



PATIENT	PRESENTING CLINICAL SIGNS
Andy Fritts	Decr. appetite, lethargic.
SPECIES	Abnormal PE/Chem/CBC/UA Results: mild anemia hct-30 rbc-3.5 nrbc-10
Canine	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
BREED	Urinary System
Lab	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.
SEX	The left kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured 6.1 cm in length.
Neutered Male	The right kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The right kidney measured 6.8 cm in length.
AGE	
7 Years	
WEIGHT	Adrenal Glands
78 lbs	The left adrenal gland presents diffusely moderately to markedly enlarged. The cranial pole measures 1.9 cm and the caudal pole measures 2.0 cm.
INTERPRETED BY	The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 10.7 mm and the caudal pole measures 5.3 mm.
Greg Kuhlman, DVM, DACVIM (SAIM)	Spleen
IMAGING PERFORMED BY	There are multifocal to coalescing hypoechoic lesions throughout the spleen. Overall, the spleen has a mildly irregular shape with scalloped margins. These hypoechoic lesions are less likely to be benign extramedullary hematopoiesis and possibly infiltrative neoplasia such as lymphoma, mast cell disease, histiocytic sarcoma. Less likely these lesions are due to an infectious etiology. The majority of the splenic lesions are near the head of the spleen with smaller lesions present throughout the body of the spleen, but the larger lesions are located at the head of the spleen.
Kerri Becker	Liver
HOSPITAL NAME	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. No obvious evidence of metastatic disease seen within the liver.
All Creatures Great & Small Denville	
REFERRING VET	
Dr. Silas Ashmore	
INVOICE	The gallbladder presents normal size with anechoic contents. Normal gallbladder wall. No evidence of bile duct distention or obstruction.
16593	Gastrointestinal
DATE	The stomach and intestines have normal wall layering and thickness. Colon contains normal contents with normal wall thickness.
05/29/26	Pancreas



PATIENT

Andy Fritts

SPECIES

Canine

BREED

Lab

SEX

Neutered Male

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INTERPRETED BY

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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.

The cardiac images provided revealed no pericardial effusion or right auricular masses.

ULTRASONOGRAPHIC FINDINGS

- Enlarged left adrenal gland.
- Splenic lesions.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the appearance of the left adrenal gland, it appears to be a mass lesion, less likely to be enlarged due to a benign process such as adrenal hypertrophy. Consider adrenal carcinoma as a possible differential for the left adrenal gland mass. Recommend function testing at this time to determine if the adrenal gland mass may be functional. Recommend performing low dose dexamethasone suppression test to rule out hyperadrenocorticism. Also recommend submitting urine metanephrine to screen patient for possible pheochromocytoma. Pheochromocytoma could explain patient's clinical signs. If functionality of the left adrenal gland mass is ruled out, recommend CT scan of the abdomen as presurgical planning for possible left adrenalectomy and submitting adrenal gland for histopathology to determine if mass is benign or malignant. Recommend three view chest radiographs prior to surgery to evaluate for possible pulmonary metastatic disease.

Recommend ultrasound guided fine needle aspirate of one or several of the splenic lesions with submission for cytology to determine etiology. It would be important to recommend performing fine needle aspirate and cytology of spleen before pursuing further workup for the reported left sided adrenal mass. Less likely these lesions throughout the spleen are metastatic lesions but it is possible the lesions seen within the spleen potentially represent metastasis from the left adrenal gland.





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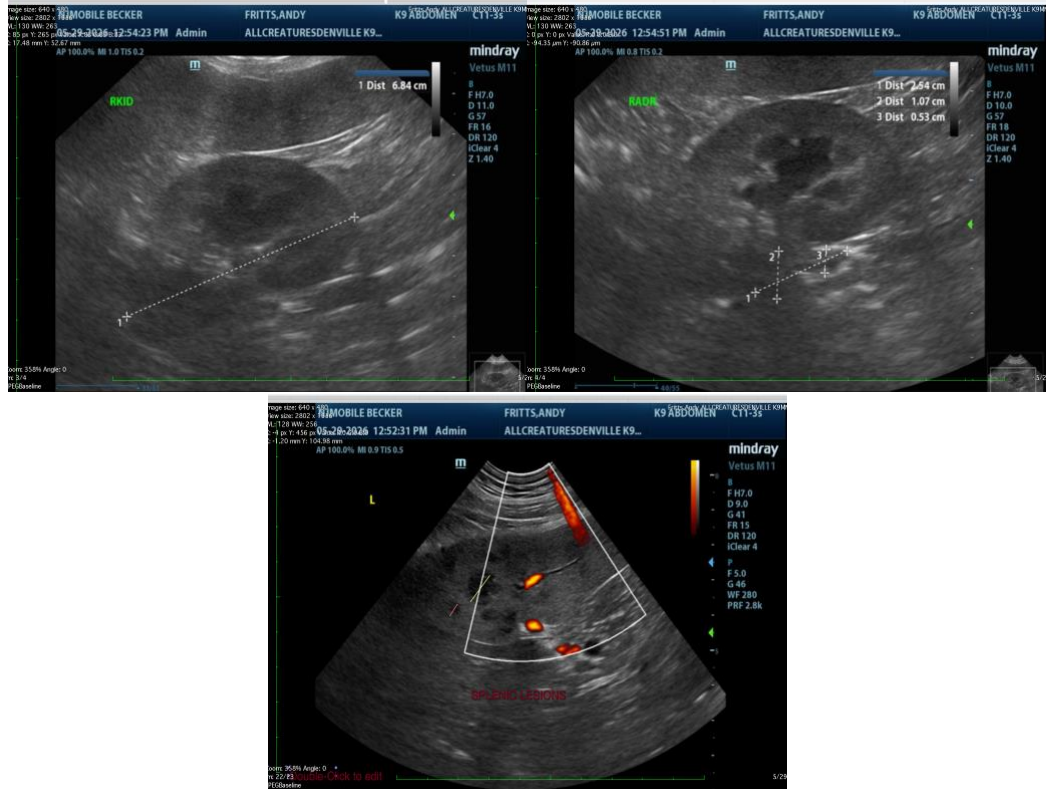
Dr. Silas Ashmore

INVOICE

16593

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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