS

AGE

9 years

WEIGHT

22 kg

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Gira

HOSPITAL NAME

Glamorgan AC

REFERRING VET

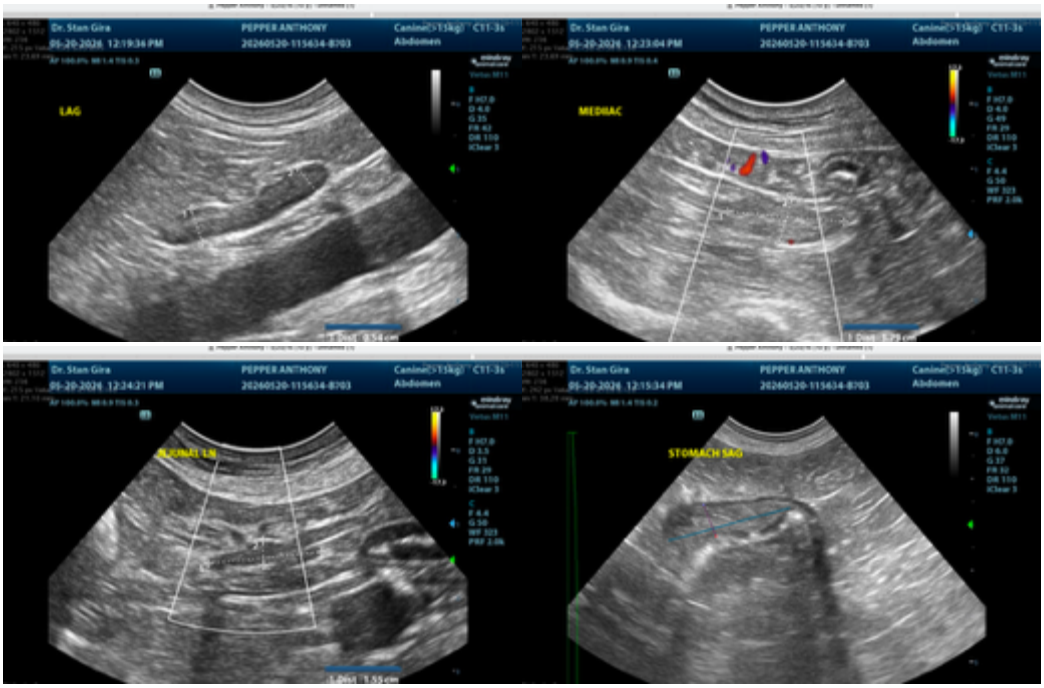
Dr. MacAuley

INVOICE

11993

DATE

5/20/2026



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