



## PATIENT

Piper LeBlanc

## SPECIES

Canine

## BREED

Bernese Mountain Dog

## SEX

Spayed Female

## AGE

10 Years

## WEIGHT

30.1 kg

## INTERPRETED BY

Greg Kuhlman, DVM,  
DACVIM (SAIM)

## IMAGING PERFORMED BY

Dr. Trudeau

## HOSPITAL NAME

Vetcetera Animal  
Hospital

## REFERRING VET

Dr. Trudeau

## INVOICE

13931

## DATE

02/23/26

## PRESENTING CLINICAL SIGNS

- weight loss, poor appetite
- Since December, her appetite has really dropped off
- appears lethargic
- since June has lost approx 6.5kg
- peripheral LN palpate normal

CBC - anemia at 18%; significant thrombocytopenia (manual count 1 hpf) Chem: ALB 19 g/L (25.0 44.0) ALP 240 \* U/L (20.0 150.0) AMY 1218 \*U/L (200.0 1200.0) TBIL 15 \*umol/L (2.0 10.) otherwise NSF

## 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 left kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured 6.5 cm in length.

The right kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The right kidney measured 6.7 cm in length.

### Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 4.5 mm and the caudal pole measures 5.7 mm.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 9.0 mm and the caudal pole measures 7.6 mm.

### Spleen

The spleen is diffusely enlarged and hyperechoic. It has a mottled echotexture throughout the spleen. There are multifocal hypoechoic lesions found throughout the spleen, some of which are capsule displacing. Two representative lesions were measured and found to be 6.2 mm in diameter and 5.6 mm in diameter respectively. In the head of the spleen, there is a large capsule displacing lesion that measures 1.6 cm by 1.7 cm.

### Liver

Within the right liver there is a 1.1 cm in diameter hypoechoic cyst. No mass seen with this lesion. Within the caudal left liver, there's a 1.6 cm in diameter hypoechoic cystic lesion with a hyperechoic center appearing to be a target lesion. Remainder of the liver is enlarged and has a normal echotexture. Normal hepatic vasculature seen. Liver margins are rounded.

The gallbladder presents normal size with anechoic contents. Normal gallbladder wall. No evidence of



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bile duct distention or obstruction. The gallbladder contains a moderate amount of suspended echogenic debris that appears clinically incidental at this time.

### **Gastrointestinal**

The stomach has normal wall layering and thickness. Colon contains normal contents with normal wall thickness. Diffusely, the small intestines have normal layering appearance and thickness. They measure 3.7 mm in width.

### **Pancreas**

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

### **Free Abdomen**

There is a markedly enlarged hypoechoic rounded mesenteric lymph nodes present that measures 1.8 by 3.2 cm. The second enlarged mesenteric lymph node that measures 3.4 cm by 4.1 cm. It is also hypoechoic and has a lobulated shape to it. There are enlarged hypoechoic sublumbar lymph nodes that measure approximately 8.0 mm in width.

### **ULTRASONOGRAPHIC FINDINGS**

- Enlarged mottled spleen with multifocal hypoechoic lesions, some of which are capsule displacing.
- Mesenteric lymphadenopathy.
- Gallbladder debris.
- Hepatic cysts.

### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The appearance of the spleen is consistent with a neoplastic process. The appearance of the enlarged mesenteric lymph nodes also is consistent with a neoplastic process and the lesions seen within the liver are also supportive of a neoplastic process. Given the patient's breed, histiocytic sarcoma is considered most likely with other round cell neoplasias being possible such as lymphoma, less likely mast cell disease. A benign etiology to the changes seen within the spleen, liver and mesenteric lymph nodes seems unlikely.

Recommendation is to aspirate one or several of the abnormalities seen on this ultrasound. Specifically start with an aspirate of the spleen. If possible, aspirate one of the hypoechoic lesions, preferably the large lesion in the head of the spleen. Submit for cytology to determine etiology of the suspected neoplastic process.

The patient's weight loss and clinical signs are attributed to the changes seen within the spleen, liver and mesenteric lymph nodes. At this time, prognosis appears guarded pending results of the recommended fine needle aspirates of the spleen. If possible, also consider fine needle aspirates of liver and any enlarged accessible mesenteric lymph nodes to confirm that the same process is causing all three of these changes.



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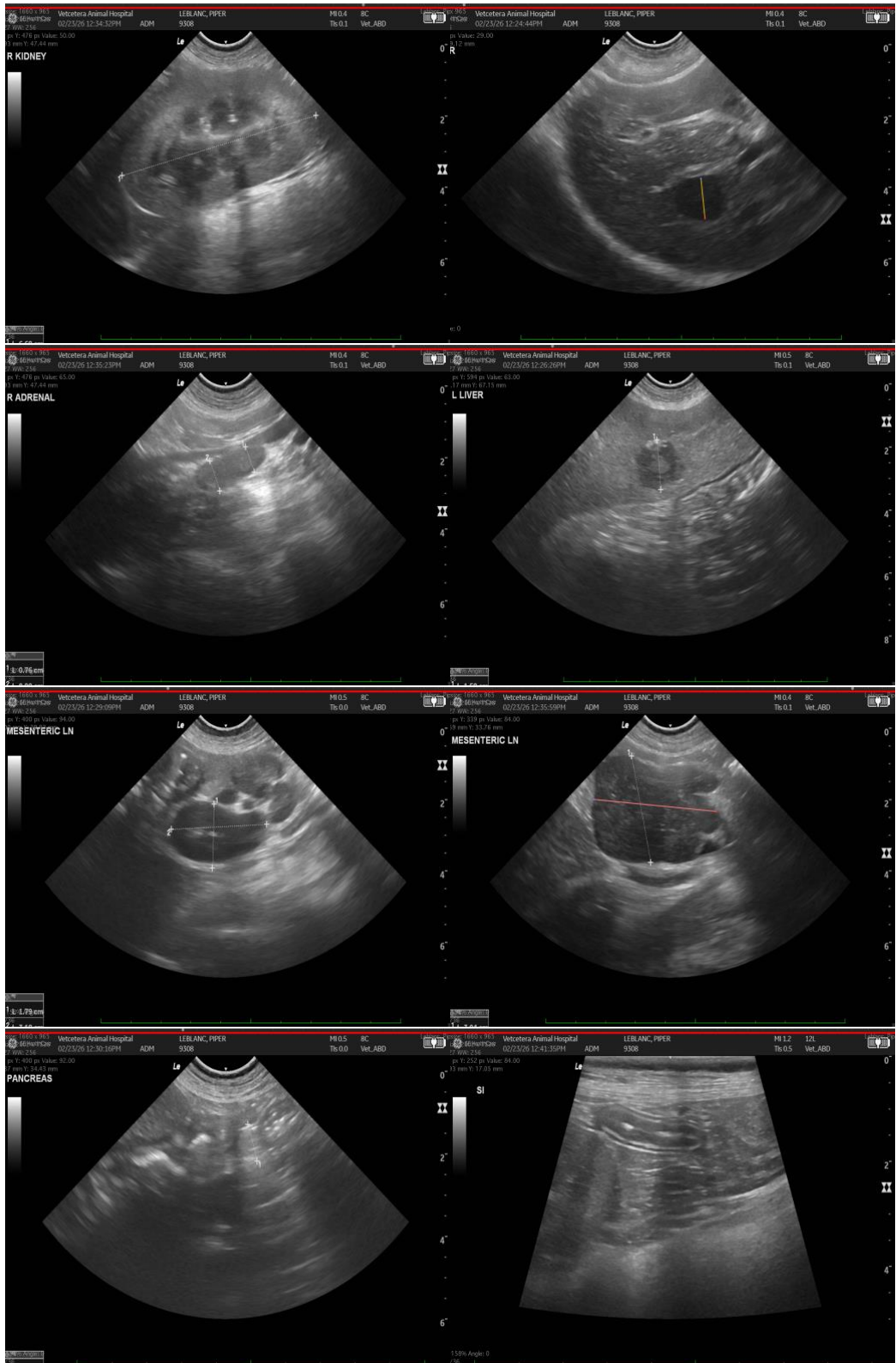
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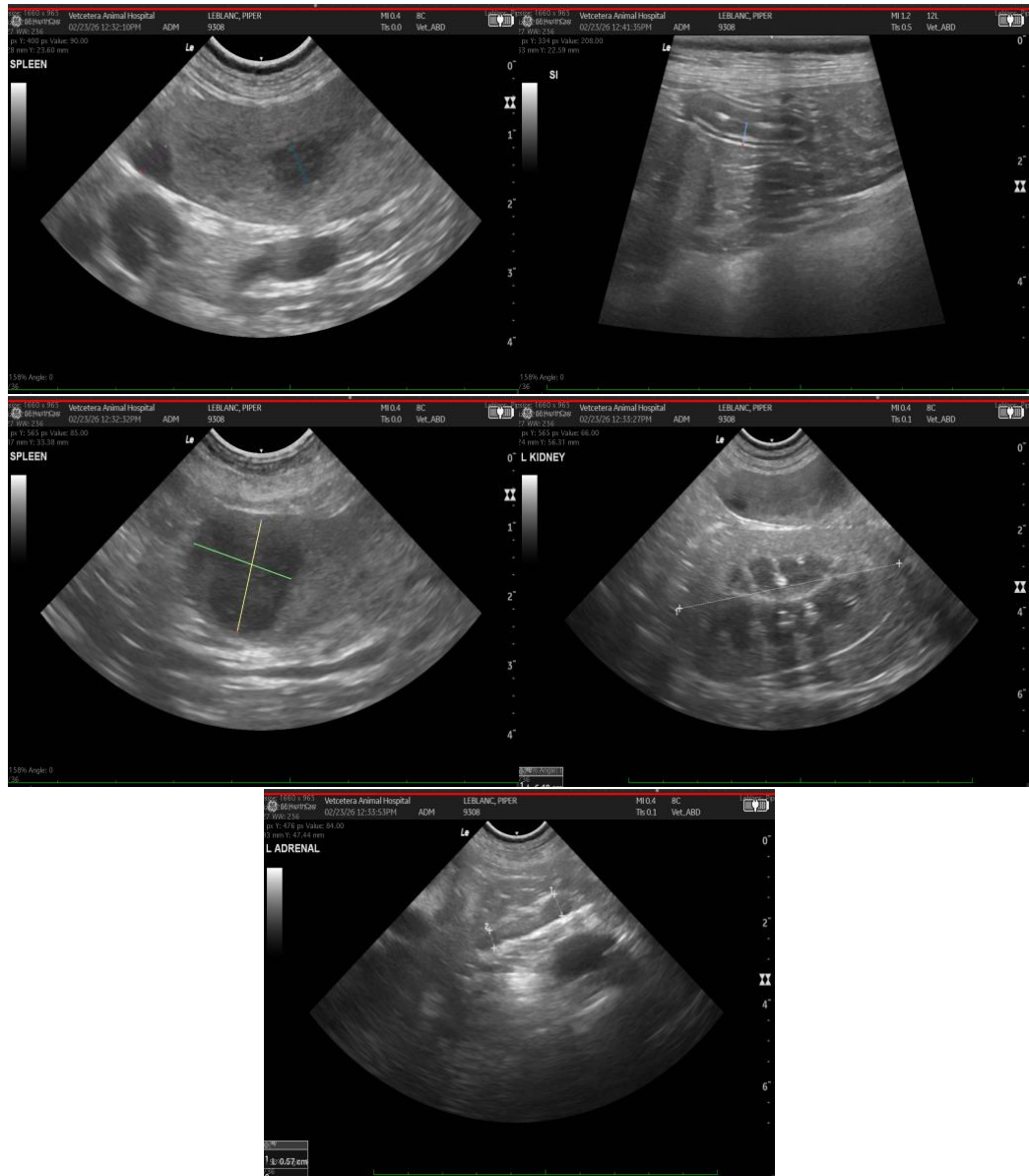
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)**  
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