



PATIENT

Marley Crowe

SPECIES

Canine

BREED

English Springer
Spaniel

SEX

Neutered Male

AGE

12 Years 11 Months

WEIGHT

22 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

**IMAGING
PERFORMED BY**

Rebecca Hamilton

HOSPITAL NAME

Ridge Road Animal
Hospital

REFERRING VET

Dr. Pathak

INVOICE

73956

DATE

3/24/26

PRESENTING CLINICAL SIGNS

Weight loss, persistent elevation of WBCs. Possible abdominal mass/ lameness; brachial plexus neuropathy, R/O Neoplasia/ chronic Lymphocytic Leukemia

Meds: Enrofloxacin/ Clavamox/ No change in Leukocytosis after 10 days course of Enrofloxacin

Abnormal PE/Chem/CBC/UA Results: Hematology- extreme Leukocytosis/ Neutrophilia/
Lymphocytosis/ non regenerative anemia

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 prostate appears normal, measuring 9.8 mm in width. It is symmetrical in shape with uniform echogenicity.

The right kidney presents normal size (4.9 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (5.2 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

Adrenal Glands

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 10.1 mm and the caudal pole measures 5.6 mm.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 4.4 mm and the caudal pole measures 4.0 mm.

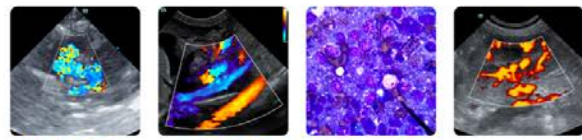
Spleen

The tail of the spleen revealed a non-cavitated, capsule displacing mass measuring 4.7 cm x 2.4 cm with heterochoic, mottled echotexture. There is a separate mass in the head of the spleen that has a similar appearance, measuring 4.0 cm x 2.9 cm. The remainder of the spleen is mildly enlarged in size with irregular shape and diffusely mottled echotexture. Hypoechoic lesions are found throughout the parenchyma. A representative lesion measures 7.6 mm in width.

Liver

The liver is normal in size, echogenicity and echotexture. There are multiple hyperechoic lesions within the liver and in the area of the gallbladder. Four lesions were measured at 3.7, 4.3, 3.8, and 3.9 mm in diameter. These appear to be intrahepatic choleliths. No distention of intrahepatic bile ducts is seen.

The gallbladder presents normal size with anechoic contents. It does contain a moderate amount of hyperechoic gravity dependent debris that is most likely insignificant at this time. Normal gallbladder wall. No evidence of bile duct distention or obstruction.



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Gastrointestinal

The stomach and intestines have normal wall layering and thickness. Colon contains normal contents with normal wall thickness.

Pancreas

The right limb of the pancreas is mildly diffusely hypoechoic. No significant surrounding hyperechoic fat at this time.

Free Abdomen

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

Other

A cardiac image was provided. No pericardial effusion seen.

ULTRASONOGRAPHIC FINDINGS

- Enlarged, irregular, nodular spleen with masses – The appearance of the spleen is consistent with a neoplastic process, most likely round cell neoplasia such as lymphoma, plasma cell tumor, or mast cell disease. Less likely due to infectious disease.
- Hyperechoic liver lesions – Most likely insignificant at this time.
- Moderate gallbladder debris – Likely insignificant at this time.
- Mildly diffusely hypoechoic right pancreatic – The patient appears to have mild pancreatitis, most likely reactive due to patient's splenic disease.

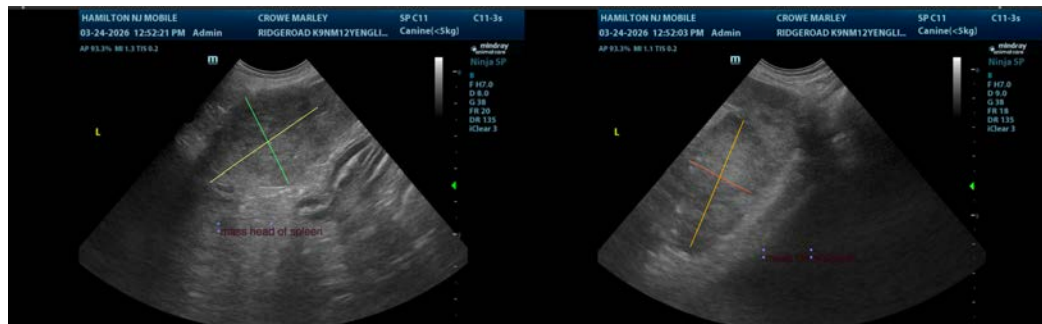
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend fine needle aspirate of the spleen and submission for cytology to determine etiology. If cytology is non-diagnostic, recommend splenectomy for histopathology to determine etiology.

Consider submitting cPLI to confirm diagnose of pancreatitis.

Consider 3-view chest radiographs to rule out pulmonary metastatic disease.

Prognosis is guarded to poor at this time pending results of splenic cytology or histopathology.





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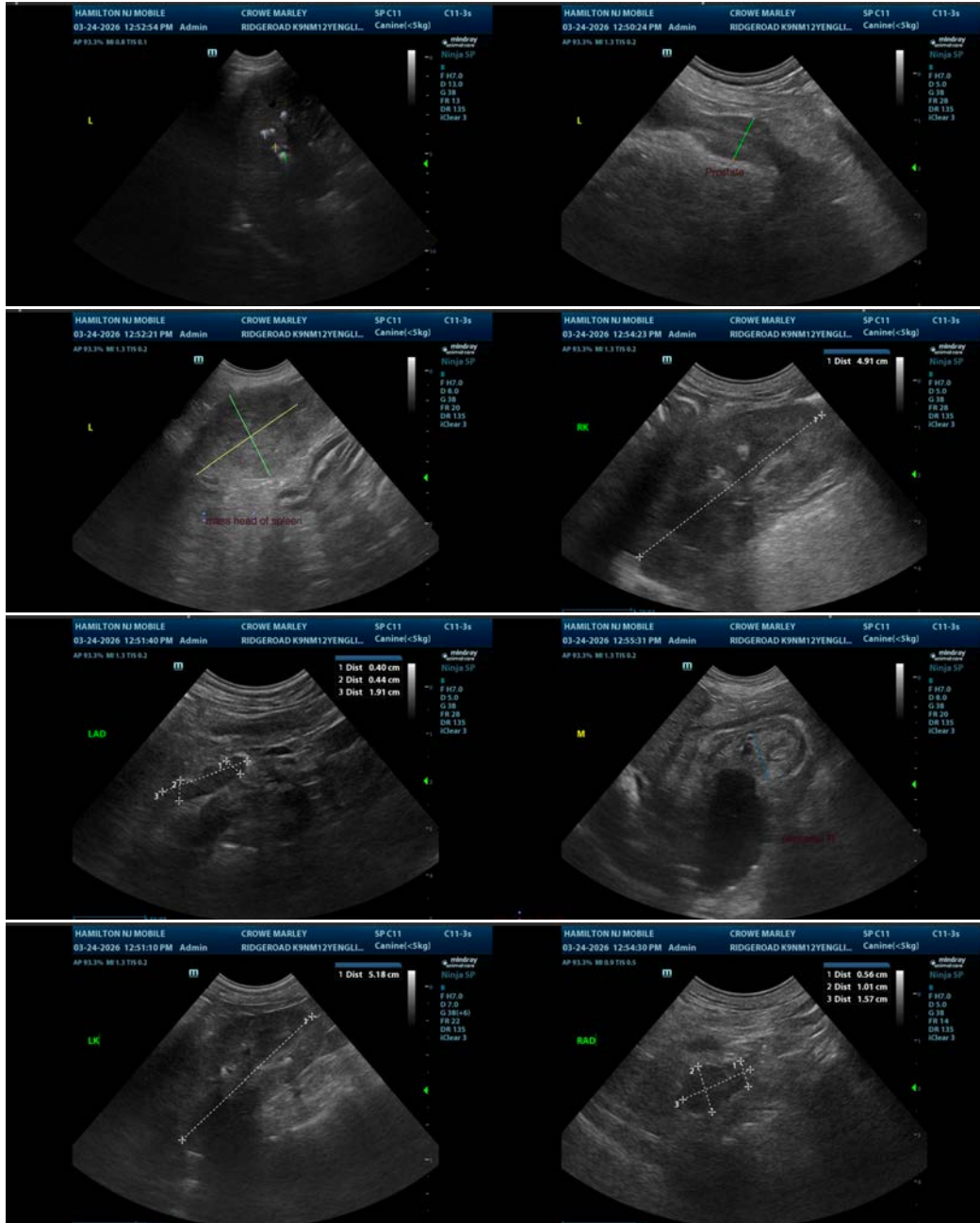
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 info@SonoPath.com