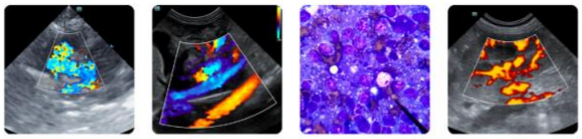


PATIENT

Jessica Crill

SPECIES

Canine

BREED

Husky Mix

SEX

Spayed Female

AGE

9 Years

WEIGHT

36 kg

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

MountainView AH

REFERRING VET

Pablo Mendoza, DVM

INVOICE

37277

DATE

5/29/26

PRESENTING CLINICAL SIGNS

History: Owner has noticed urinary incontinence, constantly leaking urine sometimes a little or a lot, started shortly after MCT surgery on 4/15/2026. Sedated with Gabapentin + Trazadone + Butorphanol + Alfaxalone (tense abdomen).

Abnormal PE/Chem/CBC/UA Results: lab results attached.

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 (5.8 cm in length) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (7.3 cm in length) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

Adrenal Glands

The left adrenal gland was flattened in appearance, but otherwise normal. The cranial pole measures 5.4 mm and the caudal pole measures 6.4 mm.

The right adrenal gland also appears mildly flattened. The cranial pole measures 5.1 mm and the caudal pole measures 5.6 mm.

Spleen

Within the head of the spleen, there is a single hypoechoic lesion that measures 7.6 mm in width, non-capsule displacing.

Liver

In the right liver, there is a 1.5 cm x 3.8 cm ill-defined hypoechoic lesion, most likely benign regenerative nodule, less likely primary hepatobiliary neoplasia or metastatic disease. Other than the lesion in the liver, the liver appears normal.

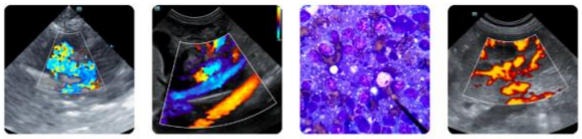
The gallbladder presents normal size with anechoic contents. Normal gallbladder wall. No evidence of bile duct distention or obstruction.

Gastrointestinal

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

Pancreas

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



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Free Abdomen

The left iliac lymph node was prominent, measuring 9.1 mm in width. This is most reactive, less likely neoplastic as the cause of its enlargement.

The right iliac lymph node was prominent, measuring 6.5 mm in width. This is most reactive, less likely neoplastic as the cause of its enlargement.

No free abdominal fluid is seen.

Other

A cardiac image was provided and appears normal.

ULTRASONOGRAPHIC FINDINGS

- Hypoechoic splenic lesion- This is most likely extramedullary hematopoiesis, less likely neoplastic.
- Right liver lesion
- Prominent left and right iliac lymph nodes
- Flattened adrenal glands

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

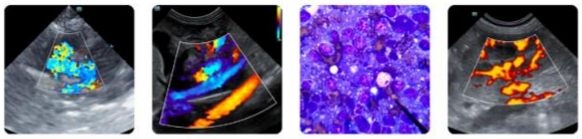
Consider fine needle aspirate of liver lesion with submission for cytology to rule out metastatic disease.

Recommend continued monitoring of the splenic lesion. If lesion appears to be enlarging in size, consider fine needle aspirate for cytology.

No cause for patient's incontinence is seen on this exam. If a urine culture has not been submitted, recommend urine culture to rule out occult urinary tract infection. If urinary tract infection is ruled out, consider starting patient on medications such as Proin or Incurin to determine if possible urinary sphincter mechanism incompetence is the cause of the patient's incontinence. If these medications are ineffective in controlling the incontinence, then consider referral for cystoscopy to further evaluate the lower urinary tract.

Given the appearance of both adrenals, consider screening for hypoadrenocorticism. Recommend submitting resting cortisol. If <2.0, then recommend ACTH stimulation test to rule out hypoadrenocorticism. If resting cortisol >2.0, then hypoadrenocorticism is effectively ruled out.

Imaging performed by
pawsonography@gmail.com
530-786-8340



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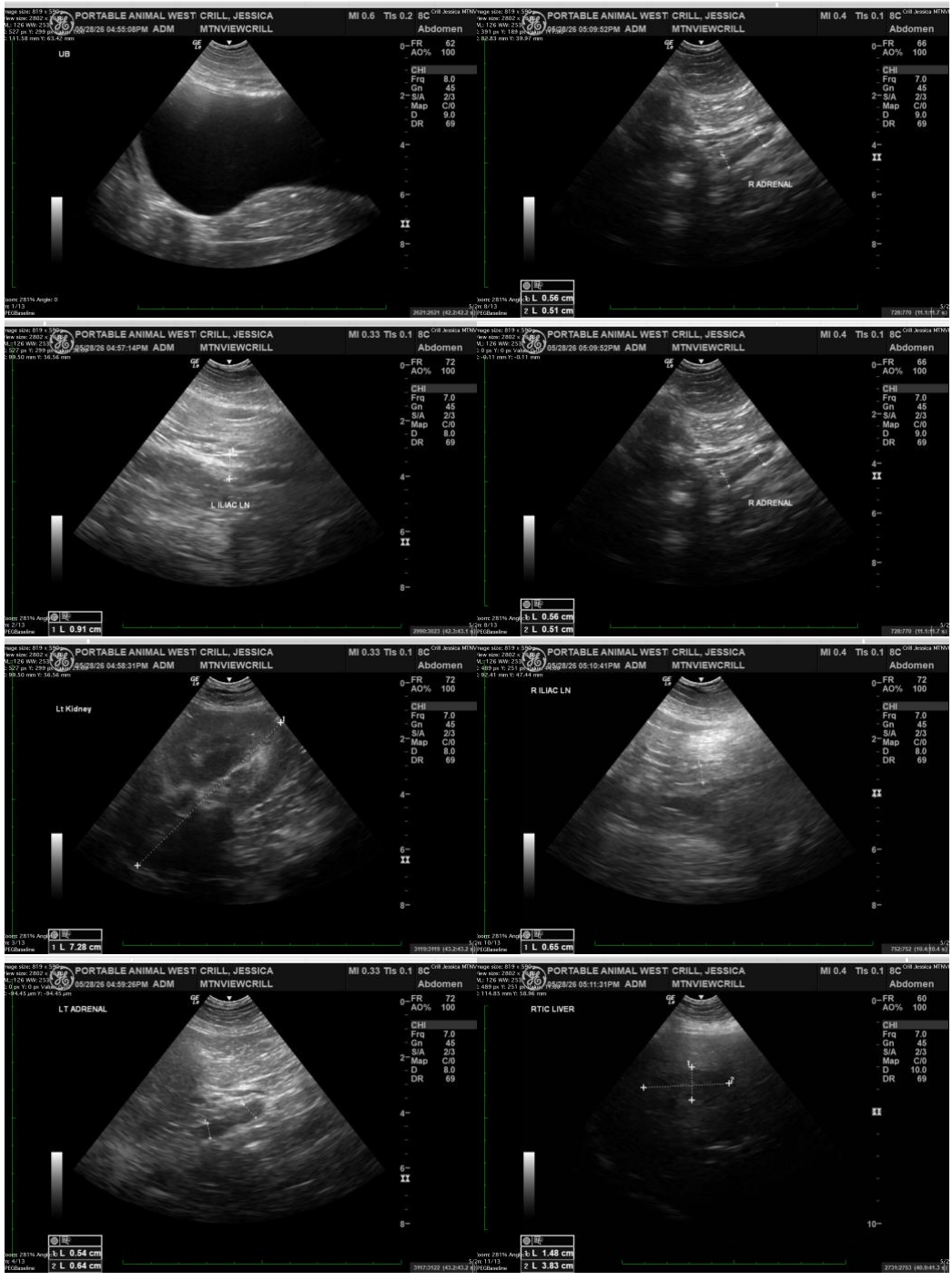

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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