



PATIENT

Freddie Shaffer

SPECIES

Canine

BREED

Havanese

SEX

Neutered Male

AGE

14 Years 5 Months

WEIGHT

18.4 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Ken Leal

HOSPITAL NAME

VCA Blairstown Animal
Hospital

REFERRING VET

Dr. Clegg

INVOICE

73337

DATE

3/3/26

PRESENTING CLINICAL SIGNS

Abdominal mass. Recently diagnosed ASA Diabetic.

Abnormal PE/Chem/CBC/UA Results: Bloodwork attached.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder is moderately distended with anechoic urine. There is a small amount of hyperechoic suspended debris within the anechoic urine. No uroliths are seen. The bladder wall is normal in appearance and thickness. No masses are seen.

The prostate is normal in size, measuring 1.16 cm in width, with uniform echogenicity and symmetrical shape.

The right kidney presents normal size (4.85 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (5.01 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. Caudal pole measures 5.9 mm. Cranial pole measures 1.09 mm.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. Caudal pole measures 6.2 mm. Cranial pole measures 7.3 mm.

Spleen

In the body of the spleen there is a heterochoic moderately cavitated mass lesion that measures approximately 5.0 cm x 3.0 cm, although exact dimensions cannot be determined on this ultrasound. There is no free fluid surrounding the mass.

Liver

The liver is diffusely enlarged with normal echogenicity and diffusely mottled echotexture. The liver has rounded margins. There are diffuse hypoechoic lesions found throughout the liver that may be benign regenerative nodules or possibly could be present due to metastatic neoplasia.

The gallbladder presents normal size. There is a mild to moderate amount of aggregating hyperechoic debris that appears to be adhered to the luminal margin of the gallbladder wall. The gallbladder wall is diffusely normal in thickness. No evidence of bile duct distention or obstruction. No free fluid or significant hyperechoic fat surrounding the gallbladder.

Gastrointestinal

The stomach contains a moderate amount of retained ingesta. No obvious outflow tract obstruction is seen within the gastric lumen. No obvious gastric foreign material was seen on the exam that would be obstructing the stomach. The small intestines contain a moderate amount of ingesta. Diffusely, the



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mucosa of the small intestines has hyperechoic striations throughout it. Overall, small intestinal wall layering appears normal. Colon contains normal contents with normal wall thickness.

Pancreas

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Within the right limb of the pancreas there is a 2.6 cm x 1.3 cm irregularly shaped hypoechoic lesion suspected to be a pancreatic mass.

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Free Abdomen

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

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Other

In the right auricle there appears to be a 1.2 cm x 1.6 cm mass lesion in the auricular wall, possibly a hemangiosarcoma.

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ULTRASONOGRAPHIC FINDINGS

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- Splenic mass – Most likely malignant neoplasia such as hemangiosarcoma, less likely a benign hemangioma.
- The appearance of the gallbladder is consistent with possible bacterial cholangitis. A gallbladder mucocele is not definitively seen on this exam.
- Possible hypoechoic, irregularly shaped pancreatic mass – Differentials include pancreatic carcinoma or possibly benign pancreatic hyperplasia, although a malignant etiology is suspected, given the appearance of the pancreatic lesion.
- Enlarged liver with heterochoic echotexture and multifocal hypoechoic lesions throughout the parenchyma – These lesions are consistent with either benign regenerative nodules or possibly metastatic neoplasia.
- Mild urinary bladder debris, most likely insignificant.
- Suspicious lesion within the wall of the right auricle that appears to be a mass lesion, possibly hemangiosarcoma.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend aspiration of the pancreatic lesion for cytology. If pancreatic carcinoma is identified, then further workup may not benefit the patient as long-term prognosis would be poor. It is recommended to rule out pancreatic neoplasia as the first step. Since the splenic mass does not appear to be bleeding at this time (currently no free abdominal fluid present) further diagnostics and treatment for the splenic mass can wait until definitive diagnosis of the pancreatic lesion is determined.

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If possible, also recommend aspirating any of the lesions within the liver for cytology to determine if metastatic pancreatic carcinoma may be present or if these lesions are most likely benign regenerative liver nodules. If pancreatic neoplasia is ruled out, then consider surgery for splenectomy and biopsy of any liver lesions that are present. However, given that there is an apparent right auricular mass, splenectomy may not improve the patient's long-term prognosis significantly in this case. Currently there is no pericardial effusion. As long as the owners are aware that surgery may not benefit the



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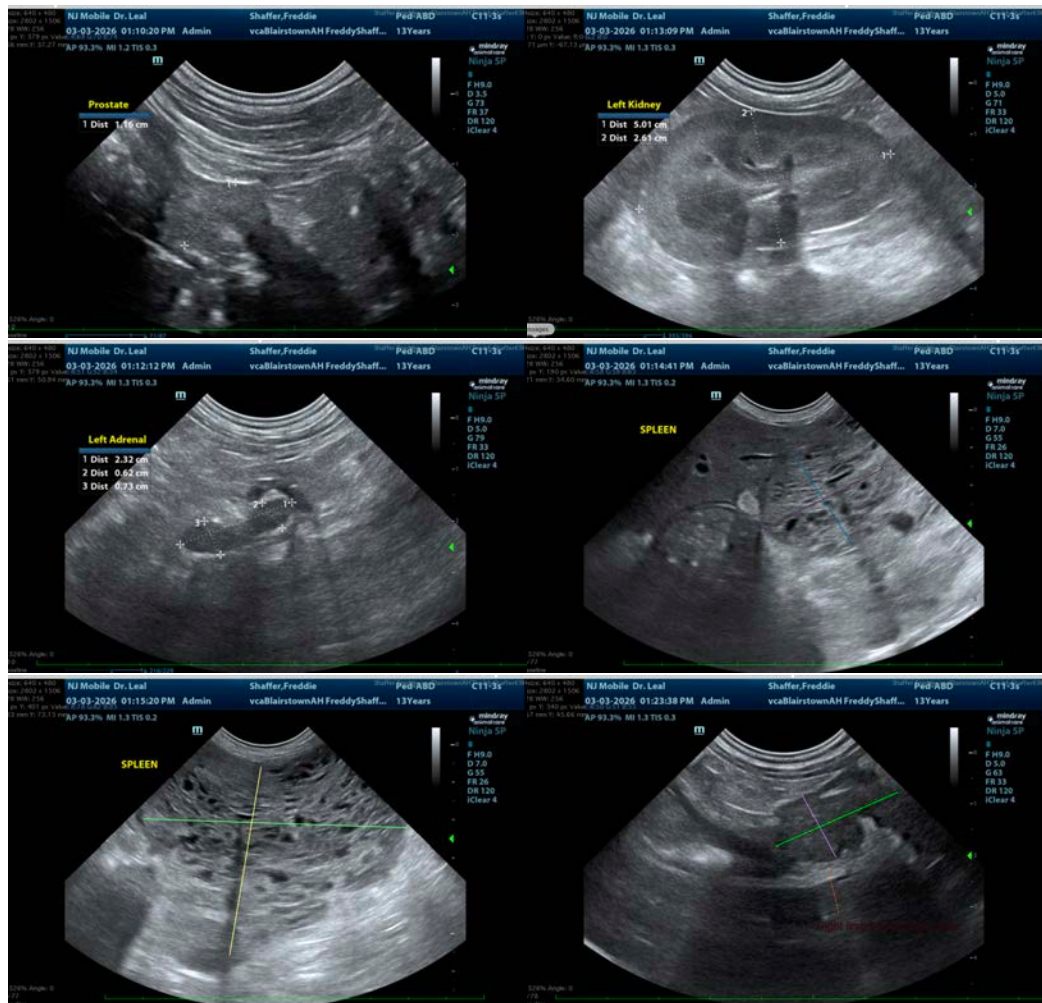
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patient's long-term prognosis, then surgery to remove the spleen and submit for histopathology can be considered. However, choosing hospice for the patient would also be a reasonable option in this case.

If splenectomy is performed, consider ultrasound guided or intraoperative aspirate of the gallbladder for a bile sample to be submitted for aerobic and anaerobic bacterial culture and for cytology to determine if a bacterial cholangitis is present. If bile collection is declined by the owner, then treat for 6 weeks with amoxicillin (20 mg/kg PO BID) and ursodiol (15 mg/kg PO split into 2 daily doses).

If urinalysis has not been performed, recommend urinalysis. If active urine sediment, recommend urine culture.





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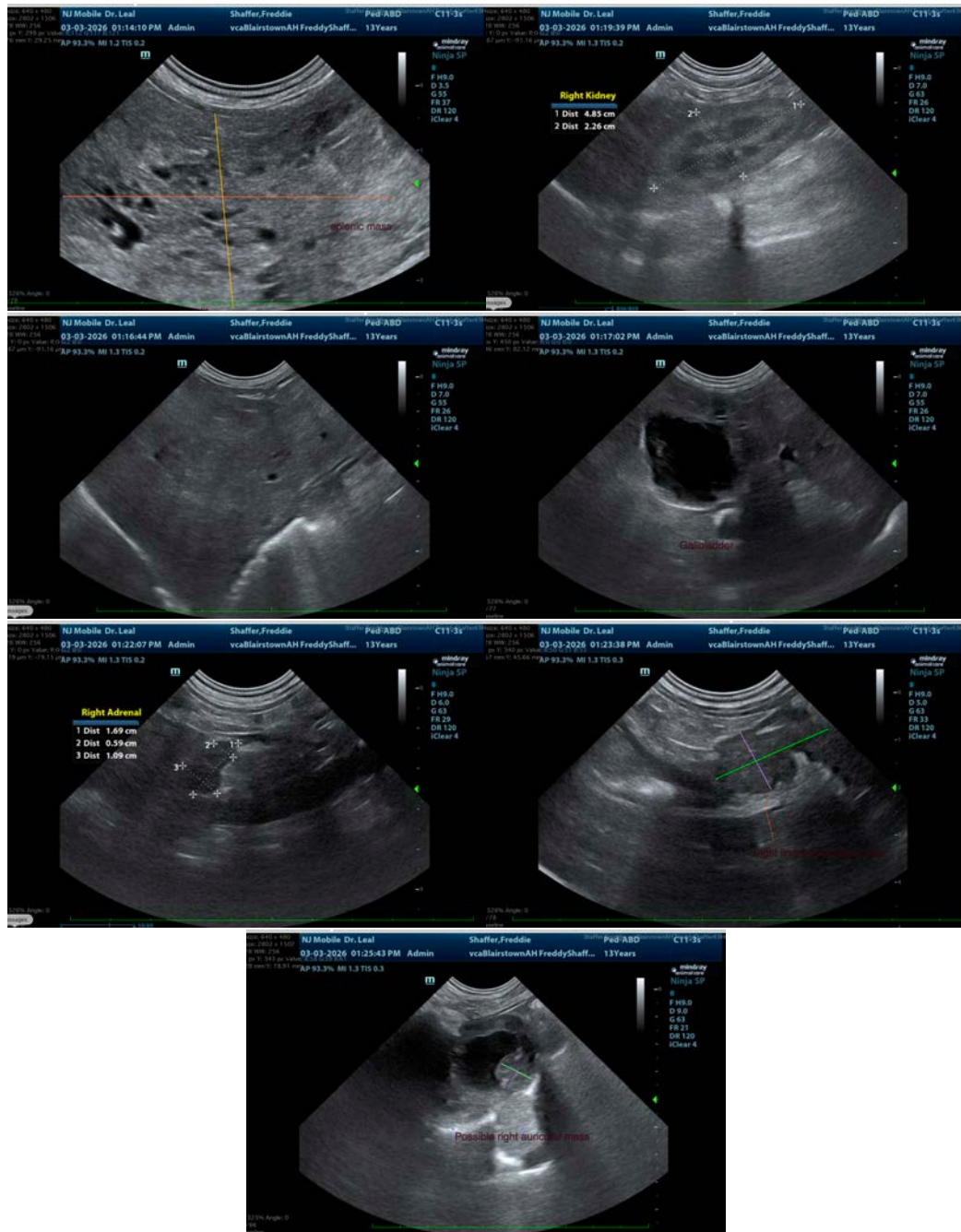
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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Greg Kuhlman, DVM, DACVIM (SAIM)

Veterinary Internal Medicine Specialist

info@SonoPath.com

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