



## PATIENT

Tyson Boals

## SPECIES

Canine

## BREED

Pitbull

## SEX

MN

## AGE

9 years

## WEIGHT

60 lbs

## INTERPRETED BY

Greg Kuhlman, DVM,  
DACVIM (SAIM)

## IMAGING PERFORMED BY

Dr. Jessica Milligan

## HOSPITAL NAME

Dockside Veterinary  
Imaging

## REFERRING VET

Dr. Claire Hefner

## INVOICE

11396

## DATE

2/27/2026

## PRESENTING CLINICAL SIGNS

- Hx of vomiting and diarrhea, unintentional weight loss.

Abnormal PE/Chem/CBC/UA Results: Please see attached records.

## 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 ureteral papillae is not visualized.

The prostate is normal with uniform echogenicity and symmetrical appearance measuring 1.0 cm in width.

The left kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured 6.0 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 X cm in length.

### Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The caudal pole is enlarged and measures 8.6 mm.

The right adrenal gland is not clearly visualized.

### Spleen

The spleen contains a mildly hypoechoic non-capsular displacing lesion in the head of the spleen and measures 1.4 cm in length. Most likely benign extramedullary hematopoiesis.

### 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 wall has normal thickness and layering, and contains a small amount of fluid. No obvious gastric obstruction is seen on this exam. Within the pylorus, there is a mixed echogenicity, intraluminal 2.8 cm x 3.7 cm mass. It is suspected that the intraluminal pyloric mass is causing at least a partial



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obstruction. The duodenum exiting the pylorus appears normal. 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**

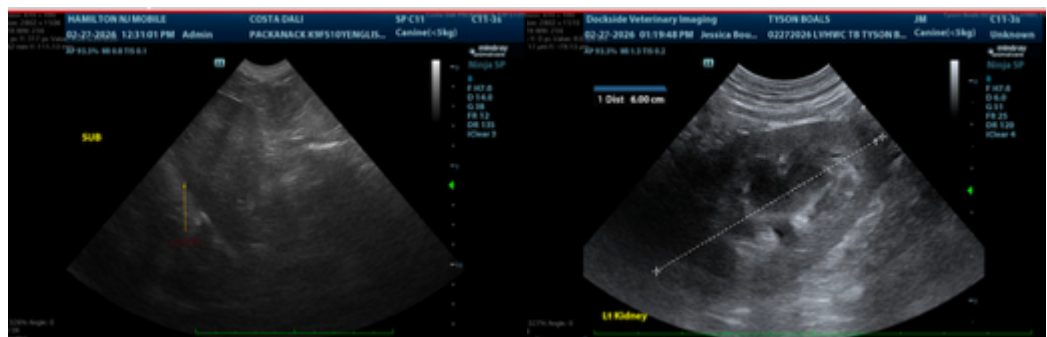
- Intraluminal pyloric mass.
- Non-capsular displacing, mildly hypoechoic splenic lesion.
- Mildly enlarged caudal pole of the left adrenal.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The spleen contains a non-capsular displacing mildly hypoechoic lesion. This lesion is most likely benign extramedullary hematopoiesis. Consider a fine needle aspirate and submission for cytology to rule out infiltrative neoplasia.

The caudal pole of the left adrenal is mildly enlarged. If hyperadrenocorticism is suspected, I recommend low dose dexamethasone suppression test to rule out hyperadrenocorticism. Adrenal size may also be normal patient variant.

The intraluminal pyloric mass appears to be at least partially obstructing the stomach at this time. Patient's clinical signs are attributed to this mass. Differentials could include adenocarcinoma (prioritized given location of the mass), leiomyosarcoma, a benign leiomyoma is possible but not highly likely. It is possible that this mass represents a benign hematoma due to possible ulceration, although ulcerative disease was not clearly visualized. However, on Doppler exam, this mass appears to have at least minor blood flow present making a hematoma and ulcerative disease seem much less likely. Recommend endoscopic biopsies and submission for histopathology. Prognosis is largely dependent on the result of these biopsies and treatment options.





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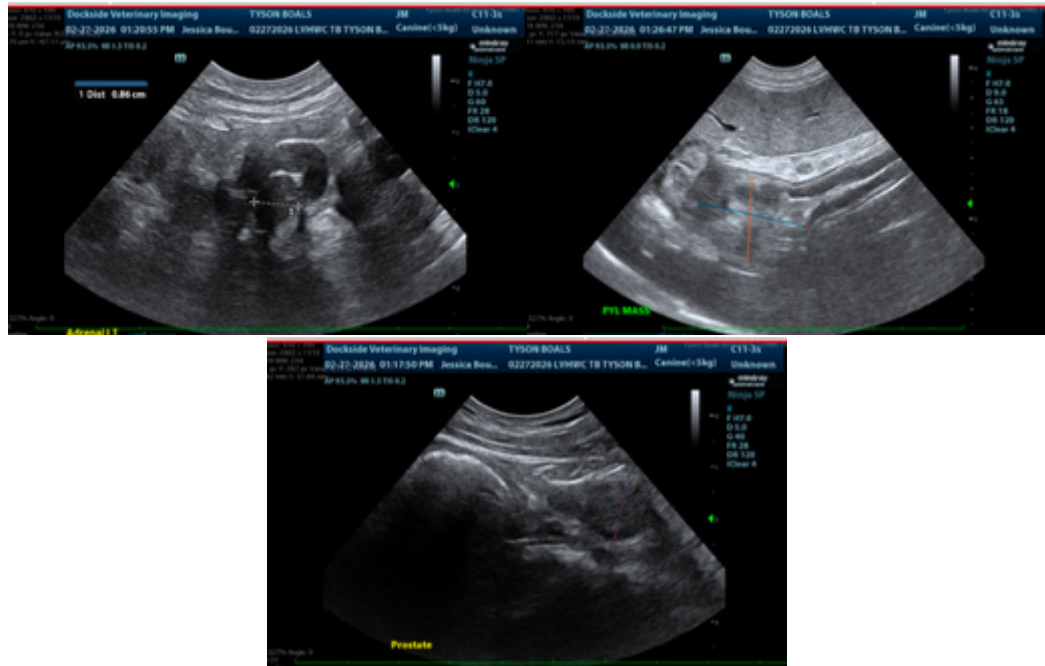
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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