



## PATIENT

Paco Narducci

## SPECIES

Canine

## BREED

Chihuahua

## SEX

Neutered Male

## AGE

15

## WEIGHT

11.4 lbs

## INTERPRETED BY

Greg Kuhlman, DVM,  
DACVIM (SAIM)

## IMAGING PERFORMED BY

Dr. Arch Gordon

## HOSPITAL NAME

Coral Ridge Animal  
Hospital

## REFERRING VET

Dr. Arch Gordon

## INVOICE

75570

## DATE

5/30/26

## PRESENTING CLINICAL SIGNS

Patient has severe MVD and is cardiac medications including pimobendan, and enalapril. Today presented for lethargy, vomiting and weight loss - lost 2 lbs in 5 months

Abnormal PE/Chem/CBC/UA Results: WBC 57 K (5-16.7 k) Neuts 47.09 (2.95 -11.64 k) -bands suspected RBCs normal, platelets normal Alt normal ALK 694 (23-212 U/l) CPLI pending Radiographs - stomach distended with gas

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder contains minimal urine. Full assessment of the urinary bladder wall cannot be determined.

The right kidney presents normal size (4.7 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (4.5 cm) with normal shape and architecture. Normal 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 5.9 mm and the caudal pole measures 3.9 mm.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 3.3 mm and the caudal pole measures 3.0 mm.

### Spleen

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

### Liver

Within the mid liver there is a hyperechoic, hard shadowing object present that measures 7.7 mm x 4.5 mm in size. Given the appearance of the object in the liver and the fact that it is causing hard acoustic shadowing, I suspect it is an intrahepatic cholelith, although there are no intrahepatic dilated bile ducts. In the caudal aspect of the mid liver there is a 1.6 cm x 2.1 cm heterochoic lesion with a hypoechoic rim and a heterochoic core that appears to be associated with the liver.

Diffusely, the gallbladder wall is hyperechoic and subjectively mildly thickened, measuring approximately 2.4 mm in width. The gallbladder contains minimal bile at this time. However, there are hyperechoic aggregating gallbladder contents present. No evidence of a gallbladder mucocele seen at this time.

### Gastrointestinal

The gastric wall diffusely appears normal in thickness and layering. The stomach is moderately distended with hypoechoic fluid that contains a small amount of anechoic debris. No mechanical obstruction seen within the gastric lumen causing a gastric obstruction. The small intestines appear normal in thickness and layering. 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**

- Liver mass and possible cholelith.
- Hyperechoic, mildly thickened gallbladder wall with hyperechoic aggregating contents.
- Fluid dilated stomach.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

If patient has lower urinary tract signs, recommend rechecking the urinary bladder via ultrasound when it is fuller of urine to determine if pathology may be present.

Consider starting Ursodiol at 15 mg/kg by mouth given twice per day.

Clinical significance of the object/possible cholelith within the liver is unknown at this time. It is most likely not the cause of the patient's clinical signs or lab work changes.

The mass lesion in the liver is most likely primary hepatobiliary neoplasia such as hepatocellular carcinoma or possibly cholangiocarcinoma or may be malignant neoplasia such as hemangiosarcoma. It cannot be completely ruled out that this could be a gastric lesion. However, direct association with the stomach cannot be seen on this ultrasound exam.

Given the hyperechoic suspected intrahepatic cholelith and the suspected hepatic mass, recommend CT scan of the abdomen to further characterize these changes and determine if the mass described that is suspected to be associated with the liver could be surgically resected and submitted for histopathology.

Given it's location, an aspirate of this mass may be challenging. If possible, attempt a fine needle aspirate of the mass for cytology. If cytology is inconclusive, then proceed with CT scan.

It is possible that the mass described that is suspected to be associated with the liver may be causing a gastric obstruction. Therefore, this is another reason that CT scan would be of great benefit to this patient.





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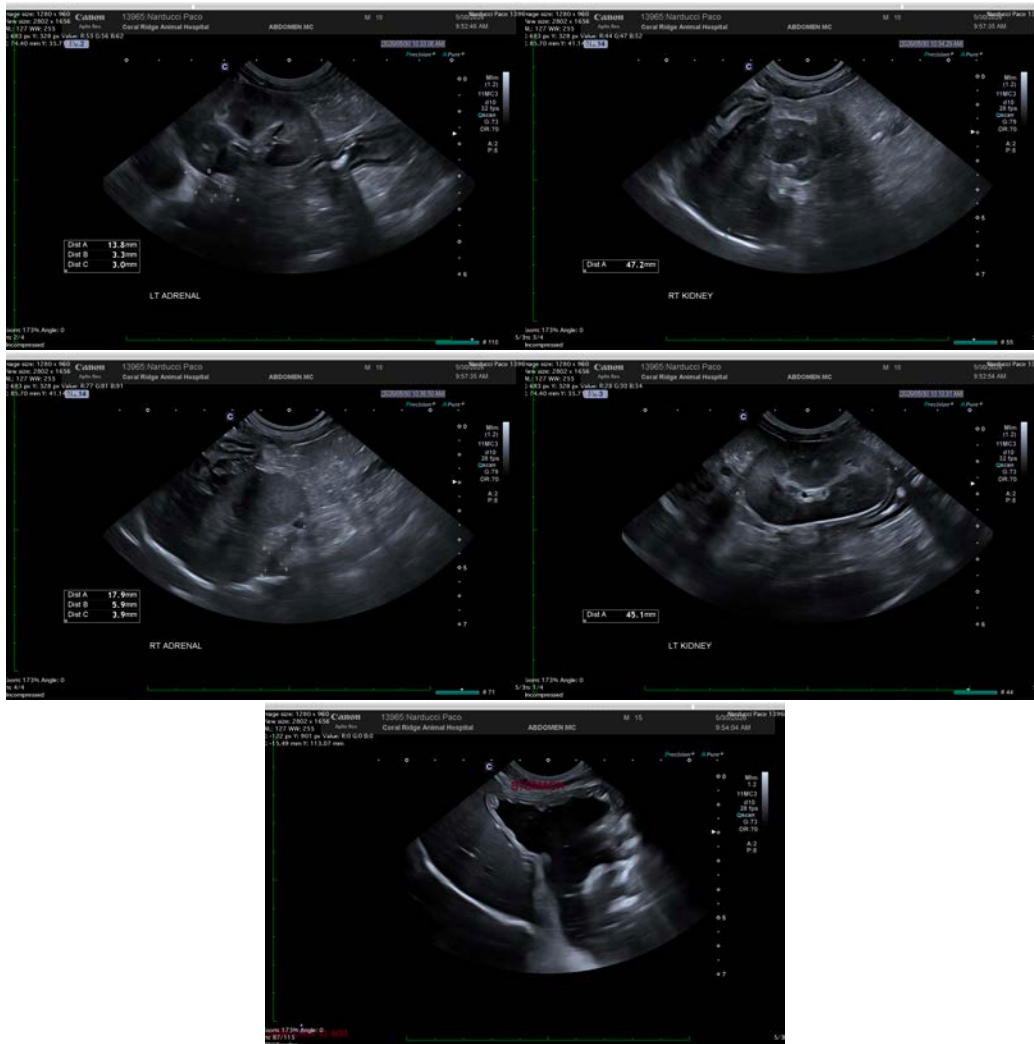
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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