



## PATIENT

Arista Shanley

## SPECIES

Canine

## BREED

Sheltie

## SEX

Spayed Female

## AGE

16 Years

## WEIGHT

23 lbs

## INTERPRETED BY

Greg Kuhlman, DVM,  
DACVIM (SAIM)

## IMAGING PERFORMED BY

Julia Bakker DVM

## HOSPITAL NAME

Orange Blossom  
Veterinary Imaging

## REFERRING VET

Aleia Hollands DVM

## INVOICE

15981

## DATE

05/08/26

## PRESENTING CLINICAL SIGNS

Rechecking Gallbladder mucocele on last month's AUS that we're treating with medical management (ursodiol 125 mg PO q12h and Denamarin PO q24h). She has a history of CKD, iris stage 2 and MMVD stage B2, and periodontal disease. She is on Vetmedin 2.5 mg PO q12h. Her current diet is Purina EN LF. She gets LRS SQ twice weekly and B12 shots every 1-2 weeks as well. She uses ondansetron 4 mg PO q12h and Entyce 3 mg/kg PO q24h prn. Her appetite improved initially after starting ursodiol and Denamarin but recently has declined again. We started a course of clindamycin 11 mg/kg pO q12h for potential dental infection.

## 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 left kidney presents normal size with normal shape and architecture. Moderate loss of corticomedullary distinction. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted. The left kidney measured 4.2 cm in length.

The right kidney presents normal size with normal shape and architecture. Marked loss of corticomedullary distinction. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted. The right kidney measured 3.7 cm in length.

### *Adrenal Glands*

The left adrenal gland presents with mildly irregular shape yet otherwise appears normal with no obvious mass lesion seen associated with the left adrenal gland. The cranial pole measures 7.5 mm and the caudal pole measures 6.5 mm.

The right adrenal gland measures 4.4 mm at the caudal pole and 8.1 mm at the cranial pole. A hyperechoic nodule at the cranial pole measures 1.6 mm in width and a second hyperechoic nodule in the cranial pole measures 5.3 mm in width. These are most likely benign incidental adenomas. Malignant adrenal disease is not suspected.

### *Spleen*

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

### *Liver*

Liver is relatively normal in size and contour. Parenchyma is mildly heterogenous and coarse with mild likely age-related parenchymal remodeling noted. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is moderately overdistended with organized, aggregated and centralized non-gravity dependent sludge. Striations of sludge separated by anechoic areas are noted extending from the lumen to the luminal wall. The wall is mildly thick, irregular and hyperechoic. There is no evidence of CBD dilation.



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**Gastrointestinal**

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

**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**

- Stage 2 chronic kidney disease.
- Gallbladder mucocele.
- Right adrenal nodules.
- Irregular left adrenal gland.
- Soft stool in colon.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Recommend continuing full staging, monitoring and managing per IRIS guidelines. Continued medical management as described in submission form is warranted with recheck every three to six months via ultrasound and lab work to determine if mucocele is progressing to a point where obstruction is beginning to occur. Cholecystectomy would be recommended at this time.

If any clinical or lab work abnormalities would suggest patient may have hyperadrenocorticism, recommend screening via low dose dexamethasone suppression test. This is being recommended in the event that one of the nodules mentioned in the cranial pole of the right adrenal gland could potentially be functional although this suspicion is unlikely.





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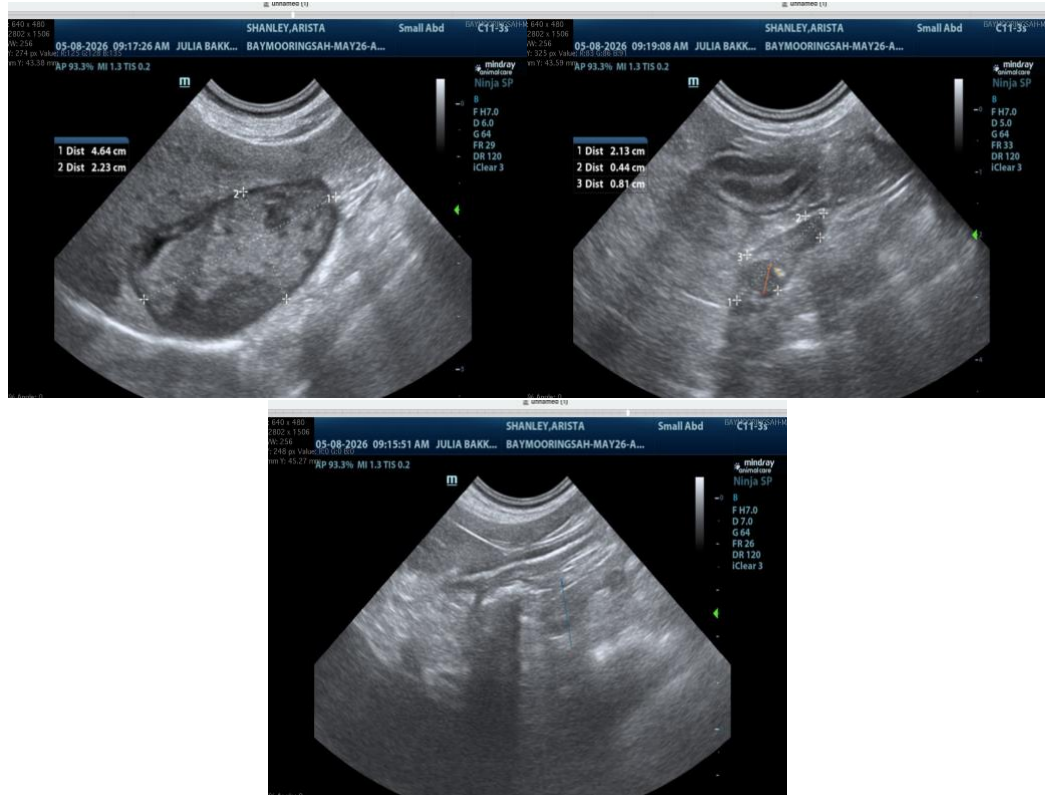
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)