



PATIENT

Gracie Lombard

SPECIES

Canine

BREED

Labradoodle

SEX

Spayed Female

AGE

9.8 Years

WEIGHT

49.4

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Barron

HOSPITAL NAME

Northshore Veterinary
Hospital

REFERRING VET

Dr. Barron

INVOICE

73889

DATE

3/20/26

PRESENTING CLINICAL SIGNS

Acute vomiting, diarrhea and inappetence. 2 mast cell tumors found. 2 epithelial tumors. Enlarged sublumbar lymph nodes and mesenteric lymph nodes. Rest of pe nsf

Abnormal PE/Chem/CBC/UA Results: Pancytopenia mild elevation in ALT and ALP

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 are seen and are normal.

The right kidney presents normal size (4.6 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (5.5 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

Adrenal Glands

The caudal pole of the right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The caudal pole measures 5.3 mm. The cranial pole is not seen.

The caudal pole of the left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The caudal pole measures 4.6 mm. The cranial pole is not seen.

Spleen

The spleen is normal in size, shape, margination and echogenicity. No masses are seen.

Liver

The liver is moderately to markedly enlarged and diffusely hypoechoic with rounded margins.

The gallbladder presents normal size with anechoic contents. Normal gallbladder wall. No evidence of bile duct distention or obstruction.

Gastrointestinal

The stomach is diffusely fluid distended. The stomach appears to have normal wall layering and thickness. No pyloric outflow tract obstruction seen. The intestines have normal wall layering and thickness. 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 multiple markedly enlarged abdominal lymph nodes present. There are enlarged medial iliac lymph nodes and mesenteric lymph nodes. A representative medial iliac lymph node measures 3.5 cm x 1.1 cm. No free abdominal fluid is seen.



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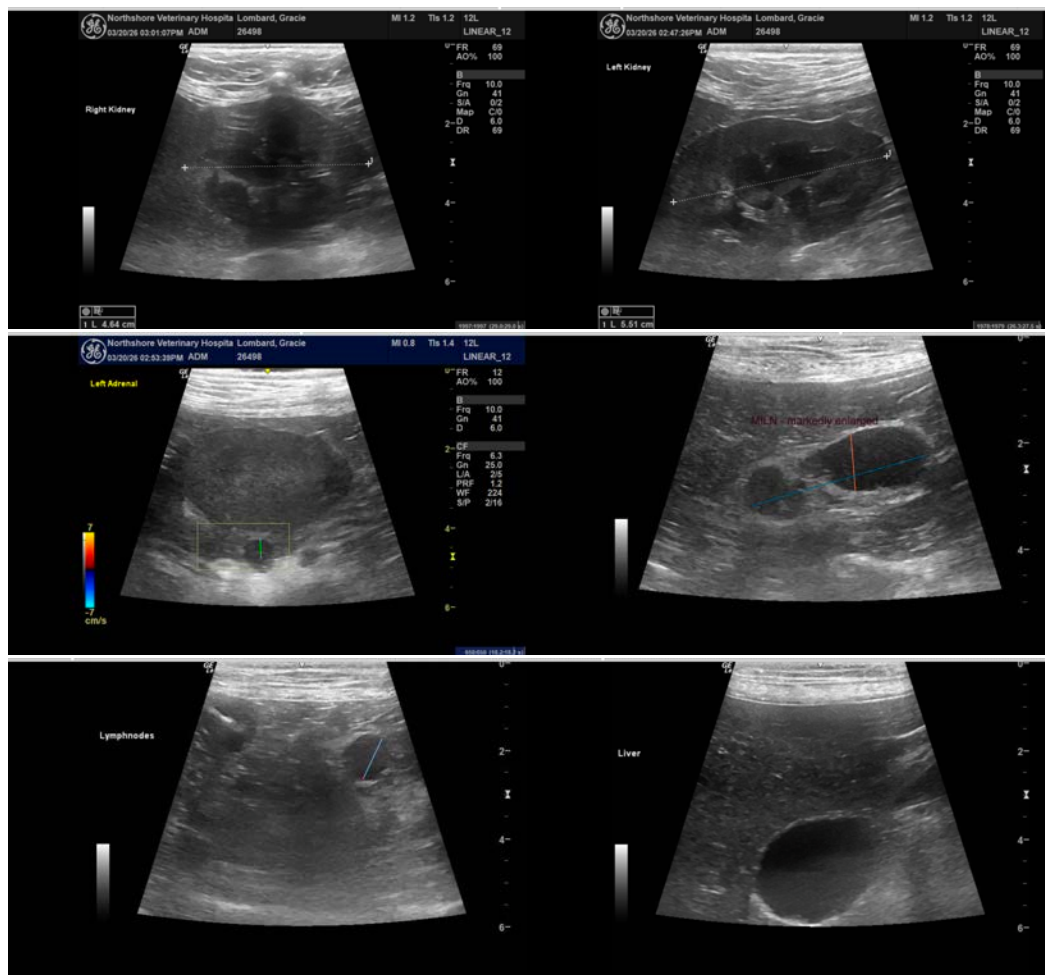
ULTRASONOGRAPHIC FINDINGS

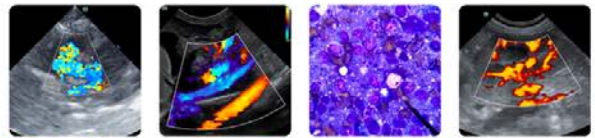
- Enlarged, hypoechoic liver – Consistent with infiltrative neoplasia such as lymphoma or mast cell disease.
- Markedly enlarged abdominal lymph nodes – I suspect these lymph nodes are enlarged due to round cell neoplasia such as lymphoma or mast cell disease, less likely histiocytic carcinoma. It is unlikely that these lymph nodes have a benign etiology. They do not appear to be reactive. Another differential would be metastatic neoplasia, although no primary tumor is identified.
- Severe gastric ileus – Most likely from suspected round cell neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend fine needle aspirate of the liver and submission for cytology. Recommend aspirating one or multiple enlarged either medial iliac or mesenteric lymph nodes for cytology. Given that the patient is reported to have mast cell tumor identified on physical exam, top differential at this time pending cytology is metastatic mast cell disease.

Prognosis at this time is guarded pending results of cytology of the liver and lymph nodes.





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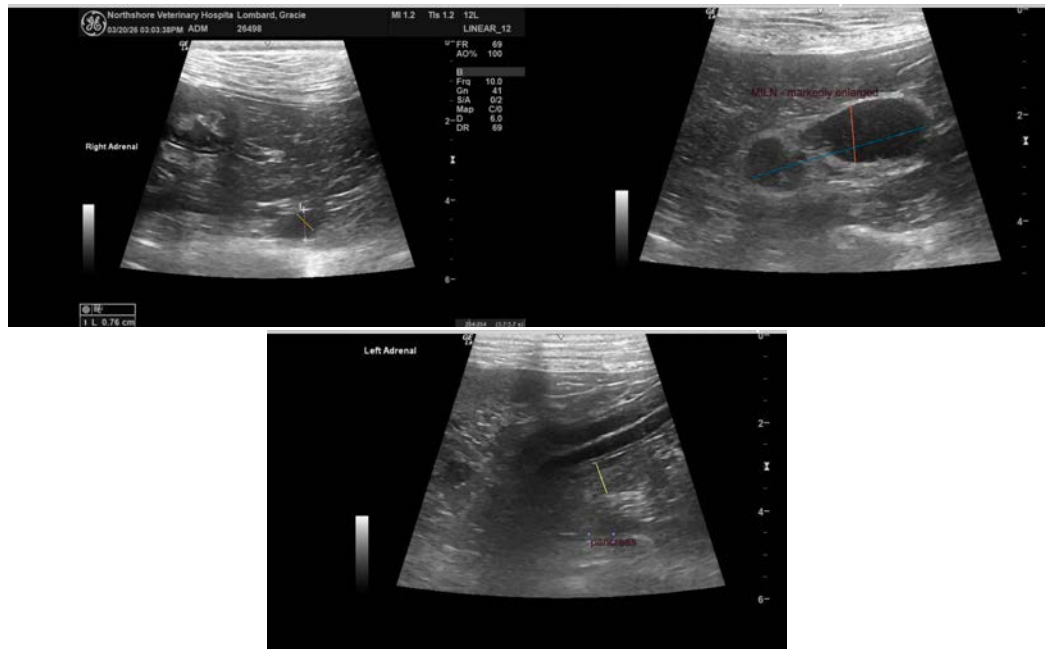
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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