



PATIENT

Charlie Pinchasow

SPECIES

Canine

BREED

German Shepherd

SEX

Neutered Male

AGE

6 years

WEIGHT

113.4 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Ray

HOSPITAL NAME

Kew Gardens Animal
Hospital

REFERRING VET

Dr. Ray

INVOICE

11455

DATE

3/10/2026

PRESENTING CLINICAL SIGNS

- Tense abdomen, acting strange, hunched over.

Abnormal PE/Chem/CBC/UA Results: No abnormalities.

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. Ureteral papillae not visualized.

The left kidney was not clearly visualized.

The right kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The right kidney measured 8.0 cm in length.

Adrenal Glands

The adrenal glands were not clearly visualized.

Spleen

The spleen is normal in size, shape, margination and echogenicity.

Liver

The liver presents normal size and shape with smooth lobar margins. In the left liver there are two hyperechoic ill-defined lesions that are not capsule displacing. The cranial most measures 2.4 cm in diameter. The caudal most measures 2.4 cm in diameter.

The gallbladder contains a moderate amount of gravity dependent echogenic debris. 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

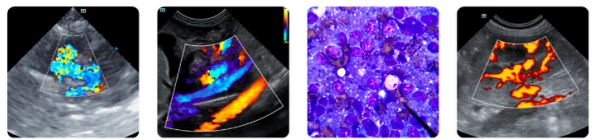
The visible left limb of the pancreas appears normal.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

- Two hyperechoic ill-defined lesions in the left liver.



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- Gallbladder debris – This appears insignificant at this time and is most likely not the cause of the patient’s tense abdomen.

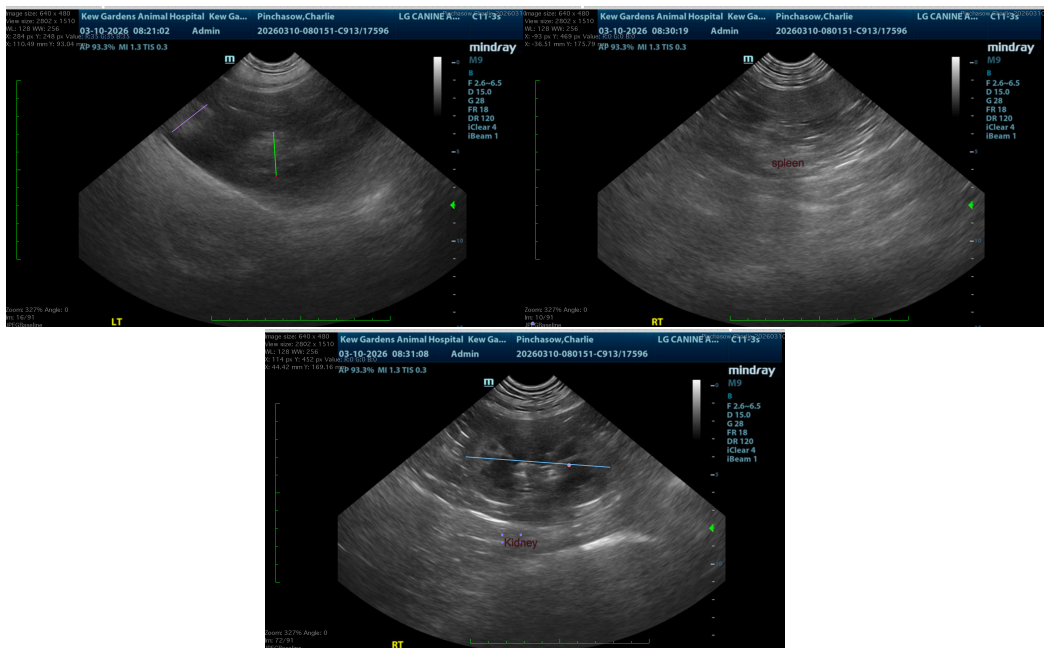
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The lesions in the liver are concerning for possible neoplasia (round cell neoplasia such as lymphoma, mast cell, or possibly histiocytic sarcoma.) These lesions may also represent metastatic neoplasia – a primary tumor was not seen.

An ultrasound guided fine needle aspirate is recommended to one or both of these lesions, and submission for cytology. Treat according to the cytology results. If cytology is non-diagnostic, then recommend surgical or laparoscopic liver biopsies may be necessary to obtain for histopathology to determine the underlying etiology.

There was no evidence of pulmonary metastatic disease on the provided three view chest x-rays.

I suspect that clinical signs are most likely due to liver lesions.



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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