



PATIENT

Charna Zechman

SPECIES

Canine

BREED

Lab Retriever x

SEX

Spayed Female

AGE

13 Years

WEIGHT

57.2 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Cummings Veterinary
Hospital

REFERRING VET

Dr. Erin Sweney

INVOICE

74929

DATE

5/5/26

PRESENTING CLINICAL SIGNS

BCS 3/9. Assess liver & GB. Liver values slowly elevating. No current medications.

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.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. The right kidney measured 6.1 cm. The left kidney measured 6.0 cm.

Adrenal Glands

The right adrenal gland is mildly enlarged, measuring 8.6 mm at the caudal pole and 12.2 mm at the cranial pole.

The left adrenal gland is mildly enlarged, measuring 8.6 mm at the caudal pole and 6.5 mm at the cranial pole.

Spleen

The spleen revealed a non-capsule displacing hyperechoic lesion most likely benign extramedullary hematopoiesis, measuring 5.3 mm x 9.3 mm in size. The spleen is otherwise normal.

Liver

Liver is subjectively enlarged (swollen contour) without disruption of architecture. It has a normal homogenous echotexture. Parenchyma is diffusely hyperechoic characterized by less prominent than normal portal vein walls and increased echogenicity relative to the spleen and falciform fat. The caudal right liver revealed a 5.6 cm x 6.1 cm isoechoic, round, pedunculated mass lesion. Visible vasculature and biliary tree appear normal without distension or congestion.

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 observed pancreas appears appropriately isoechoic to surrounding omental fat. The capsule is mildly irregular in shape. Parenchyma is mildly heterogenous and coarse. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.



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Free Abdomen

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

In the cardiac image provided there is no pericardial effusion. No obvious right auricular mass.

ULTRASONOGRAPHIC FINDINGS

- Hepatic mass lesion – most likely malignant primary hepatobiliary neoplasia such as hepatocellular carcinoma, less likely cholangiocarcinoma.
- Hyperechoic hepatomegaly otherwise, consistent with benign vacuolar hepatopathy.
- Splenic lesion.
- Mildly enlarged adrenal glands.
- Age related renal changes.
- Age related pancreatic remodeling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend a fine needle aspirate of the hepatic mass lesion. If inconclusive, recommend a CT scan as pre-surgical planning. If surgical resection appears feasible, recommend surgical resection of the hepatic mass with submission for histopathology. Recommend 3-view chest radiographs prior to surgery to rule out pulmonary metastatic disease. If the patient does have surgery, recommend obtaining liver biopsies during this procedure.

Consider screening the patient for hyperadrenocorticism as cause of elevated liver values based on the enlarged adrenal glands. If patient is diagnosed with hyperadrenocorticism, I suspect pituitary dependent hyperadrenocorticism.

Also consider other diseases such as hypertriglyceridemia, hyperthyroidism, occult pancreatic or occult GI disease. The appearance of the liver is unlikely to be due to an infectious disease such as Leptospirosis. If the patient is not vaccinated for Leptospirosis and liver values remain elevated, consider screening for this disease.

Consider a fine needle aspirate of the splenic lesion with submission for cytology to rule out infiltrative neoplasia such as lymphoma, mast cell, or histiocytic sarcoma, although these diseases seem unlikely.

Recommend full staging, monitoring and managing of the kidneys per IRIS guidelines, given the appearance of patient's kidneys.



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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