

PATIENT

Freddy Child

SPECIES

Canine

BREED

Pitbull Mix

SEX

FS

AGE

12 years

WEIGHT

33.8 kg

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

**IMAGING
PERFORMED BY**

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

Alpine Animal Hospital

REFERRING VET

Dr. Lindsay Sjolin

INVOICE

12051

DATE

6/1/2026

PRESENTING CLINICAL SIGNS

Previous PAWS ultrasound (report attached) from 12/29/25 and a LDDS test were supportive of pituitary dependent hyperadrenocorticism. Started on Trilostane. Well controlled at 30mg BID Patient overall doing okay. She has severe osteoarthritis so mobility is difficult. Recent annual senior labwork showed an increase in liver values. Unsure if this is related to the Cushings disease or if the ill defined area previously noted in the liver could be the cause.

Working diagnosis open: cushings side effects vs hepatic neoplasia.

MEDS: Trilostane 30mg BID; Carprofen 75mg BID; Gabapentin 200mg BID.

Abnormal PE/Chem/CBC/UA Results: 5/12/26: CBC: mild lymphopenia 600 /mL (690 - 4500) Chem: ALT (SGPT) 466 IU/L (12 - 118) - year ago 221 ALK PHOS 1063 IU/L (5 - 131) - year ago 150 GGT 41 IU/L (1 - 12) - year ago 10 CHOLESTEROL 395 mg/dL (92 - 324) UA: USG 1043, Protein 1+ UPC: 0.2 T4: 0.6mg/dL (0.8 - 3.5) TSH: 0.21 ng/mL (0 - 0.60) Free T4 Equilibrium Dialysis: 27.6 pmol/L (8 - 40) Pre Pill CORTISOL: 3.3mg/dL (1.0 - 5.0.)

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. Mild increase in echogenicity and reduced corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured 6.6 cm in length.

The right kidney presents normal size with normal shape and architecture. Mild increase in echogenicity and reduced corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The right kidney measured 7.4 cm in length.

Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma, and is mildly enlarged. The phrenic vasculature is unremarkable. The cranial pole measures 10.5 mm and the caudal pole measures 9.5 mm.

The right adrenal gland presents normal shape and homogenous parenchyma, and is mildly enlarged. The phrenic vasculature is unremarkable. The right adrenal gland measures 12.2 mm in width.

Spleen

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

Liver

The previously seen liver lesion (Dec 2025) remains present in this scan. It is more well defined, heterogenous mas at this time (previously measured 3.7 cm x 2.6 cm) and measures 3.5 cm x 4.3 cm. Appears to be growing in size. There are still several hypoechoic approximately 1.0 cm in diameter lesions throughout the remainder of the hepatic parenchyma.



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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.

Free Abdomen

Mild right iliac lymphadenopathy measuring 6.5 x 28.0 mm, as well as left iliac lymphadenopathy measuring 9.4 mm x 33.6 mm. Mild mesenteric lymphadenopathy is present with a representative node measuring 4.7 mm x 24.7 mm.

No free abdominal fluid is seen.

Other

Cardiac image provided and appears normal.

ULTRASONOGRAPHIC FINDINGS

- Mild iliac and mesenteric lymphadenopathy. These are most likely reactive and less likely neoplastic.
- Age related kidney changes.
- Bilateral adrenomegaly. Findings are consistent with patient's diagnosis of hyperadrenocorticism and specifically pituitary dependent hyperadrenocorticism.
- The heterogenous lesion in the liver is likely to be due to primary hepatobiliary neoplasia such as hepatocellular carcinoma, and less likely cholangiocarcinoma. Unlikely to be metastatic neoplasia.
- Hyperechoic hepatomegaly – This appearance is non-specific and most consistent with a benign steroid (endocrine) or vacuolar hepatopathy or reactive or idiopathic hepatopathy. Inflammatory and/or infiltrative disease (such as round cell neoplasia) are also possible, but considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If it can be safely reached, consider fine needle aspirates of the liver lesion, and submission for cytology. If cytology is non-diagnostic at this time, then recommend CT scan as pre-surgical planning to determine if this liver mass can be resected. If it is resected, then submit for histopathology, as well as biopsies of one or several of the smaller hypoechoic lesions within the liver, and biopsies of the normal appearing liver tissue as well. Submit the normal appearing liver tissue for copper quantification, aerobic/anaerobic bacterial culture, and recommend submission for histopathology to a lab that specialized in liver pathology such as the Antech SuperLiver group, or possible to North Carolina State or Cornell University.

Imaging performed by



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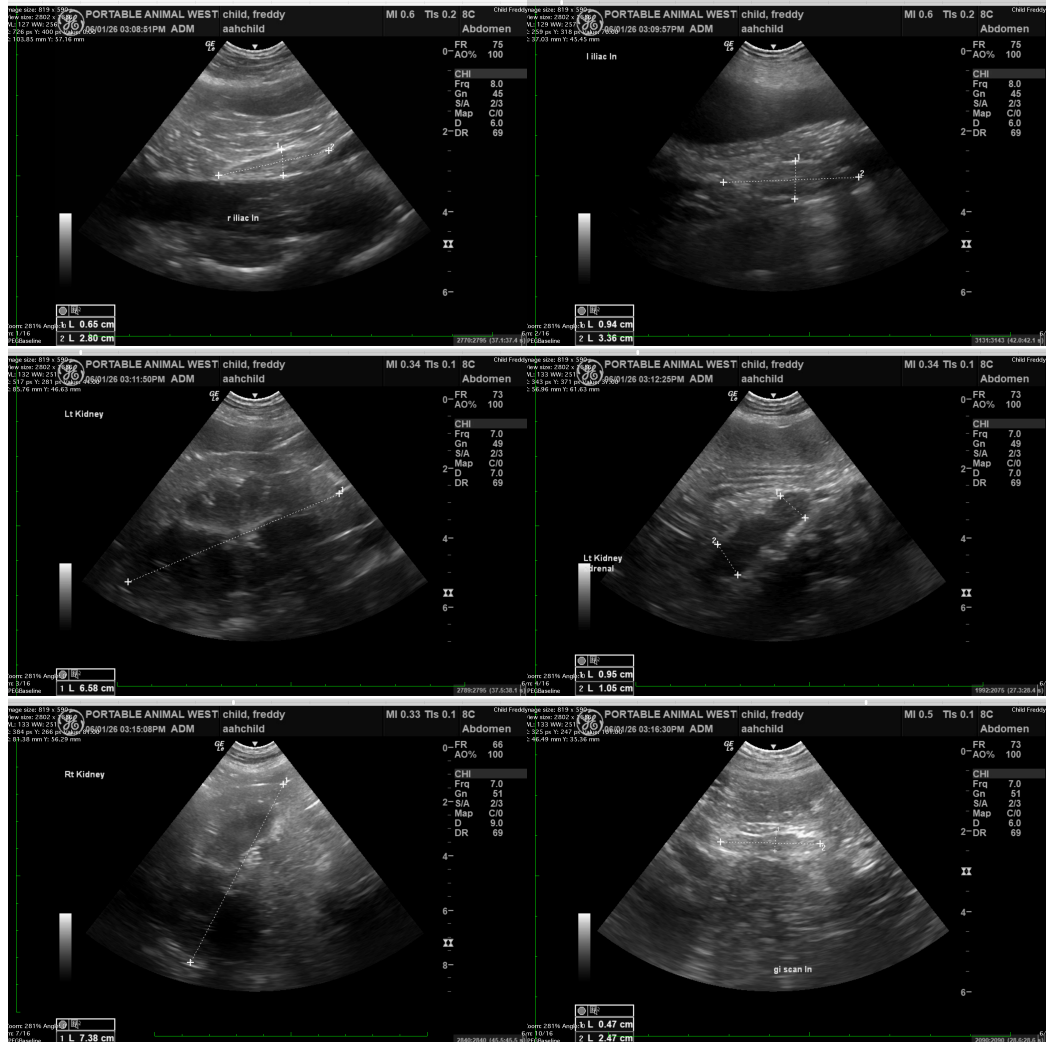
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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