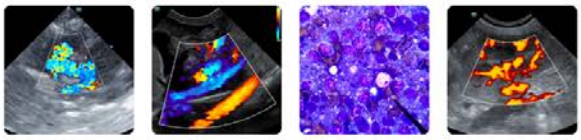


DATE

11/13/25

PATIENT

Harper Kuhn

SPECIES

Canine

BREED

Bernese Mtn Dog

SEX

Spayed Female

AGE

7/15/17

WEIGHT

70.2 lbs

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

HOSPITAL NAME

Banfield Pet Hosptal Timonium

REFERRING VET

Dr. Falkowski

INVOICE

71795

PRESENTING CLINICAL SIGNS

Patient History: 7/31/25- Presented for progressive non-productive, hacking cough and 5.5lbs of weight loss since January. Thoracic radiographs with radiology review taken- see results below. P started on tapering dose
of prednisone 20mg and improved. 9/29/25- Started having a intermittent non-productive cough on 9/24. Progressed to a productive, persistent cough on 9/26 when prednisone was started 1mg/kg PO BID. Cough has decreased in frequency and is now non-productive. Thoracic radiographs with radiology review taken- see results below. P responded well to another tapering dose of prednisone. 11/4/25- P receiving prednisone 20mg PO EOD. O started Fluticasone inhaler 110mcg/puff 2 puffs BID on 11/1/25. Superchem/CBC performed wnl, UA- unremarkable, 4Dx Snap Test: negative

Current Medications: Prednisone 20mg PO EOD since 10/28/25, Fluticasone inhaler 110mcg/puff 2 puffs BID since 11/1/25
Labwork Results: Labwork not attached. Radiograph report attached.
Date of Previous IntraPet Ultrasound: 11/7/24. See attached.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed by: Stephanie Warga RDCS, RVT.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, or masses. There is a pinpoint hyperechoic mineralization visualized in the dependent portion of the urinary bladder measuring approximately 0.19 cm in diameter, most consistent with a small mineralization (this is likely small enough to pass).

The left kidney has a normal shape and size (6.88 cm) with mild pyelectasia at 0.12 cm. Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size but slightly irregular in shape (likely due to previous infarct at the caudal pole), measuring 5.44 cm, with pyelectasia at 0.32 cm. Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of nephroliths or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.39 cm at the cranial pole and 0.52 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is large and abnormal in appearance, measuring 0.30 cm at the cranial pole and 0.87 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is abnormal in appearance in that there is a hyperechoic nodule in the caudal pole measuring 0.78 cm x 0.81 cm. No evidence of vascular invasion is visualized.

Spleen
The spleen is subjectively normal in size (2.61 cm), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver
The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.

Gastrointestinal
The stomach contains moderate ingesta. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Duodenum wall measures 0.45 cm. Jejunum wall measures 0.40 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas
The pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen
Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Mild bilateral pyelectasia with suspected previous infarct in the caudal pole of the right kidney – The pyelectasia is very mild and could be secondary to PU/PD, anatomic variation, or less likely pyelonephritis. Correlate with urinalysis and culture results.

- Pinpoint mineralization visualized in the urinary bladder – This is likely small enough to pass. Correlate with urinalysis and culture results.

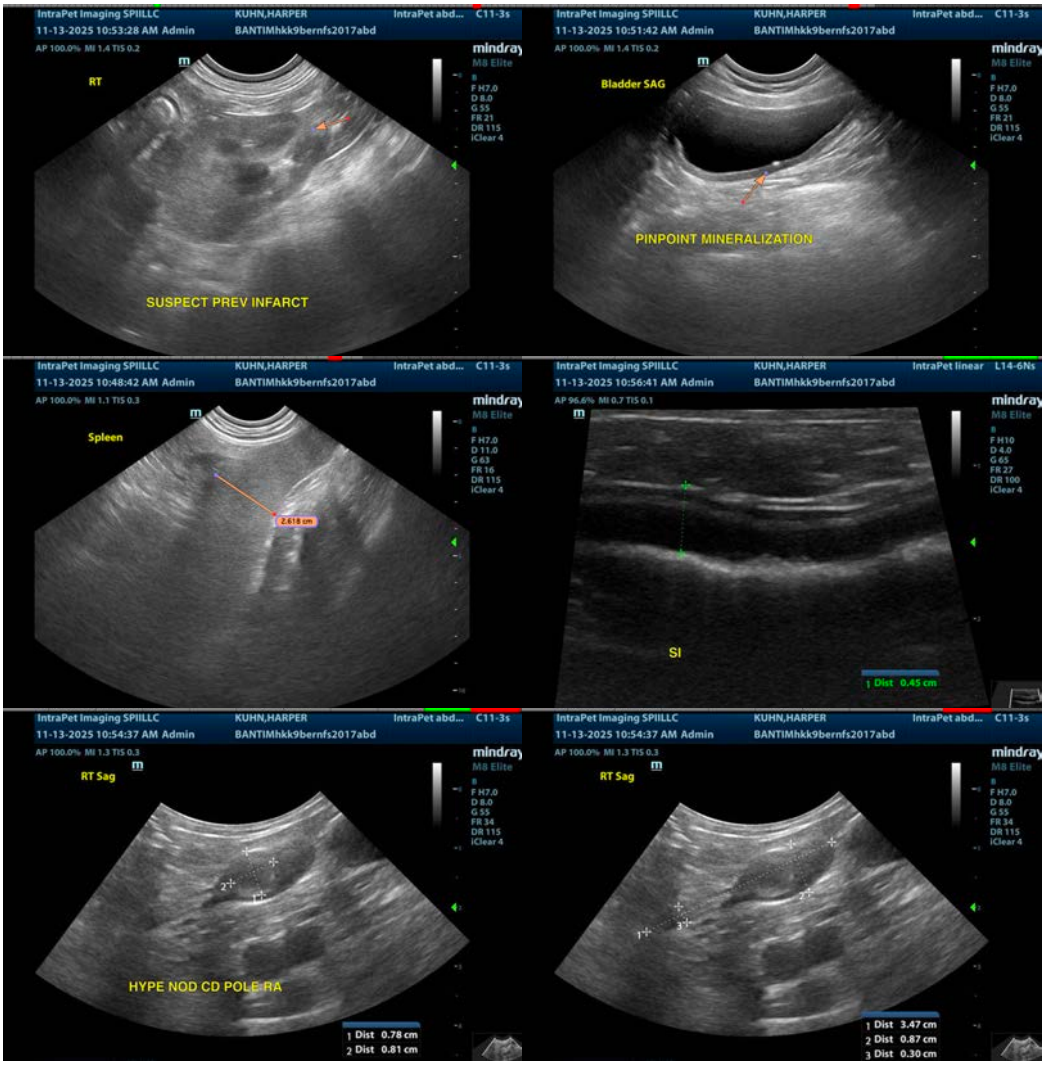
- Hyperechoic nodule in the caudal pole of the right adrenal gland – This has the appearance most consistent with a benign lesion (adenoma, focal hyperplasia, etc.). An early neoplastic lesion cannot be ruled out.

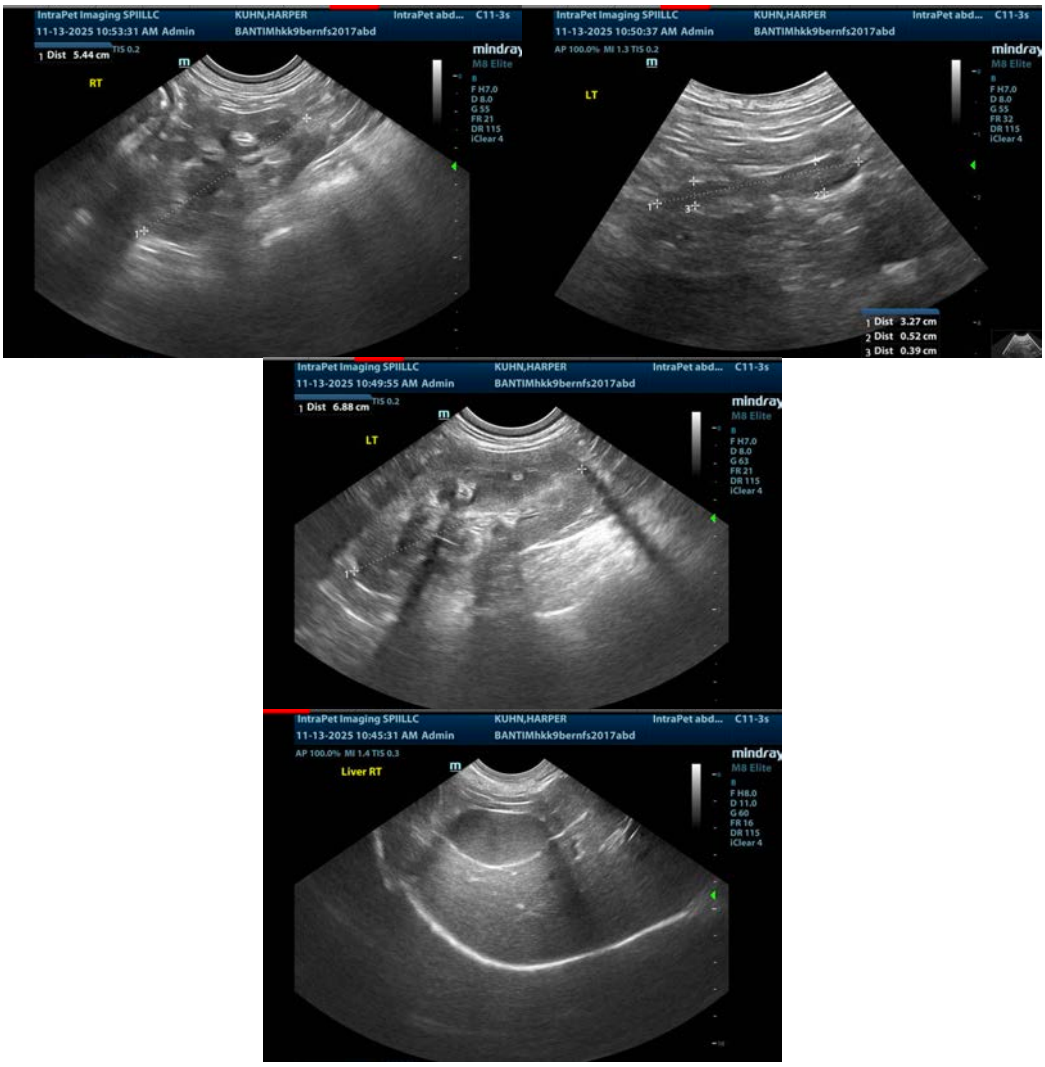
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Today's exam appears similar to the previous exam from 11/2024. On today's exam there is a relatively subtle hyperechoic nodule in the caudal pole of the right adrenal. The current appearance is most consistent with a benign lesion, although continued monitoring is warranted for further progression/enlargement. If signs of Cushing's are present, you could consider adrenal function testing. Additionally consider a blood pressure evaluation. If blood pressure is elevated, consider measuring catecholamine levels, looking for possible pheochromocytoma (recommend recheck with ultrasound in 3-4 months, sooner if concerned).

The renal changes described are similar to those previously described. Correlate with current lab work and urinalysis results.

Assessment for pulmonary hypertension would be performed with a cardiac ultrasound.





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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)
info@sonopath.com