



PATIENT

Minnie Campbell

SPECIES

Canine

BREED

Labrador Retriever Mix

SEX

Spayed Female

AGE

12 Years 2 Months

WEIGHT

66 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Vincent Ravancho CVT

HOSPITAL NAME

Bergen County
Veterinary Center

REFERRING VET

Dr. Megan Moore

INVOICE

15974

DATE

05/08/26

PRESENTING CLINICAL SIGNS

Persistently elevated liver values, newly increased GGT. No current medications

Abnormal PE/Chem/CBC/UA Results: PLT 470, ALT 203, GGT 59, Ck 223

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder is moderately distended with a large amount of 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 left kidney measures 6.0 cm. The right kidney measures 6.7 cm.

Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 7.2 mm and the caudal pole measures 6.6 mm.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 11.4 mm and the caudal pole measures 7.7 mm.

Spleen

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

Liver

In the mid caudal liver, there is an apparent 6.8 cm x 3.8 cm hyperechoic mass lesion consistent with either primary hepatobiliary neoplasia such as hepatocellular carcinoma or cholangiocarcinoma. Also consider hemangiosarcoma. The remainder of 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 visible stomach wall is normal in thickness and layering. The stomach is moderately distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. If patient was appropriately fasted, delayed gastric emptying could be considered. Non-shadowing foreign material is considered less likely but cannot be definitively ruled out. If clinical signs are consistent (vomiting, etc.), recommendations include supportive medical care, 24 hours fasting and re-image.

The intestines have normal wall layering and thickness. 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.

No pericardial effusion was noted.

ULTRASONOGRAPHIC FINDINGS

- Age-related renal changes.
- Hepatic mass.
- Full stomach.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend full staging, monitoring and managing the patient per international renal interest society guidelines. The primary recommendation would be a CT scan as pre-surgical planning for a possible liver mass resection. CT scan will be the best modality to determine feasibility of resection. Patient's elevated liver values are most likely attributed to the presence of the hepatic mass.

FNA of the liver mass first with submission for cytology to determine if definitive diagnosis can be obtained. If cytology is non-diagnostic, proceed with CT to determine surgical feasibility. Recommend three view chest radiographs prior to pursuing further diagnostics to rule out possibility of pulmonary metastatic disease.





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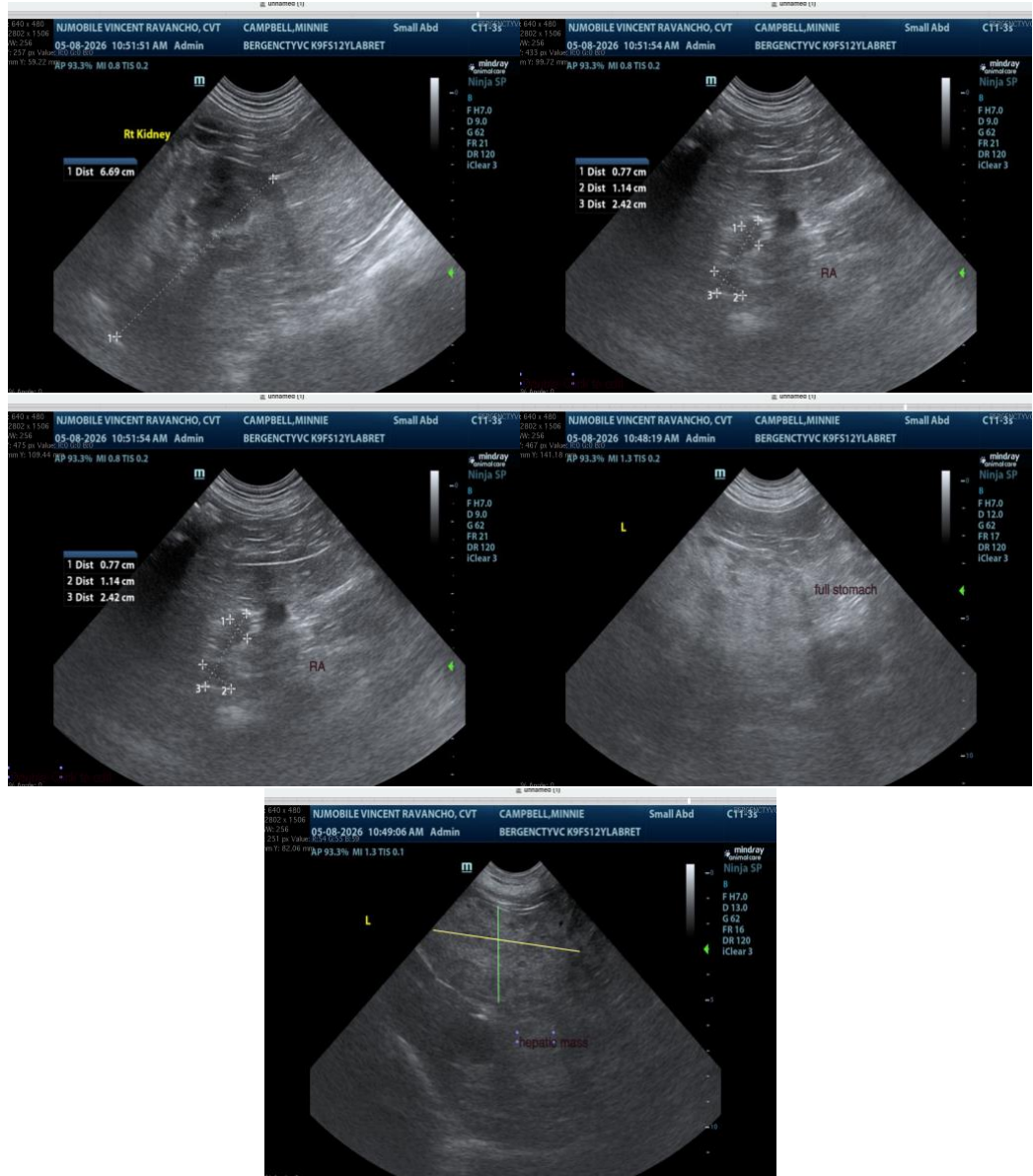
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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