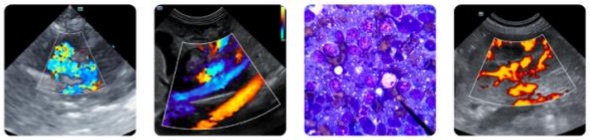


PATIENT

Dodger Gillespie

SPECIES

Canine

BREED

Beagle

SEX

Neutered Male

AGE

12 Years

WEIGHT

16.8 kg

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Matthew Guenther

HOSPITAL NAME

Hidden Tails Veterinary Ultrasound

REFERRING VET

Dr. Alex Muzzin

INVOICE

13859

DATE

02/18/26

PRESENTING CLINICAL SIGNS

- Palpable mass noted Feb 6, 2026.
- Crackles heard L thorax. Radiographs showed moderate generalized cardiomegaly with right side enlargement as well as moderate left atrial enlargement
- Bloodwork WNL
- Echo report pending
- Meds: Vetmedin 2.5mg bid, pregabalin 50mg bid

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. It measures 1.2 cm in width and appears symmetrical and to have uniform echogenicity.

There is mild medial iliac lymphadenopathy. A representative left medial iliac lymph node measures 1.03 by 1.86 cm in size. A right medial iliac lymph node measures 0.55 by 1.97 cm in size.

The left kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. The left kidney measured 6.1 cm in length. There are mild multifocal hyperechoic foci present in the renal pelvis consistent with mild nephrocalcinosis. It appears to be clinically incidental at this time.

The right kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. The right kidney measured 6.7 cm in length. There are mild hyperechoic foci in the renal pelvis consistent with nephrocalcinosis. It appears to be clinically incidental at this time.

Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 5.6 mm and the caudal pole measures 4.6 mm.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 5.7 mm and the caudal pole measures 5.3 mm.

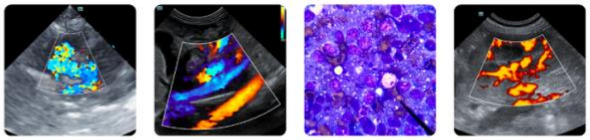
Spleen

The spleen is normal in size, shape, margination and echogenicity. There are multifocal hyperechoic lesions within the tail of the spleen, most likely consistent with benign myelolipomas. These lesions insignificant at this time. Within the head of the spleen, there is a 4.7 by 4.4 cm isoechoic capsule displacing mass lesion present.

Liver

The liver presents diffusely enlarged and hyperechoic.

The gallbladder is moderately distended with anechoic bile. Diffusely, the gallbladder wall appears normal in thickness. Within the gallbladder lumen, there is a moderate amount of aggregating



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echogenic debris. A portion of this debris is suspended, and a portion appears to be adhered to the intraluminal surface of the gallbladder wall. No evidence of common bile duct distension is seen on this exam. There is no free fluid surrounding the gallbladder at this time.

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.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

- The appearance of the gallbladder is mildly concerning for the possibility of bacterial cholangitis with a significant amount of echogenic debris both suspended and adhered to the luminal margin of the gallbladder.
- Diffusely enlarged, hyperechoic liver.
- Isoechoic capsule displacing mass in the head of the spleen- malignant hemangiosarcoma versus benign hemangioma, less likely round cell neoplasia such as lymphoma, mast cell disease or histiocytic sarcoma.
- Mild enlargement of both the right and left medial iliac lymph nodes.
- Mild bilateral nephrocalcinosis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Consider direct splenectomy. If patient has splenectomy, consider performing cholecystectomy, submitting gallbladder for aerobic and aerobic bacterial culture and for histopathology. Also, if splenectomy is performed, recommend obtaining liver biopsies to determine cause of appearance of liver on this ultrasound. If lab work has not been performed, including CBC chemistry or analysis, recommend performing these to determine significance of the appearance of the patient's liver on this ultrasound.

If splenectomy is not performed, recommend performing fine needle aspirate of the splenic mass. If round cell neoplasia is ruled out off of a splenic aspirate, then recommend direct splenectomy.

If owners do not elect to perform a splenectomy, then recommend periodic rechecking via ultrasound every six to eight weeks to determine if the splenic mass is changing in appearance or size. If it is increasing in size or beginning to show signs of cavitation, then splenectomy would be recommended at that time. If surgery is not performed at this time, recommend starting the patient on amoxicillin at 20 mg/kg by mouth every 12 hours for 30 days.

For gallbladder changes, recommend starting amoxicillin 20 mg/kg by mouth every 12 hours for 30 days. Also recommend starting ursodiol at 15 mg/kg by mouth, split into two daily doses. Recheck ultrasound in 30 days to determine if improvement is seen in regards to the gallbladder appearance.

If surgery is not performed at this time, if the patient's liver values suggest there is a hepatopathy present, recommend working the patient up for secondary cause for the hepatopathy. Specifically,

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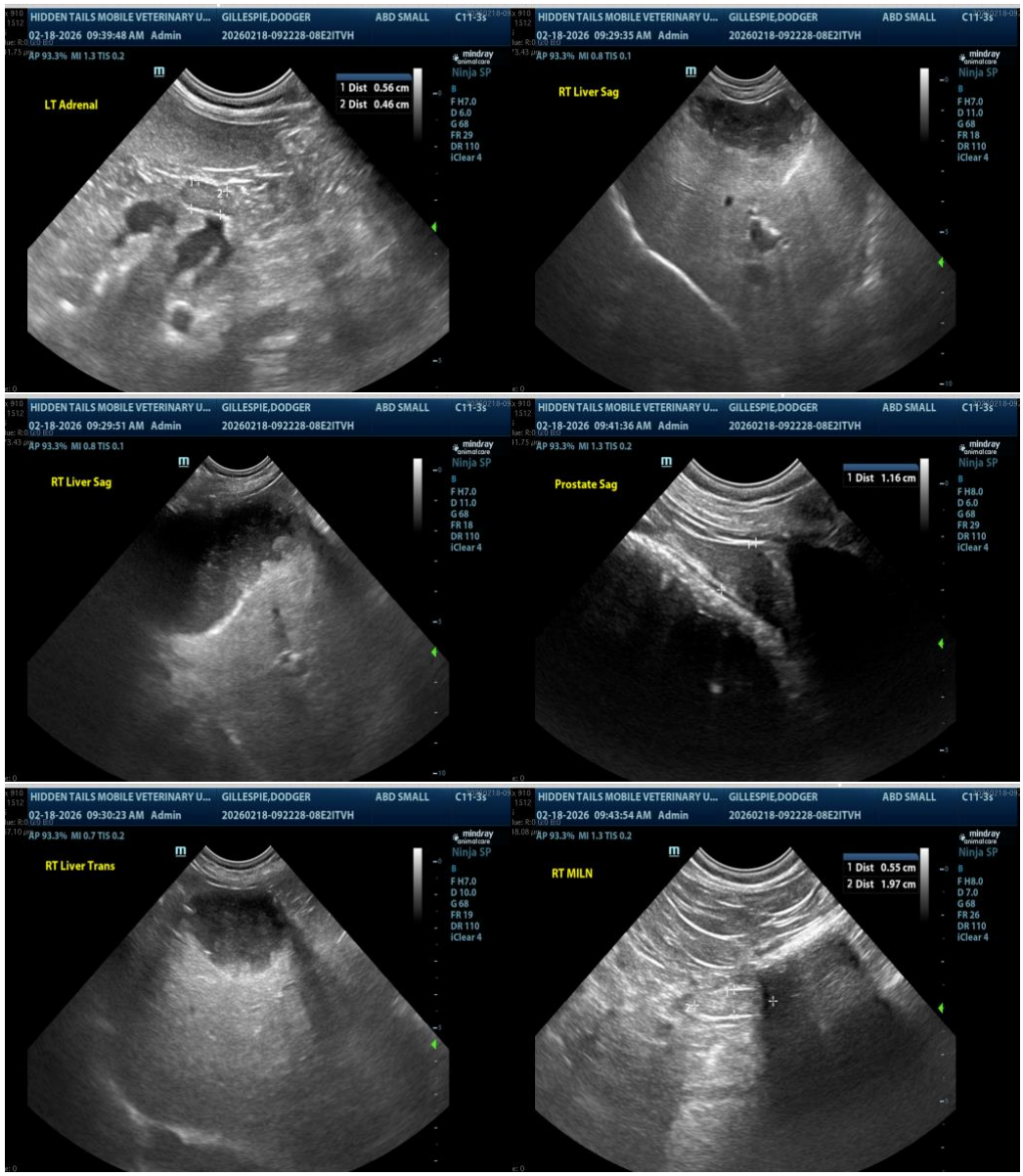
submit a Texas A&M GI panel to screen for occult gastrointestinal/occult pancreatic disease. Recommend submitting a fasting triglyceride to screen for hypertriglyceridemia. Recommend a full thyroid panel to screen for hypothyroidism and recommend a low-dose dexamethasone suppression test.

Ultimately, if the patient is determined to have a hepatopathy based off of recent lab work and no secondary cause for the hepatopathy is determined, recommend considering a liver biopsy at that time.

Patient's prognosis is open pending results of recommended diagnostics.



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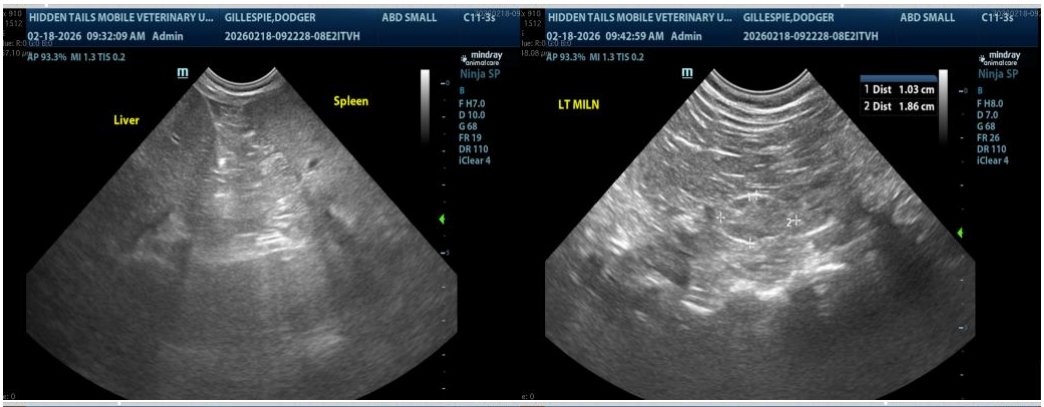

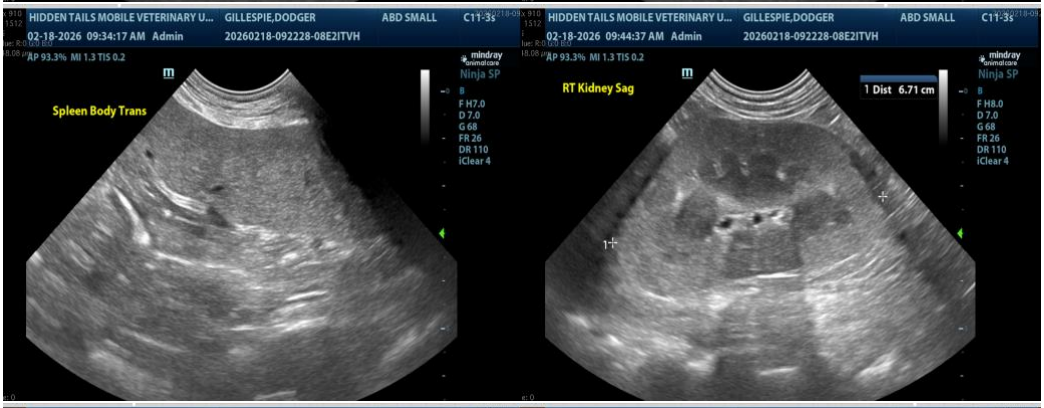

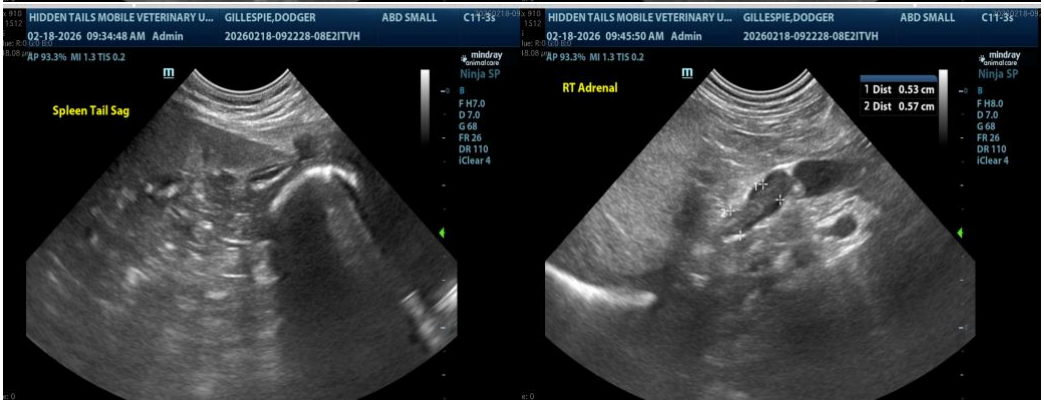

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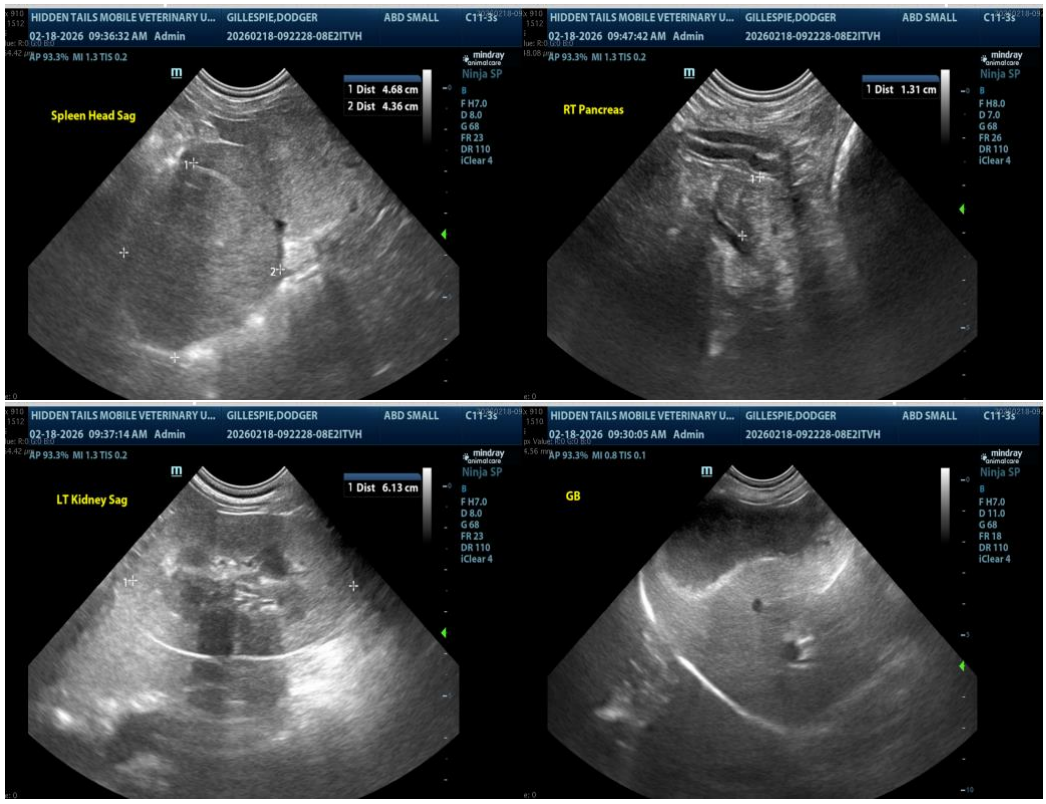

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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