



**PATIENT**

Cody Beale

**SPECIES**

Canine

**BREED**

Shepherd x

**SEX**

Neutered Male

**AGE**

9 Years 2 Months

**WEIGHT**

68 lbs

**INTERPRETED BY**

Greg Kuhlman, DVM,  
DACVIM (SAIM)

**IMAGING  
PERFORMED BY**

Loetitia Saint-Jacques,  
LVT

**HOSPITAL NAME**

Sierra Pet Clinic

**REFERRING VET**

Dr. Sperka

**INVOICE**

75409

**DATE**

5/22/26

**PRESENTING CLINICAL SIGNS**

MCT growth sx planned- To determine if any metastasis, thoracic radiographs and AUS is recommended, Thorax RADS- suspect pulmonary nodules

**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 prostate appears normal, measuring 5.7 mm in width.

The right kidney presents normal size (7.6 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (7.7 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. There is a large cortical cyst present at the cranial pole of the left kidney measuring 4.0 cm x 3.6 cm. Fluid within the cyst is hypoechoic. This does not appear to be a renal abscess. A 2<sup>nd</sup> smaller 1.5 cm cyst is seen.

**Adrenal Glands**

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The right adrenal gland measures 5.0 mm in width at the caudal pole and approximately 5.8 mm in width at the cranial pole.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. left adrenal gland measures 6.3 mm in width at the caudal pole and 5.0 mm in width at the cranial pole.

**Spleen**

The spleen appears diffusely enlarged and has a heterochoic echotexture. It has a normal echogenicity. However, the echotexture is mildly mottled diffusely. The spleen measures 2.9 cm.

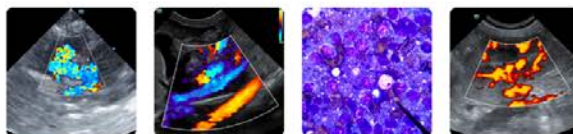
**Liver**

The liver is normal in size and appearance. There are multiple hyperechoic lesions present throughout the liver parenchyma. A representative lesion measures 1.4 cm in width.

The gallbladder presents normal size with anechoic contents. There is a single hyperechoic cholelith adhered to the luminal margin of the gallbladder wall measuring 1.3 cm in diameter. No gallbladder obstruction appreciated.

**Gastrointestinal**

The stomach and intestines have normal wall layering and thickness. Colon contains normal contents with normal wall thickness.

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**Pancreas**

The visible pancreas is normal in size with normal echogenic parenchyma and surrounded by normal peri-pancreatic mesentery.

**Free Abdomen**

Mild iliac lymph node enlargement noted, measuring 4.6 mm.

Mild mesenteric lymphadenopathy present, representative nodes measure 2.5-3.9 mm in width. This node is only slightly enlarged.

No free abdominal fluid is seen.

No pericardial effusion seen in the cardiac image provided.

**ULTRASONOGRAPHIC FINDINGS**

- Left kidney cysts.
- Enlarged, heterogeneous spleen.
- Hyperechoic liver nodules.
- Gallbladder cholelith.
- Mild iliac lymph node enlargement.
- Mild mesenteric lymphadenopathy.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The mild medial iliac lymph node enlargement is most likely insignificant. Suspect it is reactive and not likely due to metastatic neoplasia.

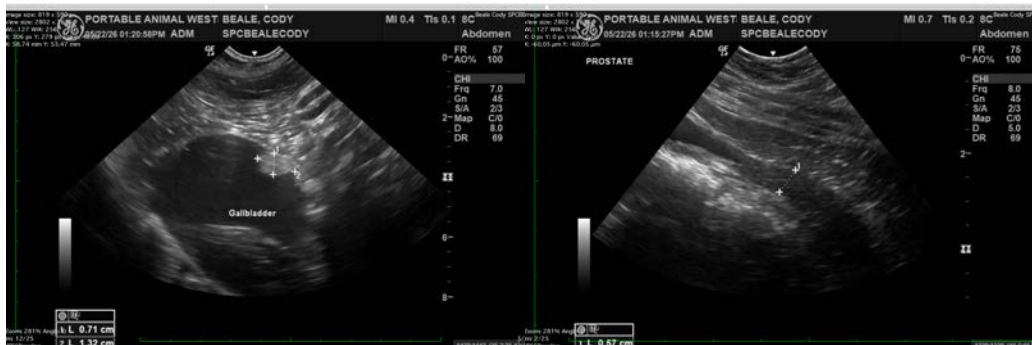
The slightly enlarged mesenteric lymph nodes are likely reactive. Highly unlikely to be enlarged due to neoplasia.

Recommend periodic monitoring of the left renal cysts via ultrasound every 3-6 months. These are likely clinically insignificant at this time.

The appearance and size of the spleen is concerning for possible metastatic mast cell disease. Recommend fine needle aspirate of the spleen with submission for cytology.

The gallbladder cholelith is most likely a clinically incidental finding.

The hyperechoic liver nodules are likely benign regenerative nodules.



Imaging performed by



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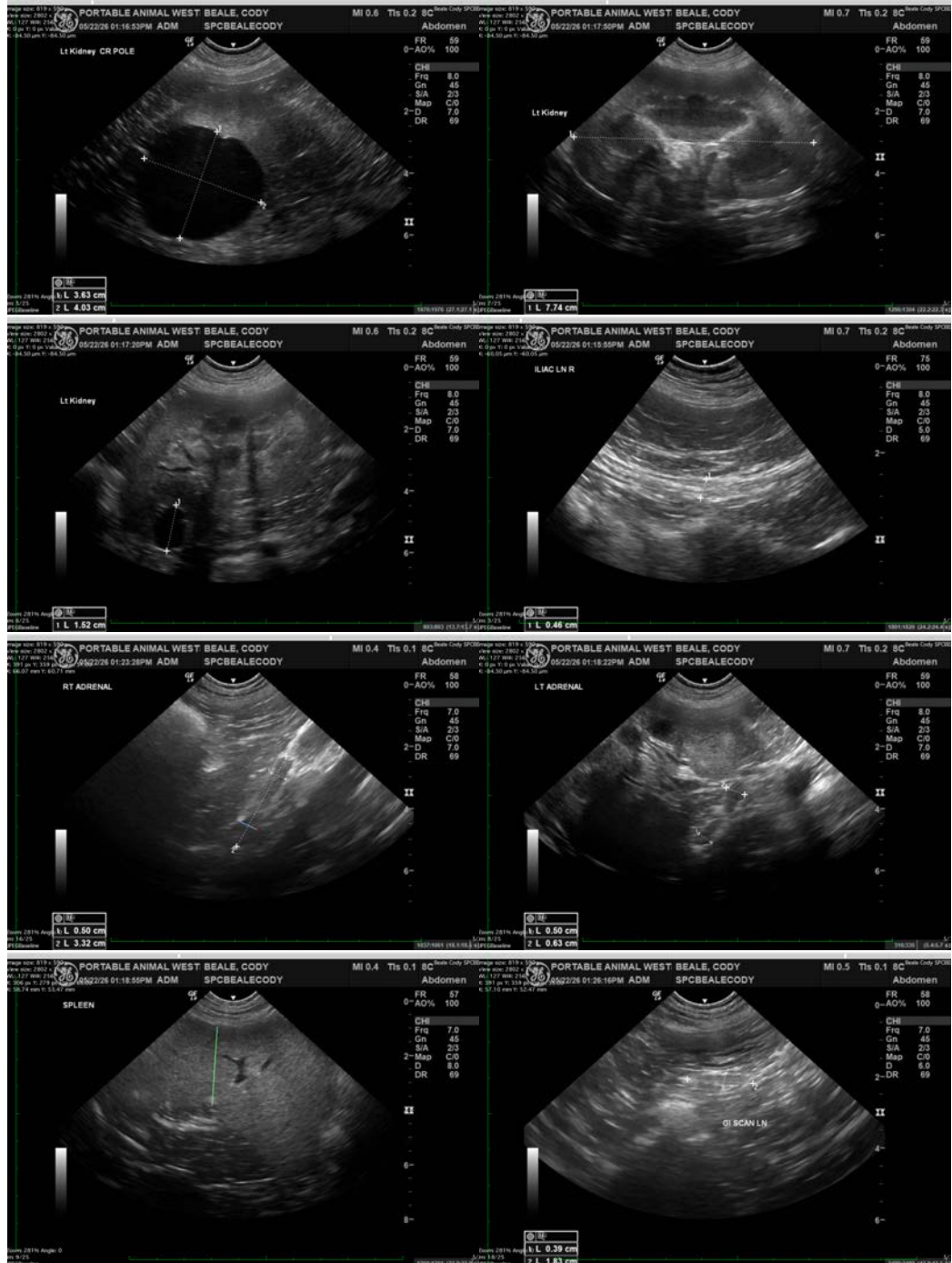
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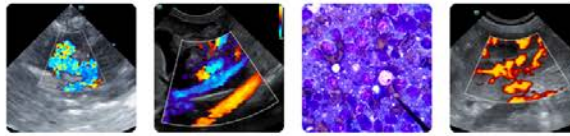
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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