

## PATIENT

Smyth Rickard

## SPECIES

Canine

## BREED

Yorkshire Terrier

## SEX

Male

## AGE

14 years

## WEIGHT

10 lbs

## INTERPRETED BY

Greg Kuhlman, DVM,  
DACVIM (SAIM)

## IMAGING PERFORMED BY

Dr. Julia Bakker

## HOSPITAL NAME

Orange Blossom  
Veterinary Imaging

## REFERRING VET

Dr. Tiffany Rimar

## INVOICE

12108

## DATE

6/5/2026

## PRESENTING CLINICAL SIGNS

P Hx of renal insuf. progressive over past 2 years. New Dx: CHF. P now on vetmedin and symptoms resolved. R/O ascites as cause of moderate abdominal distension.

## 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 to marked loss of corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. Cortical cysts present with one measuring 2.1 mm in width. These cortical cysts appear to be benign. The left kidney measured 3.3 cm in length.

The right kidney presents normal size with normal shape and architecture. Moderate to marked loss of corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. Cortical cysts present. The right kidney measured 3.2 cm in length.

### Adrenal Glands

The left adrenal gland is enlarged for a patient of this size but presents normal in shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 5.2 mm and the caudal pole measures 7.5 mm.

The right adrenal gland is enlarged for a patient of this size but presents normal in shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 5.3 mm and the caudal pole measures 6.5 mm.

### Spleen

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

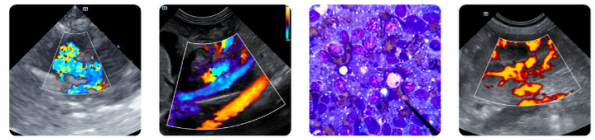
### Liver

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.

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

### Gastrointestinal

Within the gastric lumen there is currently hyperechoic shadowing material present. The stomach wall is diffusely normal in thickness and layering. No evidence of gastric obstruction is observed at this time.



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The small bowel is distended with a moderate amount of food like material. Small bowel wall appears to have normal thickness and layering.

Colon contains normal contents with normal wall thickness.

## Pancreas

The area of the left and right pancreas is seen. No pathology noted.

## Free Abdomen

There are no enlarged abdominal lymph nodes seen on this exam.

No free abdominal fluid is seen.

## ULTRASONOGRAPHIC FINDINGS

- Chronic kidney disease changes with bilateral loss of corticomedullary distinction, and cortical cysts.
- Bilateral adrenomegaly.
- 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. Possibly due to hyperadrenocorticism, or other metabolic diseases such as hypertriglyceridemia, hypothyroidism, occult pancreatic or GI disease.
- Gallbladder debris - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.
- Hyperechoic shadowing material within the gastric lumen. No obstruction visualized.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

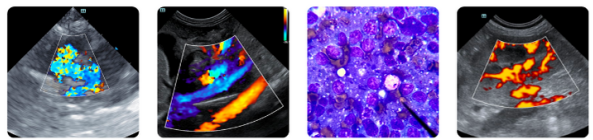
Patient appears to have chronic kidney disease. Recommend full staging, monitoring and managing per International Renal Interest Society (IRIS) Guidelines.

Recommend screening patient for hyperadrenocorticism via a low dose dexamethasone suppression test.

The appearance of the liver is possibly due to hyperadrenocorticism, or other metabolic diseases such as hypertriglyceridemia, hypothyroidism, occult pancreatic or GI disease. If none of these diseases are identified, recommend periodic recheck of patient's liver values and ultrasound imaging.

Due to the gastric material, consider fasting the patient for an additional 12-24 hours with recheck imaging. If this material remains present within the gastric lumen, then endoscopy or gastroscopy would be warranted to evaluate.

There is no ascites present on this exam. The moderate abdominal distension is most likely attributed to the hepatomegaly.



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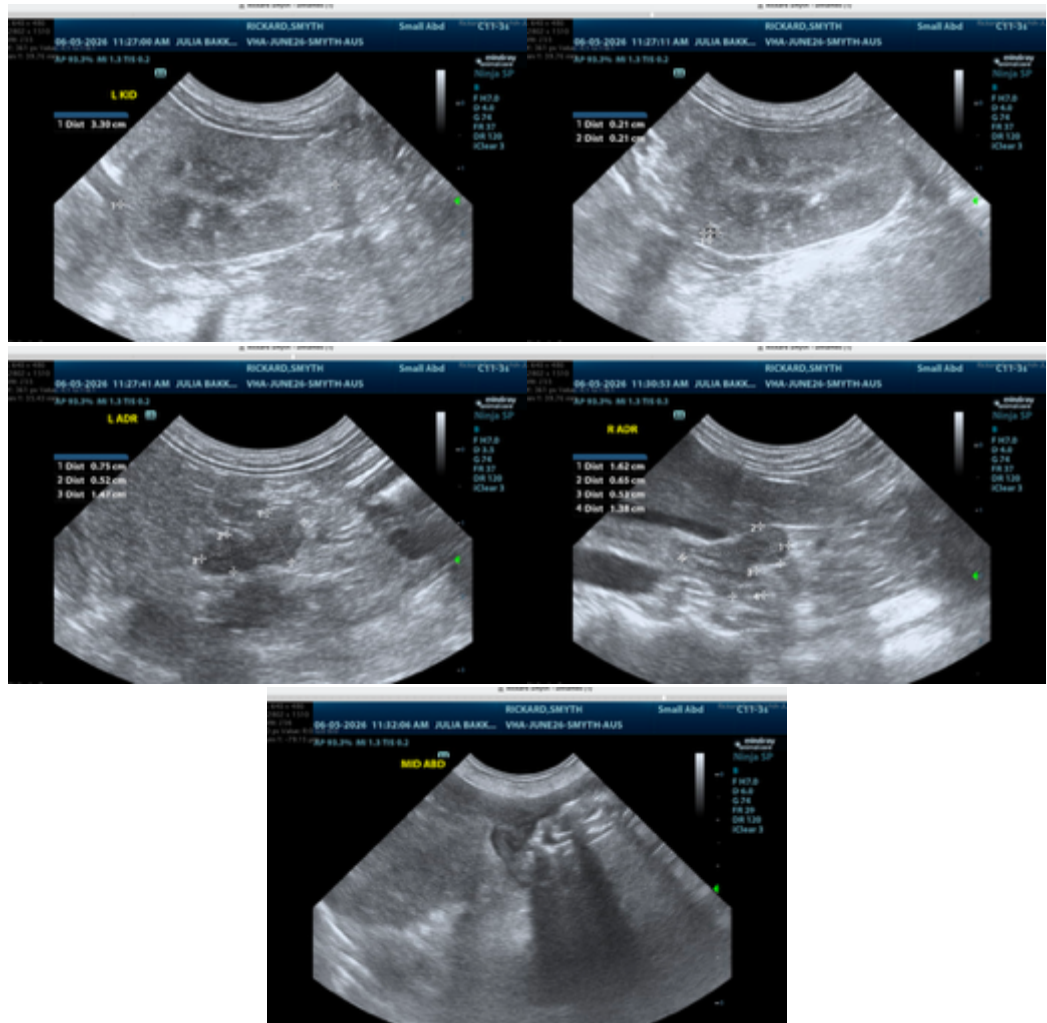
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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