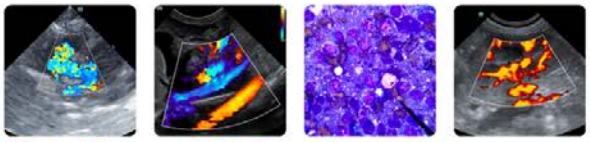

PATIENT

Nikki Kennedy

SPECIES

Canine

BREED

German Shepherd

SEX

Spayed Female

AGE

11 Years

WEIGHT

39 kg

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Julia Bakker, DVM

HOSPITAL NAME

Orange Blossom Veterinary Imaging

REFERRING VET

Molly Caldwell, DVM

INVOICE

75401

DATE

5/22/26

PRESENTING CLINICAL SIGNS

Screening for possible primary neoplasia after first seizure episode and pulmonary nodule found at ER.

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 amount of suspended echogenic 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 right kidney presents normal size (7.6 cm) with normal shape and architecture. Normal corticomedullary distinction. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted.

The left kidney presents normal size (7.1 cm) with normal shape and architecture. Normal corticomedullary distinction. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted.

Adrenal Glands

The right adrenal gland is mildly enlarged at the caudal pole measuring 8.7 mm. The cranial pole measured 11.7 mm in width.

The left adrenal gland is mildly enlarged at the caudal pole measuring 9.0 mm. The cranial pole is normal at 5.8 mm in width.

Spleen

Within the spleen there are multifocal hypoechoic, ill-defined, non-capsule displacing lesions. Two representative lesions measuring 7.4 mm in diameter and 5.7 mm in diameter.

Liver

Liver is relatively normal in size and contour. Parenchyma is mildly heterogenous and coarse with mild likely age-related parenchymal remodeling noted. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris, some of which is adhered to the luminal wall of the gallbladder. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

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

- Urinary bladder debris.
- Renal mineralization, non-obstructive.
- Mild bilateral adrenal enlargement.
- Hypoechoic splenic nodules.
- Age related hepatic changes and gallbladder debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

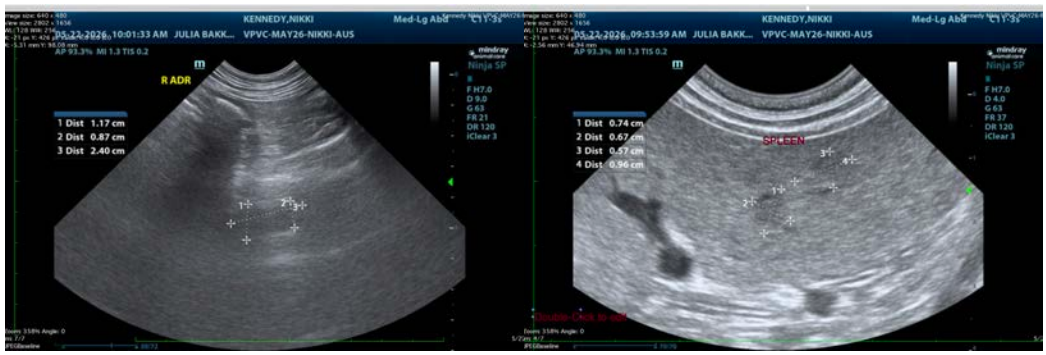
The splenic lesions are most likely caused by benign extramedullary hematopoiesis and unlikely to be neoplasia. However, recommend fine needle aspirate of one or more splenic lesions for cytology to rule out neoplasia.

Given the mild bilateral adrenomegaly, screen for hyperadrenocorticism, which, if present, would be pituitary dependent. Recommend low-dose Dexamethasone suppression test. If hyperadrenocorticism is identified, then consider possible pituitary macroadenoma as a cause of the patient's seizure activity. Recommend referral for MRI.

Recommend urinalysis if not already performed. If there is active urine sediment, recommend urine culture and antibiotic sensitivity.

The appearance of the gallbladder is most likely clinically insignificant.

No obvious cause for patient's seizure activity seen on this exam other than the possibility of pituitary dependent hyperadrenocorticism as previously mentioned.



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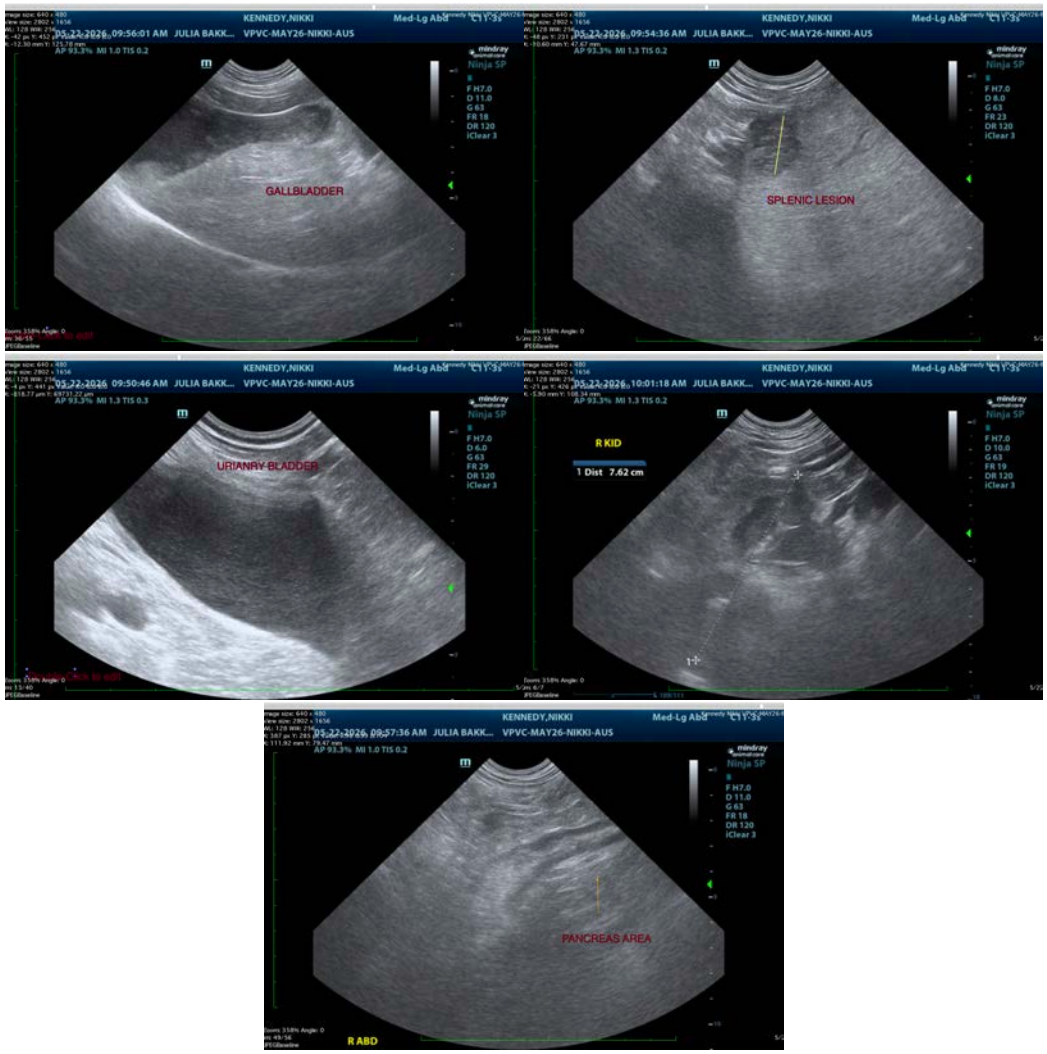

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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