

PATIENT

Sandy Rogers

SPECIES

Canine

BREED

Goldendoodle

SEX

Spayed Female

AGE

13

WEIGHT

37 pounds

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Wasserman

HOSPITAL NAME

Highlands AH

REFERRING VET

Dr. Tuckett

INVOICE

14724

DATE

03/29/26

PRESENTING CLINICAL SIGNS

- Primary Reason for Sonogram: Distended abdomen and serosanguinous effusion
- Current Medications: None
- Recent Labs: None prior to Sonogram
- Last Fecal Test: 2/8/2025
- Sedated with 0.4ml 10mg/ml Butorphanol IV. Adequate for sonogram.

Abnormal PE/Chem/CBC/UA Results: On day of sonogram 3/29 (today), Rbc 5.53 M/uL, HCT (calculated) 38.5, ALP 238, GGT 19, ALB 2.7 (wnl).

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 left kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured 5.8 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 5.6 cm in length.

Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 7.8 mm and the caudal pole measures 6.0 mm.

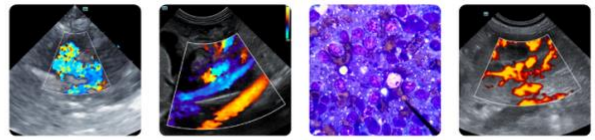
The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 5.6 mm and the caudal pole measures 5.7 mm.

Spleen

At the head of the spleen, there is an 8.0 mm in diameter hypoechoic round mild capsule displacing lesion present and may be benign extramedullary hematopoiesis or possibly malignant neoplasia. The remainder of the spleen was normal.

Liver

In the caudal aspect to the left liver, there is an 8.5 cm by 10.2 cm heteroechoic moderately cavitated mass lesion present. This lesion is most likely malignant neoplasia, possibly primary hepatobiliary neoplasia, hepatocellular carcinoma versus cholangiocarcinoma or possibly hemangiosarcoma. Less likely this mass is due to round cell neoplasia or metastatic neoplasia. A benign etiology for this mass is unlikely. An infectious etiology for this mass seems unlikely. However, Bartonellosis is a possible differential. The remainder of the liver appears normal.



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The gallbladder presents normal size with anechoic contents. 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.

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Pancreas

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

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Free Abdomen

There are no enlarged abdominal lymph nodes seen on this exam.

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13

A large amount of echogenic free abdominal fluid present throughout the abdomen.

No pericardial effusion is seen.

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37 pounds

ULTRASONOGRAPHIC FINDINGS

- Free fluid.
- Splenic lesion.
- Hepatic mass lesion.

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Consider fine needle aspirate and submission for cytology to determine etiology of splenic lesion. I recommend discussing further with owner if possibility of performing fine needle aspirate of the hepatic mass with submission for cytology to help determine etiology. If etiology cannot be determined, consider submitting bartonella testing. If this testing is negative, consider CT scan of abdomen as pre-surgical planning to determine if it is feasible to resect this mass surgically and submit for histopathology. The mass in the liver does have blood flow via doppler exam.

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It is reported in the submission form that free abdominal fluid was sampled and there is consideration for sending this for cytology. I would recommend to owner to submit this fluid for cytology to rule out the possibility of carcinomatosis. Carcinomatosis would indicate a poor prognosis. It's also recommended to obtain three view chest radiographs if not already performed to rule out the possibility of pulmonary metastatic disease.

REFERRING VET

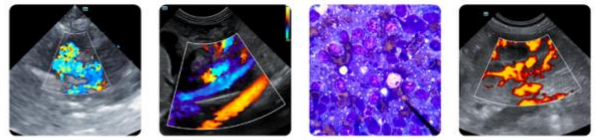
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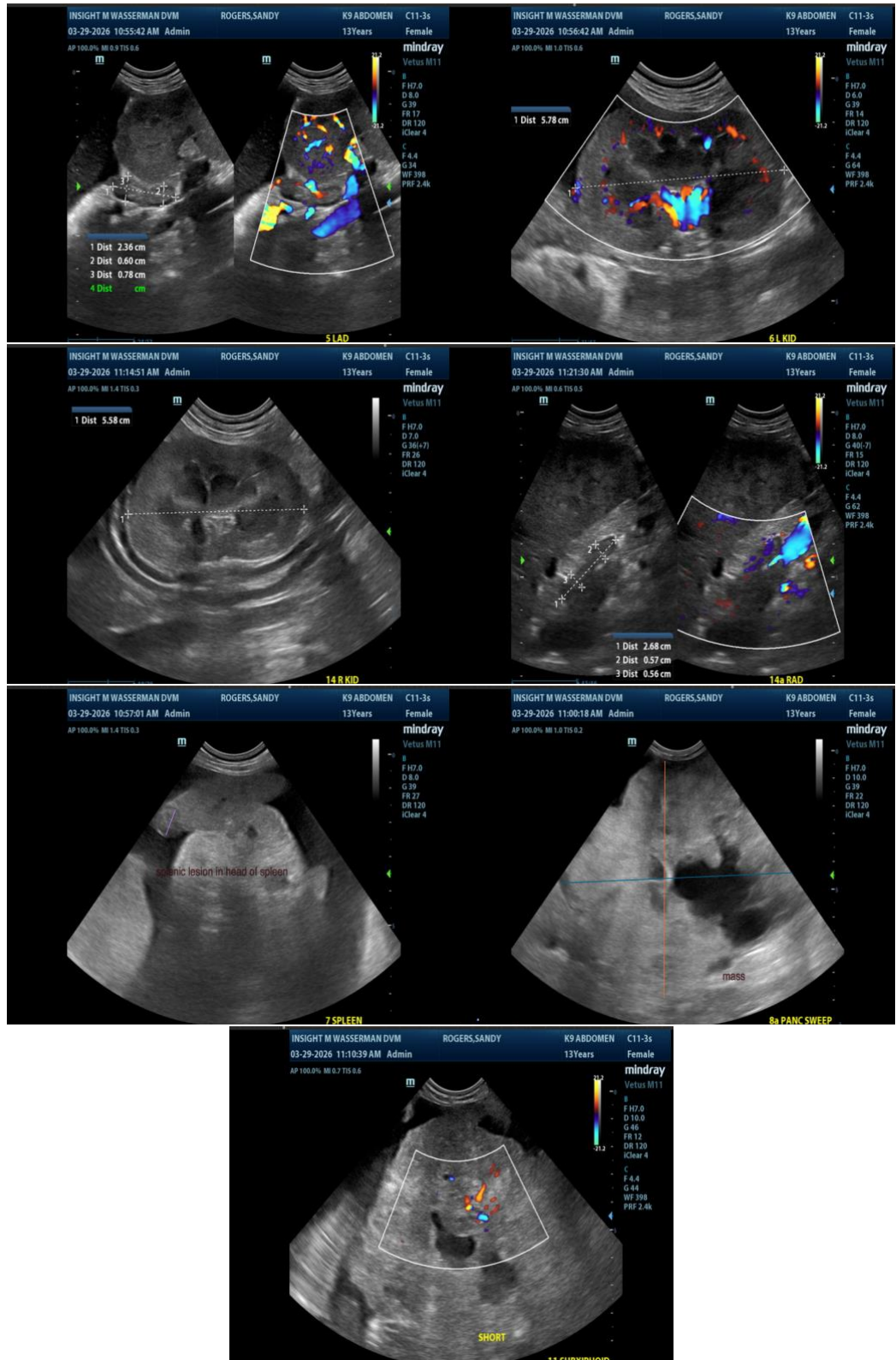
Dr. Tuckett

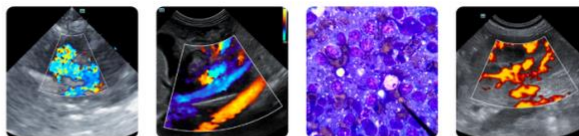
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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