



PATIENT

Kino Cline

SPECIES

Canine

BREED

Cattle Dog Mix

SEX

Neutered Male

AGE

9 Years 4 Months

WEIGHT

83 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Shari Reffi CVT

HOSPITAL NAME

Black River Veterinary
Hospital

REFERRING VET

Dr. Tack

INVOICE

16479

DATE

05/22/26

PRESENTING CLINICAL SIGNS

Increased SAP/GGT, weight loss, OA, obese. Current Meds: Carprofen 50-100mg SID PRN, Gabapentin 300mg bid.

2/2026: ALT 135; ALP 1677; GGT 51. Chronic Anaplasma (+)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

There is a moderate amount of gravity-dependent hyperechoic urinary bladder debris present that is mildly shadowing.

The prostate is normal and measured 0.80 cm width.

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 6.5 cm in length.

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 5.7 cm in length.

Adrenal Glands

The left adrenal gland presents mildly enlarged in size. The cranial pole measures 10.3 mm and the caudal pole measures 7.2 mm width.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 6.1 mm and the caudal pole measures 6.9 mm.

Spleen

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

Liver

Within the liver, there are hypoechoic lesions present, two are measured with the first measuring 6.4 mm in diameter and the second measures 5.9 mm in diameter. These are most likely benign regenerative nodules, less likely to be due to primary hepatobiliary or metastatic neoplasia. Dorsal to the gallbladder there's a 4.3 cm x 4.7 cm hypoechoic hepatic mass present. This may be primary hepatobiliary neoplasia, such as hepatocytic carcinoma or cholangiocarcinoma.

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 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.

Cardiac image revealed no pericardial effusion or right auricular masses.

ULTRASONOGRAPHIC FINDINGS

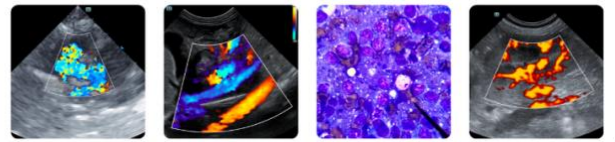
- Hepatic mass lesions.
- Enlarged left adrenal gland.
- Renal mineralizations.
- Urinary bladder debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hepatic mass lesion looks to be in a location difficult to obtain a fine needle aspirate, but if there is an angle available via ultrasound guidance to obtain a fine needle aspirate and is recommended and submitting for cytology. If FNA cannot be performed or is performed and is inconclusive as etiology of mass lesion, recommend CT scan as pre-surgical planning and resection of this mass. Prior to surgical procedure, consider obtaining fine needle aspirates of the aforementioned hypoechoic lesions within the liver that are suspected to be regenerative nodules. Recommend aspirating one of these lesions for cytology to rule out neoplastic etiology.

Given the left adrenal is moderately enlarged, consider hyperadrenocorticism as a possibility for the patient's elevated liver values. Recommend urine cortisol to creatinine ratio and if normal, hyperadrenocorticism effectively is ruled out. If elevated, recommend low-dose dexamethasone suppression test to rule out hyperadrenocorticism.

If urinalysis has not been performed, recommend urinalysis, and if active urine sediment, recommend urine culture. If urinary tract infection ruled out, consider switching patient to urinary diet such as Royal Canin S.O. or Hills CD to determine if dissolution can be achieved of this debris. Recheck ultrasound in one month if debris is still present and causing patient any clinical signs. Recommend cystotomy and submitting this debris to the Minnesota Urolith Lab for analysis and treatment recommendations.



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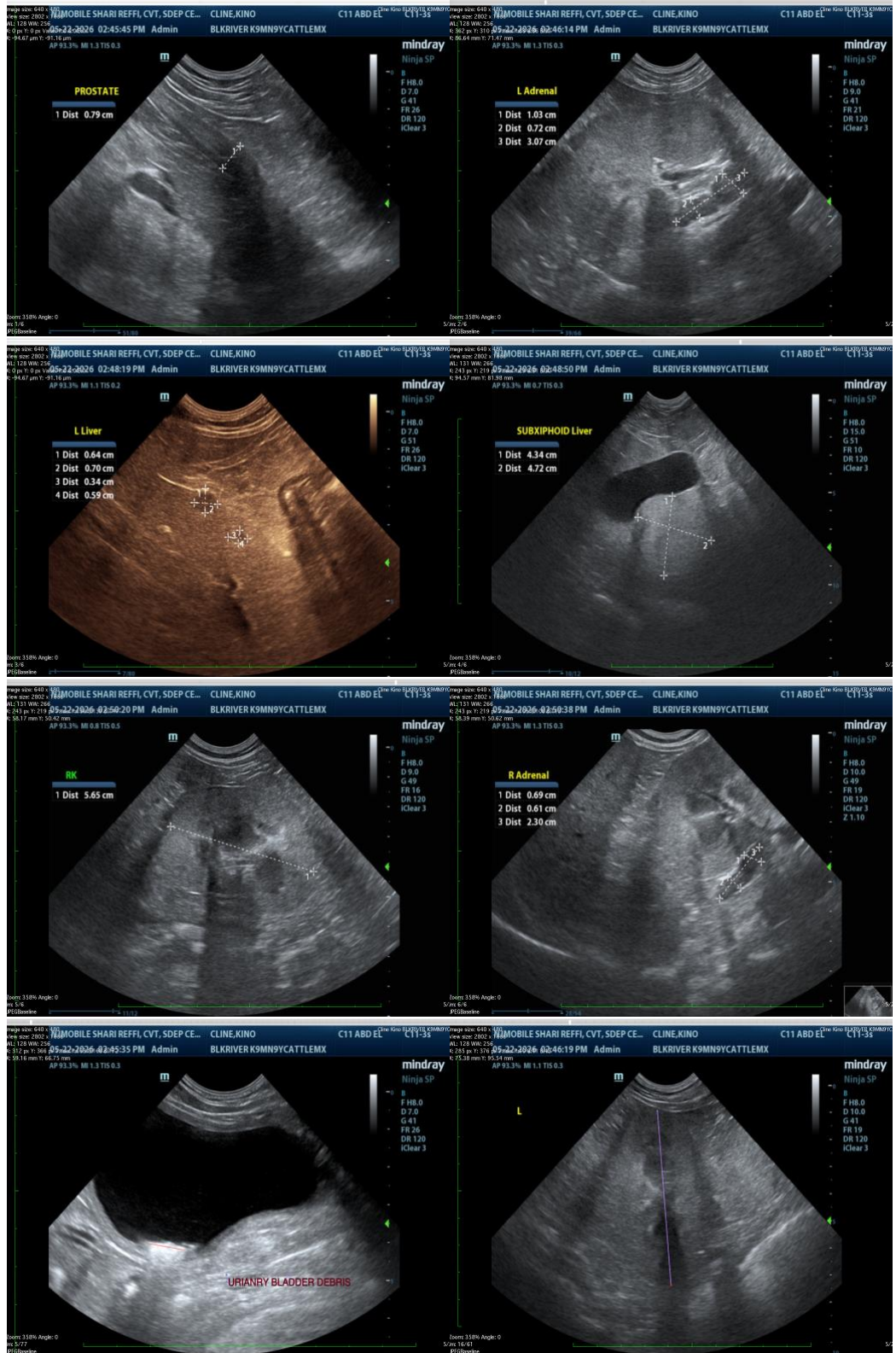
Dr. Tack

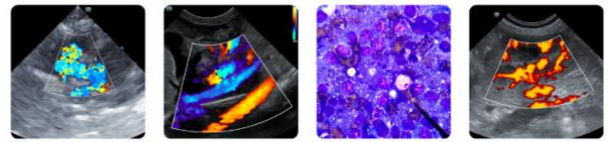
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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Veterinary Internal Medicine Specialist
info@SonoPath.com

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