



**PATIENT**

Posey Sullivan

**SPECIES**

Canine

**BREED**

Australian Shepherd  
Mix

**SEX**

FS

**AGE**

15 years

**WEIGHT**

15.4 lbs

**INTERPRETED BY**

Greg Kuhlman, DVM,  
DACVIM (SAIM)

**IMAGING  
PERFORMED BY**

Loetitia Saint-Jacques,  
LVT

**HOSPITAL NAME**

MountainView Animal  
Hospital

**REFERRING VET**

Dr. Kalivoda

**INVOICE**

12085

**DATE**

6/4/2026

**PRESENTING CLINICAL SIGNS**

Patient presented on Tuesday for gagging/coughing. Thoracic radiographs were performed which raised concern for a splenic mass. Patient was diagnosed with bronchitis, but no pulmonary nodules were seen. FAST scan showed diffuse changes to liver. There is a known liver mass that was appreciated in 2025. Recheck scan of the liver and spleen. Patient has proteinuria and was diagnosed with renal disease Stage 2. History of pancreatitis that is currently managed. Had a history of a low glucose but that has normalized.

Current medications: Pacreatrophin PMG 1 bid, Kan Rehmannia Eight combo 0.3 mls bid, Nordic Naturals Omega-3 drops 2.0 ML every other day, On day she doesn't get drops she gets Welactin.

**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. Multiple benign cortical cysts present. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured 3.3 cm in length.

The right kidney presents normal size with irregular shape and architecture. Moderate loss of corticomedullary distinction. Mild pyelectasia noted measuring 2.3 mm in width. No ureteral dilation or nephrolithiasis. The right kidney measured 4.1 cm in length.

**Adrenal Glands**

The left adrenal gland measures at the upper ends of normal in size, presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 7.1 mm and the caudal pole measures 6.2 mm.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The right adrenal measures 6.0 mm in width.

**Spleen**

The spleen is normal in size, shape, margination and echogenicity. Appears to contain multifocal, non-capsule displacing, hypoechoic lesions present adjacent to large vessel consistent with benign myelolipomas.

**Liver**

Within the left liver there is a 4.0 cm x 3.2 cm isoechoic mass lesion present. This appears stable from the previous ultrasound in 2025. This is most likely a benign hepatoma given the stable nature of this mass. Diffusely the liver appears heterogenous. The previously mentioned multifocal, hypoechoic less than 1.0 cm, ill-defined lesions throughout the liver remain present, and are most likely benign regenerative nodules and are less likely metastatic neoplasia.

The gallbladder presents normal size with anechoic contents. Normal gallbladder wall. No evidence of bile duct distention or obstruction.



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**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.

**Free Abdomen**

Visible iliac lymph nodes are present. A right sided node measures 4.5 mm in width.

No free abdominal fluid is seen.

**ULTRASONOGRAPHIC FINDINGS**

- Within the left liver there is a 4.0 cm x 3.2 cm isoechoic mass lesion present. This appears stable from the previous ultrasound in 2025. This is most likely a benign hepatoma given the stable nature of this mass
- Pancreatic age-related remodeling/Chronic pancreatitis – Mild irregularities are consistent with benign age-related change. Low-grade smoldering chronic pancreatitis cannot be ruled out and should be suspected in the face of appropriate clinical signs.
- Mild iliac lymphadenopathy. Appears normal to reactive and unlikely to be neoplastic.
- The appearance of the kidneys is consistent with patient's reported stage 2 chronic kidney disease. Bilaterally decreased corticomedullary distinction, with left sided benign cortical cysts, and right sided pyelectasia.
- The right adrenal gland measures just at the upper end of normal in size.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The findings on this exam are similar to the previous ultrasound report from 2025. There is no significant abnormalities noted, and no cause for the patient's reported clinical signs of gagging, or coughing are observed.

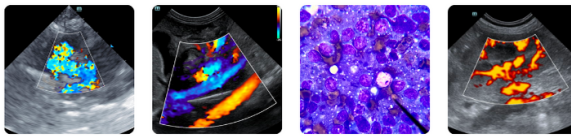
Given that the left adrenal gland is at the upper ends of normal in size, if there are any clinical signs consistent with hyperadrenocorticism consider submitting a urine cortisol:creatinine ratio. If this is normal, then it effectively rules out hyperadrenocorticism. If UCCR is elevated, then I recommend a low dose dexamethasone suppression test to screen the patient for possible hyperadrenocorticism.

Recommend continued monitoring and managing the patient's chronic kidney disease per IRIS guidelines.

Imaging performed by



MountainView Animal Hospital, Inc.  
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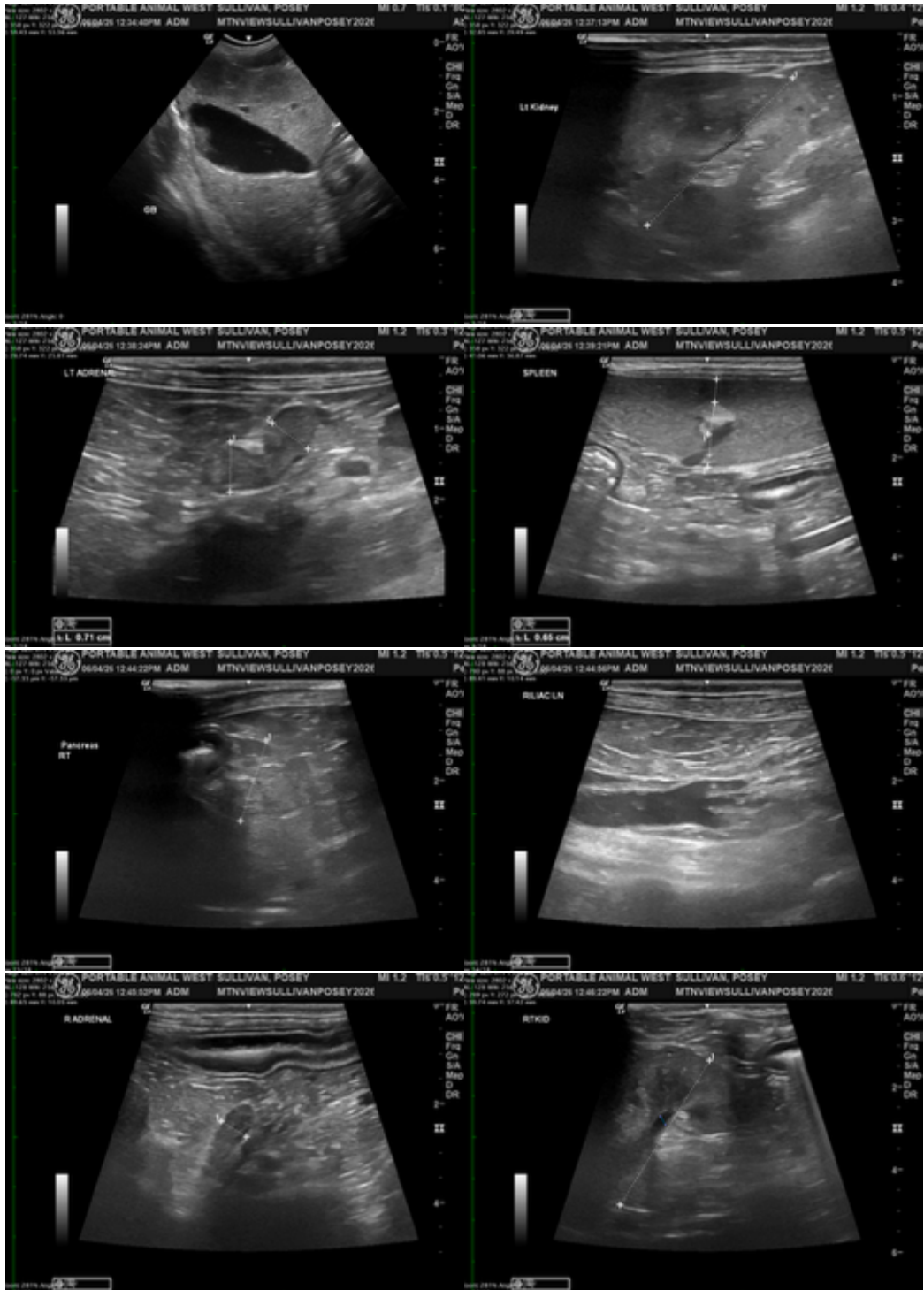
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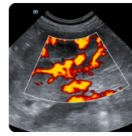
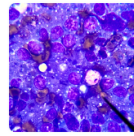
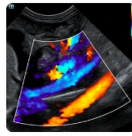
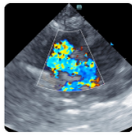


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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)