



PATIENT

Maddie Orban

SPECIES

Canine

BREED

Mix

SEX

Spayed Female

AGE

13 Years 9 Months

WEIGHT

26 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

New Bridge Veterinary
Practice

REFERRING VET

Dr. Glennon

INVOICE

75515

DATE

5/28/26

PRESENTING CLINICAL SIGNS

Elev kidney and liver enzymes.

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 right kidney presents normal size (4.9 cm) with normal shape and architecture. There is marked loss of corticomedullary distinction. No pyelectasia or ureteral dilation. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted.

The left kidney presents normal size (4.4 cm) with normal shape and architecture. There is moderate loss of corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

Adrenal Glands

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 9.4 mm and the caudal pole measures 4.3 mm.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 5.8 mm and the caudal pole measures 5.5 mm.

Spleen

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

Liver

Within the caudal right liver there is a 7.9 cm x 8.7 cm heterochoic mass lesion present.

The gallbladder contains a moderate amount of aggregating dependent echogenic debris. No evidence of gallbladder obstruction seen.

Gastrointestinal

The stomach and intestines have normal wall layering and thickness. Colon contains normal contents with normal wall thickness.

Pancreas

The area of the right and left pancreas is seen, no pathology noted.

Free Abdomen

There are no enlarged abdominal lymph nodes seen on this exam. No free abdominal fluid is seen.

ULTRASONOGRAPHIC FINDINGS

- Loss of corticomedullary distinction bilaterally in the kidneys.
- Liver mass.
- Gallbladder debris.



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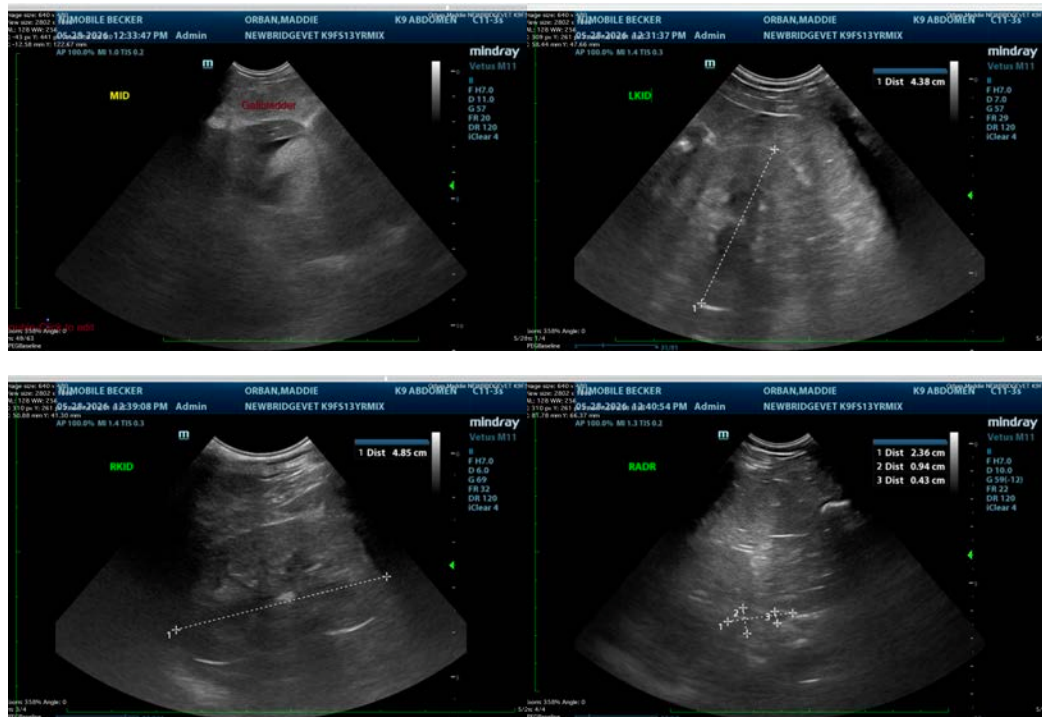
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient appears to have bilateral evidence of chronic kidney disease on this ultrasound. Recommend full staging, monitoring and managing per IRIS guidelines.

A gallbladder mucocele is not appreciated on this exam. However, the patient appears to potentially have mild cholangitis possibly due to bacterial cholangitis given the appearance of the debris within the gallbladder. Consider a fine needle aspirate of the gallbladder to obtain bile sample for aerobic and anaerobic bacterial culture and cytology. If owners elect not to pursue procedure, recommend treating with Ursodiol and an antibiotic such as Amoxicillin for 6-8 weeks and rechecking the appearance of the gallbladder and liver values at that time. Elevated liver values may be due to cholangitis.

The mass lesion in the liver is most likely primary hepatobiliary neoplasia such as hepatocellular carcinoma. Recommend a fine needle aspirate. Other differential could potentially be hemangiosarcoma, although this seems less likely given that the mass shows no signs of cavitation. Recommend fine needle aspirate. If cytology is inconclusive, recommend CT scan of the abdomen with pre-surgical planning and submission of mass for histopathology. Either obtain 3-view chest radiographs before surgery or include chest in CT scan to evaluate for possible pulmonary metastatic disease before pursuing surgery. The patient's elevated liver values could be attributed most likely to the presence of the liver mass. If surgery is performed, consider cholecystectomy at the same time.

Prognosis is open pending results of further recommended diagnostics.





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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)

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