



PATIENT

Dakota Hollis

SPECIES

Canine

BREED

Mixed

SEX

Spayed Female

AGE

14 years

WEIGHT

38 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Julia Widerholt

HOSPITAL NAME

Dreaming Summit
Animal Hospital

REFERRING VET

Dr. Julia Wiederholt

INVOICE

11450

DATE

3/10/2026

PRESENTING CLINICAL SIGNS

- Patient originally presented in January 2026 for weight loss and bloated abdomen for 5-6 months. At that time was noted to be slowing down but otherwise eating/drinking great and acting normal.
- Recently acting lethargic (3 days) and not wanting to eat. Vomited once last week.
- No current medications.
- Abdominal radiographs done in January 2026 confirmed hepatosplenomegaly.

Abnormal PE/Chem/CBC/UA Results: No labwork results available. Physical exam unremarkable apart from firm cranial abdomen.

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 is not visualized.

The prostate is not clearly visualized.

The left kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured 5.7 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 5.8 cm in length.

Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 4.8 mm and the caudal pole measures 5.2 mm.

The right adrenal gland is not distinctly visualized.

Spleen

Overall, the spleen is normal in size, echogenicity and a diffusely mildly mottled echotexture. In the head of the spleen there is a 3.7 cm x 2.6 cm cavitated, mixed echogenicity mass lesion that is displacing the splenic capsule. This mass is most likely malignant neoplasia such as hemangiosarcoma, or other malignant neoplasia. Less likely a benign etiology such as a hematoma, or hemangioma.

Liver

The liver is mildly enlarged in size, with normal echogenicity, and a mildly mottled echotexture. The margins of the liver are rounded. No focal lesions or evidence for metastatic disease are observed within the liver.

The gallbladder presents normal and contains a small amount of gravity dependent echogenic debris that appears insignificant. Normal gallbladder wall. No evidence of bile duct distention or obstruction.

Gastrointestinal



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The gastric wall appears normal and contains mild ingesta. There is no outflow tract obstruction is visualized in these images. Patient appears to not be fully fasted. Small intestines have normal wall layering and thickness. Colon contains normal contents with normal wall thickness.

Pancreas

The pancreas is not clearly visualized.

Free Abdomen

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

Other

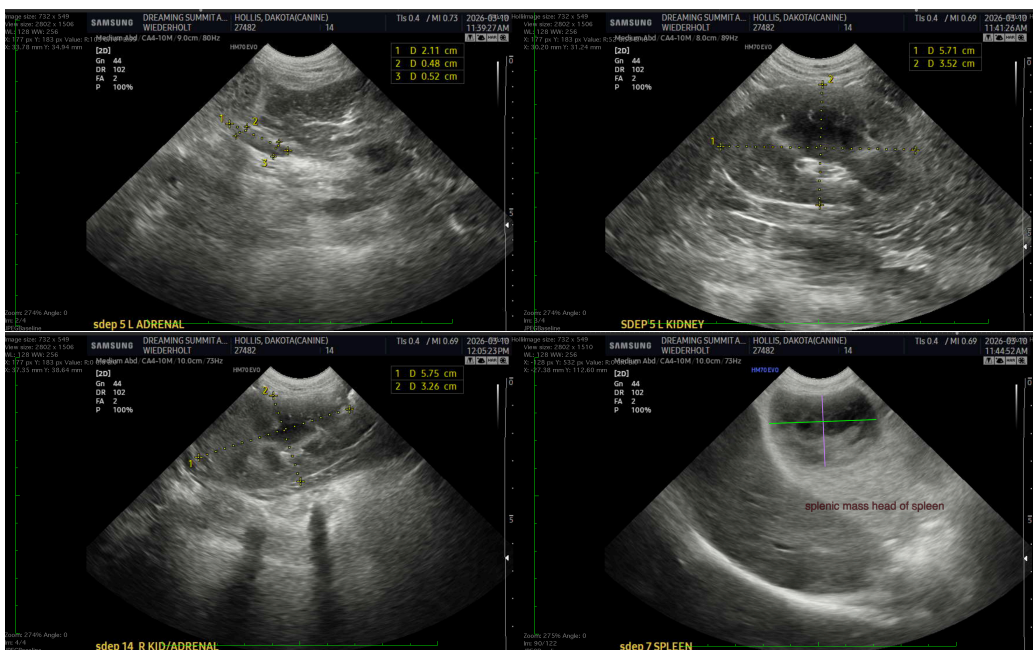
No pericardial effusion is noted.

ULTRASONOGRAPHIC FINDINGS

- Cavitated, hypoechoic, capsule displacing mass lesion in the head of the spleen – No evidence of metastatic splenic neoplasia is observed.
- Age-related hepatic changes.
- Incidental gallbladder debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Obtain three view chest radiographs. If there is no evidence of pulmonary metastatic disease, then recommend splenectomy and submission for histopathology to determine the etiology of the splenic mass. Prognosis is open pending histopathology of the splenic mass.





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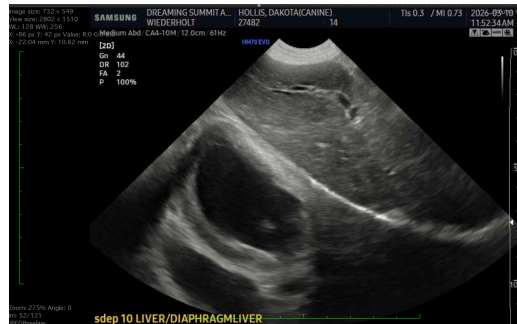
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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