



## PATIENT

Kohler Eis

## SPECIES

Canine

## BREED

Pit Bull x

## SEX

Neutered Male

## AGE

9 Years

## WEIGHT

39 kg

## INTERPRETED BY

Greg Kuhlman, DVM,  
DACVIM (SAIM)

## IMAGING PERFORMED BY

Dr. Hayley Gaynor

## HOSPITAL NAME

Lambertville  
Veterinary Clinic

## REFERRING VET

Dr. Hayley Gaynor

## INVOICE

72871

## DATE

2/11/26

## PRESENTING CLINICAL SIGNS

Presented on 2/3/26 to check mass on top of head, mass was suspected dermal wart; No other concerns

O requested chest radiographs and abdominal ultrasound after housemate of similar age was diagnosed with a bleeding splenic tumor

Abnormal PE/Chem/CBC/UA Results: Chem/CBC on 9/4/25 was all unremarkable Chest radiographs today are pending

## 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 right kidney presents normal size (6.1 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (5.7 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. There is a 1.7 cm in diameter cortical cyst present within the mid cortex of the left kidney. This cyst appears incidental and there is no mass lesion associated with it. It is most likely a benign process.

### Adrenal Glands

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 3.1 mm and the caudal pole measures 5.6 mm.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 3.9 mm and the caudal pole measures 7.6 mm.

### Spleen

Overall, the spleen appears normal. Within the head of the spleen there is a 1.4 cm in diameter hypoechoic non-capsule displacing, non-cavitated lesion present.

### Liver

The liver presents normal size and shape with smooth lobar margins. The parenchyma has normal echogenicity with normal echotexture. No focal lesions are seen. Intrahepatic bile ducts are normal. Normal vascular pattern.

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. 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**

There are no enlarged abdominal lymph nodes seen on this exam. No free abdominal fluid is seen.

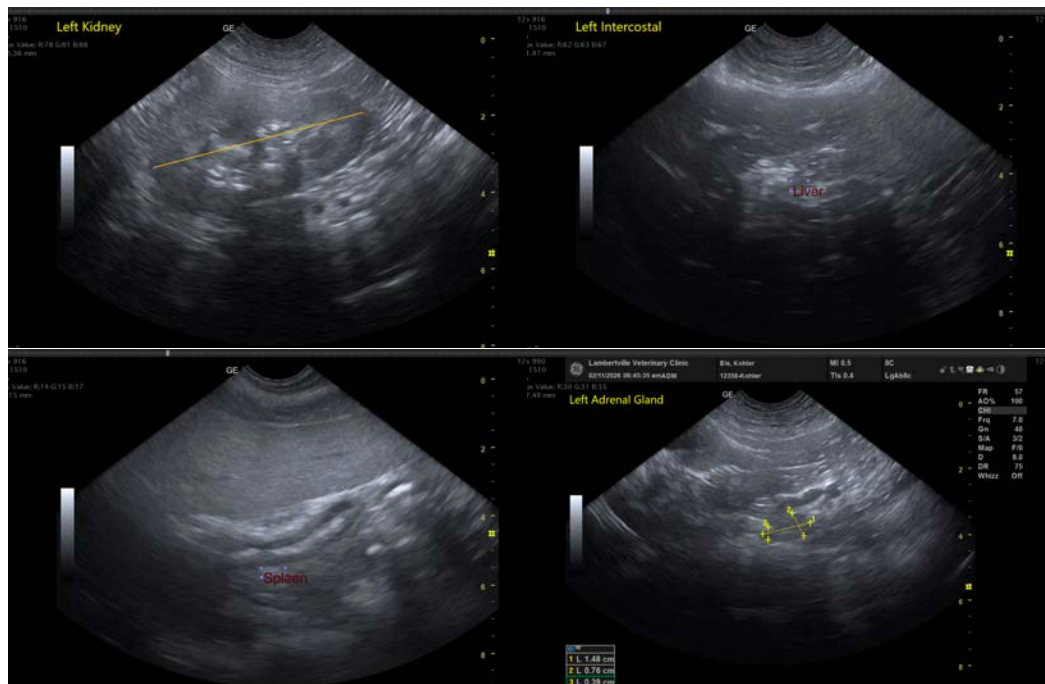
**ULTRASONOGRAPHIC FINDINGS**

- Hypoechoic splenic lesion - Most likely benign extramedullary hematopoiesis. Less likely a neoplastic process such as hemangiosarcoma or round cell neoplasia.
- Left kidney incidental cyst.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

If possible, recommend fine needle aspirate of the splenic lesion with submission for cytology to rule out a round cell neoplastic process. If round cell neoplasia is ruled out, then recommend rechecking the splenic lesion every 2-3 months via ultrasound to verify it is stable in size and number. If the lesion increases in size or additional lesions are seen, then I would recommend direct splenectomy.

The remainder of the ultrasound appears normal. No evidence of significant pathology seen on this exam. The patient's prognosis appears good at this time.





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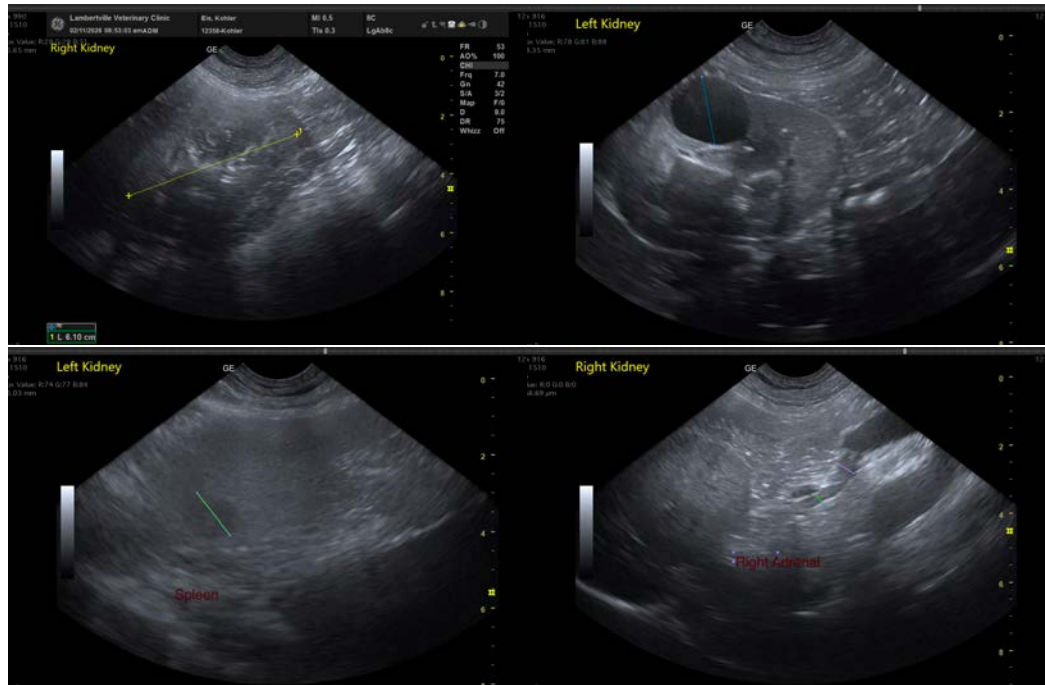
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

[info@SonoPath.com](mailto:info@SonoPath.com)