



PATIENT

Noodle Seager

SPECIES

Canine

BREED

Shih Tzu

SEX

Neutered Male

AGE

13 Years

WEIGHT

7.3 kg

INTERPRETED BY

Greg Kuhlman, DVM,
 DACVIM (SAIM)

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Graham Animal
 Hospital

REFERRING VET

Dr. Seager

INVOICE

73989

DATE

3/24/26

PRESENTING CLINICAL SIGNS

No HMR on auscultation, but SID-EOD episodes of occasional shaking and tachycardia. Can be very slow on walks some days - exercise intolerance? New rescue dog as of December.

Current Medications: Cytopoint, Optimune, Fluoxetine, Famotidine, Onsior, Gabapentin/Trazodone PVP, Interceptor Plus, Credelio

Abnormal PE/Chem/CBC/UA Results: Mild anemia - last Hct 34% Radiographic Findings none currently
 Primary Question to Be Answered in This Exam Any cardiac concerns?

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 1.3 cm width. The prostate is symmetrical with uniform echogenicity.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. The left kidney measures 4.0 cm. The right kidney measures 4.1 cm.

Adrenal Glands

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 9.8 mm and the caudal pole measures 5.8 mm.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 6.8 mm and the caudal pole measures 6.5 mm.

Spleen

A hypoechoic, ill-defined, mildly capsule displacing lesion is present in the cranial aspect of the spleen. A 2nd similar appearing lesion is present in the caudal aspect of the spleen measuring 1.2 cm x 1.4 cm.

Liver

Liver is relatively normal in size and contour. Parenchyma is mildly heterogenous and coarse with mild likely age-related parenchymal remodeling noted. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

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.



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Pancreas

The visible pancreas is normal in size with normal echogenic parenchyma and surrounded by normal peri-pancreatic mesentery.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

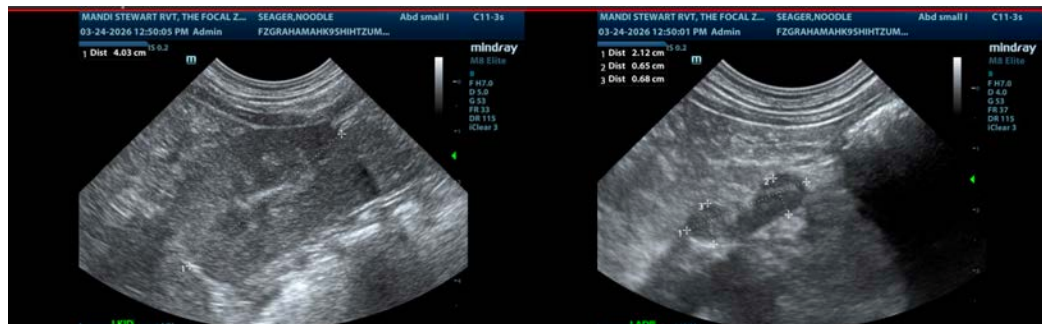
- Two hypoechoic, ill-defined splenic lesions - Differentials include benign extramedullary hematopoiesis versus round cell neoplasia i.e., lymphoma or mast cell versus hemangiosarcoma versus benign hemangioma.
- Age related renal and hepatic changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend fine needle aspirate of the splenic lesions to rule out round cell neoplasia, possible EMH. If round cell neoplasia and EMH are ruled out, then recommend either splenectomy for histopathology or recheck of the spleen via ultrasound in 6-8 weeks to determine if the lesions have grown. If they are growing, then splenectomy would be recommended.

I suspect that the patient's anemia may be anemia of chronic inflammation, possibly due to the lesions within the spleen. No evidence of free fluid is seen within the abdomen, so it does not appear that that the splenic lesions are causing hemorrhage.

Regarding patient's exercise intolerance, the splenic lesions could potentially cause ventricular arrhythmias. If not already performed, recommend ECG to rule out ventricular arrhythmias. Also recommend 3-view chest radiographs to screen for possible pulmonary metastatic due to the presence of the splenic lesions.





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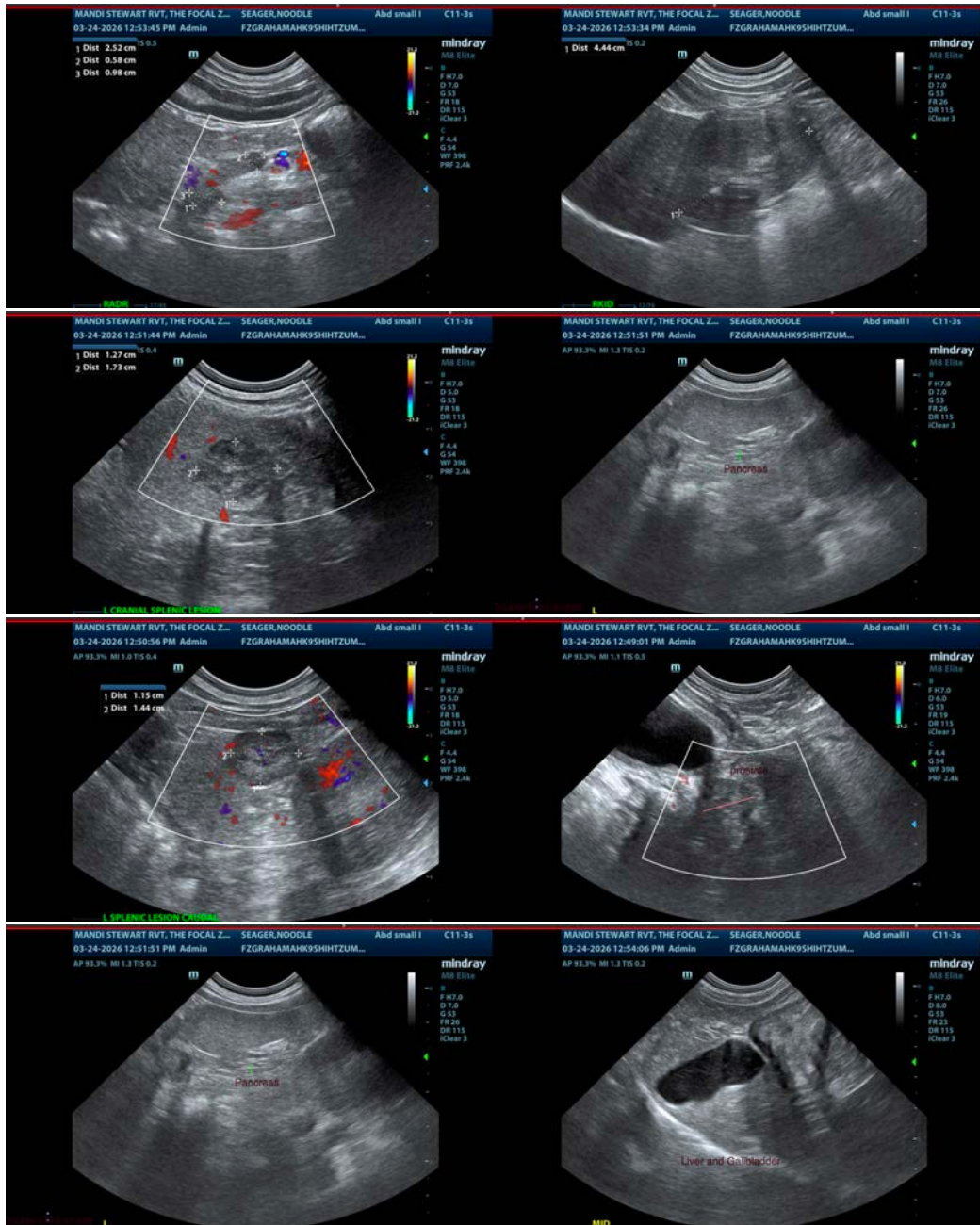
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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