



**PATIENT**

Shay Meyer

**SPECIES**

Canine

**BREED**

Miniature Pinscher

**SEX**

Spayed Female

**AGE**

13 Years

**WEIGHT**

10.5 lbs

**INTERPRETED BY**

Greg Kuhlman, DVM,  
DACVIM (SAIM)

**IMAGING PERFORMED BY**

Vincent Ravancho, CVT

**HOSPITAL NAME**

Well Pet Animal  
Hospital

**REFERRING VET**

Dr. Wellington

**INVOICE**

75730

**DATE**

6/5/26

**PRESENTING CLINICAL SIGNS**

Possible abdominal mass/tumor felt on PE. Current medication - Emprev 16mg/ Entyce

**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. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted. The left kidney measures 3.4 cm. The right kidney measures 4.5 cm.

**Adrenal Glands**

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 8.3 mm and the caudal pole measures 3.5 mm.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 3.5 mm and the caudal pole measures 4.6 mm.

**Spleen**

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

**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. No focal lesions are observed. 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. The stomach is diffusely distended with hypoechoic fluid. Diffusely, the small bowel appears hypomotile. Peristalsis appears decreased. No mechanical obstruction seen. Colon contains normal contents with normal wall thickness.

**Pancreas**

Diffusely, the pancreas is hypoechoic with mild to moderate surrounding hyperechoic fat. In the right limb of the pancreas, near the distal aspect, there is a well defined hypoechoic 1.8 cm x 1.4 cm lesion present.



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**Free Abdomen**

There are several markedly enlarged, rounded, hypoechoic mesenteric lymph nodes present. A representative node measures 1.5 cm x 1.8 cm.

There is a moderate amount of hypoechoic free fluid present within the abdomen.

**ULTRASONOGRAPHIC FINDINGS**

- Age related renal changes with non-obstructive mineralization.
- Hyperechoic hepatomegaly.
- Gastroenteritis pattern.
- Hypoechoic pancreas with a well-defined hypoechoic lesion in the right limb.
- Markedly enlarged mesenteric lymph nodes.
- Moderate free fluid.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Recommend full IRIS staging for the patient's ultrasonographic evidence of possible chronic kidney disease. If CKD is confirmed via staging process, continued monitoring and managing per IRIS guidelines.

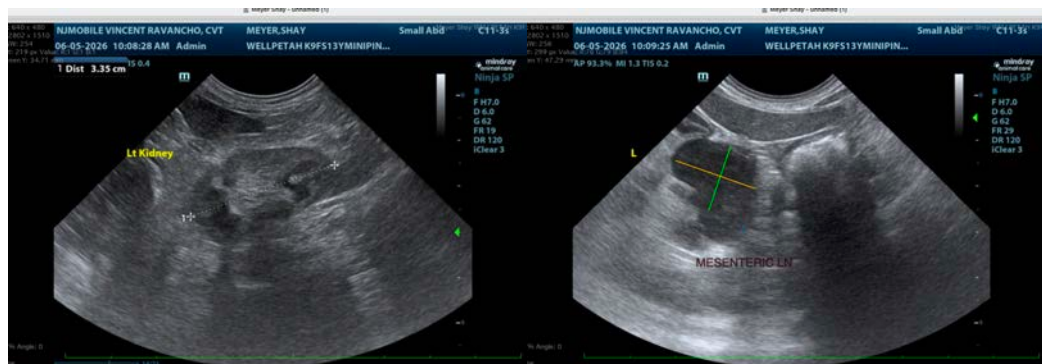
The appearance of the mesenteric lymph nodes is consistent with either infiltrative neoplasia such as lymphoma or mast cell disease, or possibly metastatic neoplasia.

The apparent functional gastroenteritis seen is most likely due to pancreatitis. Recommend supportive care with prokinetics and antiemetics as needed.

The hypoechoic lesion in the right limb of the pancreas may represent either pancreatic hyperplasia or possibly pancreatic neoplasia such as pancreatic carcinoma. Recommend a fine needle aspirate of this area of the pancreas. It is possible that pancreatic carcinoma could be the cause of the multiple abnormalities seen on this exam.

The appearance of the liver is suspected to be due to a benign vacuolar hepatopathy. Recommend fine needle aspirate to rule out possibility of infiltrative neoplasia such as lymphoma or mast cell. If a benign vacuolar hepatopathy is confirmed, this may be due to patient's apparent pancreatitis or other metabolic diseases such as hyperadrenocorticism or hypertriglyceridemia or hypothyroidism.

Given that there is free fluid within the patient's abdomen, recommend obtaining a sample for fluid analysis and cytology to rule out carcinomatosis and help further characterize the nature of the fluid.





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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)