



PATIENT

Sampson Wolf

SPECIES

Canine

BREED

German Shepherd

SEX

Neutered Male

AGE

6 Years

WEIGHT

105

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Nicole Gotfredson,
CVT

HOSPITAL NAME

Buffalo Veterinary
Clinic

REFERRING VET

Dr. Bessler

INVOICE

72908

DATE

2/11/26

PRESENTING CLINICAL SIGNS

Owner reports not able to get comfortable. Won't perform his normal activities today. Staring out in space. MM =wnl BW 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 (approximately 6.2 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (7.5 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

Adrenal Glands

The right adrenal gland was not visualized.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The caudal pole measures 8.0 mm in width.

Spleen

In the head of the spleen there is a 2.7 cm in diameter hypoechoic, capsule displacing macro nodule present. There appear to be very small areas of cavitation present with this macro nodule. The nodule does appear to have at least minor blood flow, suggesting that it is a mass lesion and less likely to be a hematoma. There are scant pockets of free fluid surrounding the spleen that are suspected to possibly be due to hemorrhage. There is a second pedunculated nodule that definitely has areas of cavitation present, located at the head of the spleen. It measures 1.2 cm in diameter.

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. No evidence of metastatic lesions seen within the liver at this time.

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.

Pancreas

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



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Free Abdomen

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

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

Cardiac images are provided. No evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

- Splenic nodules - Given the appearance of these nodules, they are concerning for malignant process such as hemangiosarcoma or possibly round cell neoplasia such as lymphoma, mast cell disease, or possibly histiocytic sarcoma.
- Free fluid within the abdomen and around the spleen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If possible, attempt an ultrasound guided aspirate of the free fluid to determine if it is frank blood. If it does not appear to be frank blood, then submit for fluid analysis and cytology. Given the small amount of fluid present, an ultrasound guided aspirate may be difficult to perform.

I suspect that the patient's clinical signs are associated with the splenic lesions seen on the head of the spleen, and the clinical signs may be due to recent hemorrhage due to the splenic lesions present causing lethargy and the patient's reported discomfort.

If possible, recommend an ultrasound guided aspirate of the splenic nodule to rule out round cell neoplasia. If round cell neoplasia is ruled out, recommend performing splenectomy and submitting the spleen for histopathology.

Prior to performing splenectomy, recommend obtaining 3-view chest radiographs to rule out the possibility of pulmonary metastatic disease.

Prognosis is currently open pending results of either fine needle aspirate diagnostics, or if splenectomy is pursued then prognosis is depending upon the result of the histopathology of the splenic lesions. If hemangiosarcoma is diagnosed, then prognosis is guarded to poor for long-term survival. If histopathology of the spleen would indicate a benign lesion in the spleen, then surgery may be curative.





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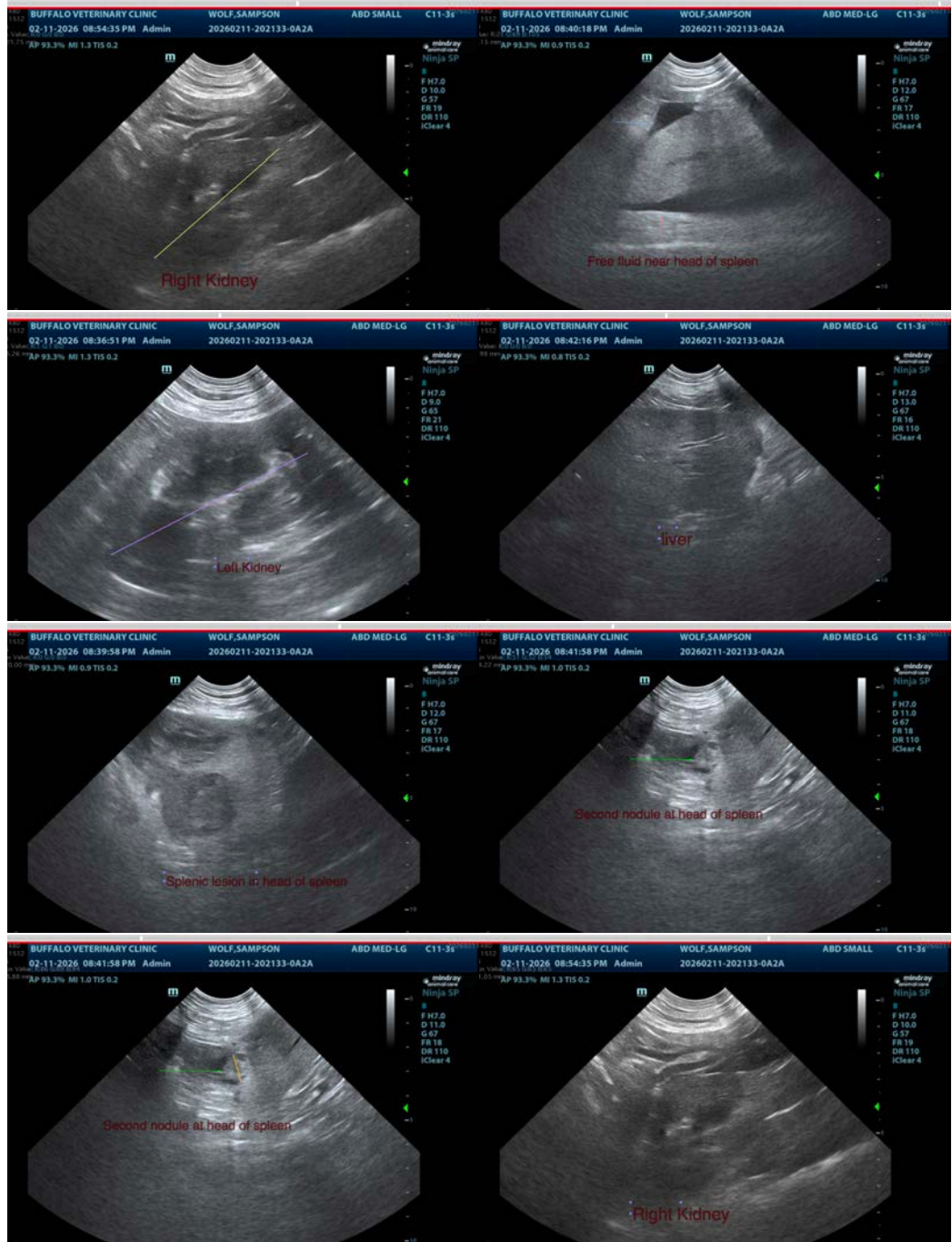
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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