



PATIENT

Bailey Bringuel

SPECIES

Canine

BREED

Goldendoodle

SEX

Spayed Female

AGE

11 Years 8 Months

WEIGHT

66.6 pounds

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Lucas Budden

HOSPITAL NAME

Frontier Veterinary
Hospital

REFERRING VET

Dr. Lucas Budden

INVOICE

14003

DATE

03/02/26

PRESENTING CLINICAL SIGNS

- Clinical signs: recheck splenic mass/nodule
- History: Doing well at home. Recheck ultrasound to reassess splenic mass.
- Current medications: Trazodone prior to imaging. Librela, Sentinel

Abnormal PE/Chem/CBC/UA Results: Physical exam: BCS 7/9, MCS 2/3 in the hind end, moderate dental tartar, MM pk/CRT<2sec, multiple SC masses over trunk and abdomen, 2 pedunculated masses inferior lid medial canthus left eye, peripheral LNs normal Lab work: 2/18/26 cbc/chem/ua/fecal/T4 cbc/chem normal USG 1.031 trace prot quiet sediment otherwise Spleen FNA 4/16/25 Microscopic Findings: Extramedullary hematopoiesis with reactive lymphoid hyperplasia.

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 papilla was not clearly seen.

Mild medial iliac lymphadenopathy was seen. Representative node measures 6.3 mm in width. These nodes appear mildly reactive and unlikely to be enlarged due to neoplasia.

The left kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured 6.2 cm in length. In the cortex of the kidney, there is a 2.2 by 2.1 cm hypoechoic cyst present that appears to be benign, and there is no mass lesion seen with this cyst, and an abscess is not suspected. This lesion is most likely an incidental finding.

The right kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The right kidney measured 6.1 cm in length.

Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The caudal pole measures 7.2 mm.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The caudal pole measures 7.9 mm.

Spleen

In the head of the spleen, there is a 2.08 by 2.47 cm isoechoic capsule-displacing mass lesion present. There is concern for a malignant lesion given that it is capsule displacing.

Liver

In the left liver, a hyperechoic lesion measures 7.7 by 7.2 mm. Most likely benign regenerative nodule, less likely to be neoplasia.



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The gallbladder presents normal size with anechoic contents. 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

Pancreas measures 1.35 cm in width at the left limb. Pancreas is mildly, deficiently hypoechoic without any significant surrounding hyperechoic fat. The right limb was not clearly seen on this exam.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

- Splenic/hepatic lesions.
- Mildly hypoechoic left pancreatic limb.
- The mild medial iliac lymphadenopathy appears reactive, and these nodes do not appear to be enlarged due to neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend fine needle aspirate of the splenic lesion. Submission for cytology. If cytology is inconclusive, as is the etiology of the mass lesion, recommend splenectomy and submission for histopathology. Recommend 3-view chest radiographs to screen for pulmonary metastatic disease. Splenic lesion is slightly more concerning for a possible malignant cause at this time. Cannot definitively conclude that the lesion in the head of the spleen is benign.

Recommend submitting cPLI to screen for clinically significant pancreatitis. Clinically significant pancreatitis is not highly suspected at this time.

Recommend either fine needle aspirate of hepatic lesion to rule out neoplasia, or periodic monitoring via ultrasound to determine if this lesion is growing in size. If it is growing in size, then at that time recommend fine needle aspirate and possible surgical resection. However, this lesion is most likely benign.



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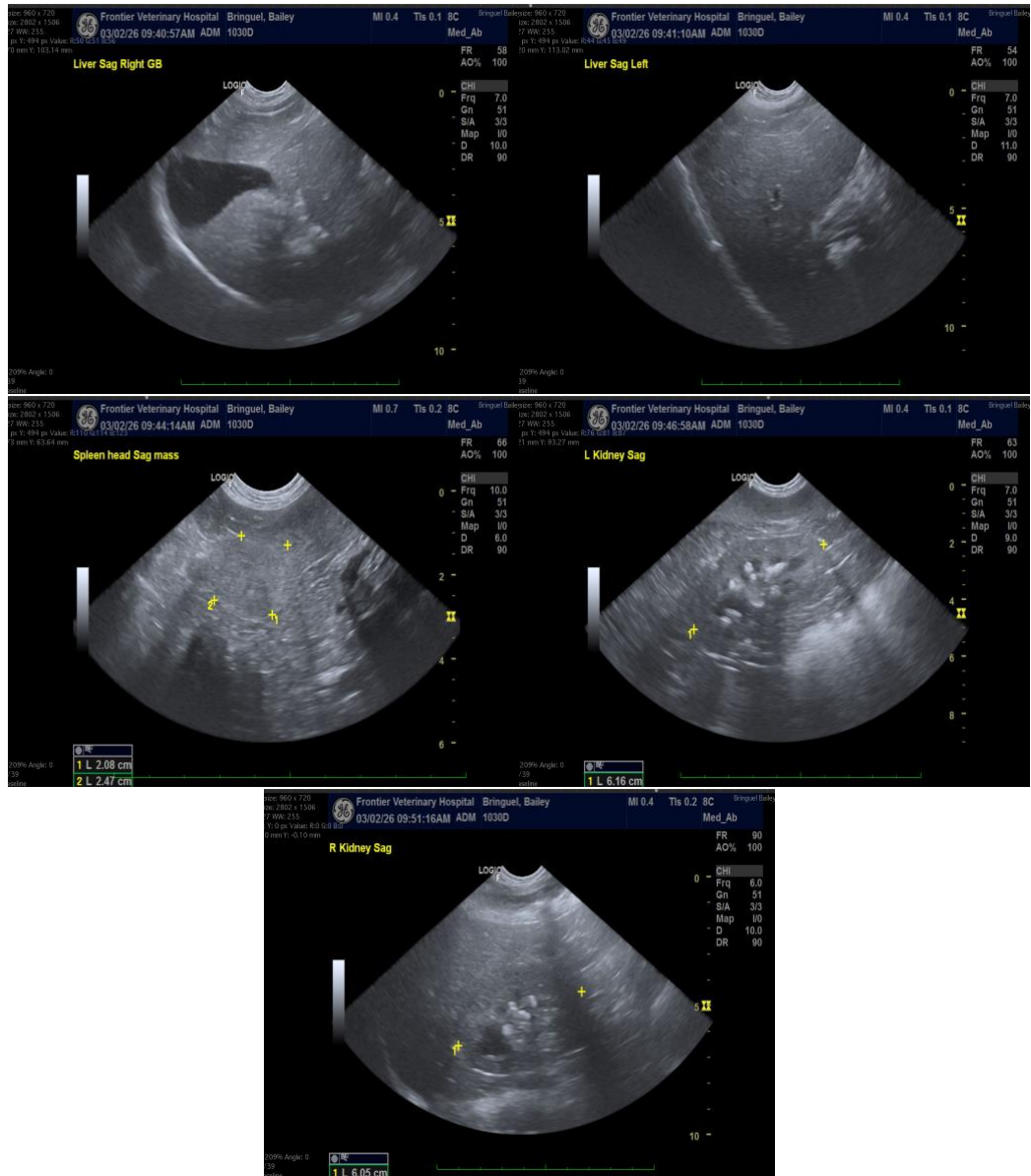
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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