



## PATIENT

Rio Stone

## SPECIES

Canine

## BREED

Labradoodle

## SEX

MN

## AGE

12 years

## WEIGHT

67 lbs

## INTERPRETED BY

Greg Kuhlman, DVM,  
DACVIM (SAIM)

## IMAGING PERFORMED BY

Laura Klaassen

## HOSPITAL NAME

Animal Care Group of  
Lake Oswego

## REFERRING VET

Dr. Marie Higel

## INVOICE

11419

## DATE

3/5/2026

## PRESENTING CLINICAL SIGNS

- Acute onset not acting right and painful.
- Febrile 104.
- Hx hepatic mass from AUS in 5/2025.

Abnormal PE/Chem/CBC/UA Results: GLOB 3.9 (H) ALT 523 (increased) AST 196 (increased) ALP 2893 (increased) CHOL 442 (H) PSL 221 (H) AMYL 1184 (H) CBC PLT 532 WBC 22.3 (H) Neuts 19178 (H) Monos 1561 (H).

## 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 6.5 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 7.6 cm in length.

### Adrenal Glands

The adrenal glands are not distinctly visualized.

### Spleen

The spleen is normal in size and echotexture. In the tail of the spleen there is a heterogeneous, round, capsule displacing, mildly cavitated mass that measures 4.4 cm x 2.9 cm in size.

### Liver

The liver is diffusely enlarged. The parenchyma has normal echogenicity with a markedly diffusely mottled echotexture. In what appears to be the caudal left aspect of the liver, there is a large, markedly cavitated, echogenic liver mass present. This mass measures approximately 9.5 cm x 7.6 cm. Intrahepatic bile ducts are normal. Normal vascular pattern.

The gallbladder contains a mild amount of suspended echogenic debris. 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.

### Pancreas

The pancreas is not clearly visualized.



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## Free Abdomen

There are two enlarged, rounded, hypoechoic peripancreatic lymph nodes visualized. Both enlarged peripancreatic lymph nodes measure 2.1 cm in diameter.

No free abdominal fluid is seen.

## ULTRASONOGRAPHIC FINDINGS

- Mass in the tail of the spleen. Appearance is concerning for malignant hemangiosarcoma, or less likely benign hemangioma.
- Liver mass – Reported to have been present on previous ultrasound (since at least May of 2025.) Suspect possible neoplasia as a cause for this mass. Differentials could include hemangiosarcoma, or less likely hepatocellular carcinoma. A cholangiocarcinoma is also possible. The liver is also mottled and enlarged. This does not appear to be consistent with metastatic disease but appears to be an age-related change.
- Two enlarged, rounded hypoechoic peripancreatic lymph nodes.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Consider fine needle aspirates and submission for cytology for determination of etiology of the hepatic mass.

The appearance of the splenic mass is concerning for either malignant hemangiosarcoma, or less likely benign hemangioma. You could consider a fine needle aspirate of this mass to rule out an unlikely round cell neoplastic cause for this mass. It is possible that the splenic mass is lymphoma, histiocytic sarcoma, or mast cell disease but given the appearance of the splenic mass, round cell neoplasia seems much less likely.

The enlarged peripancreatic lymph nodes have the appearance concerning for neoplasia including possible metastatic neoplasia, either from the splenic mass or the hepatic mass (or possibly both.)

Given the location of the peripancreatic lymph nodes, an ultrasound guided FNA would most likely be unsuccessful. However, aspirates of both of the splenic and hepatic mass are still recommended. If round cell neoplasia is ruled out, surgical treatment for these masses would be the optimal treatment plan.

Prior to surgery, due to the enlarged and mottled appearance of the liver, recommend FNA of the normal appearing liver for cytology to rule out possibility of metastatic spread from the liver or splenic mass.

A presurgical planning CT scan to determine the feasibility of resecting these masses, is recommended. If CT scan is proceeded, recommend scan of the chest to rule out pulmonary metastatic disease. If owners decline the CT scan, consider three view chest x-rays for the same purpose. If owners do opt in for surgery, recommend resecting both hepatic and splenic masses and submitting for histopathology. Also, recommend extrapolating an enlarged peripancreatic lymph node for histopathology to determine if metastatic disease has occurred.

Prognosis at this time appears guarded at best pending further diagnostics.



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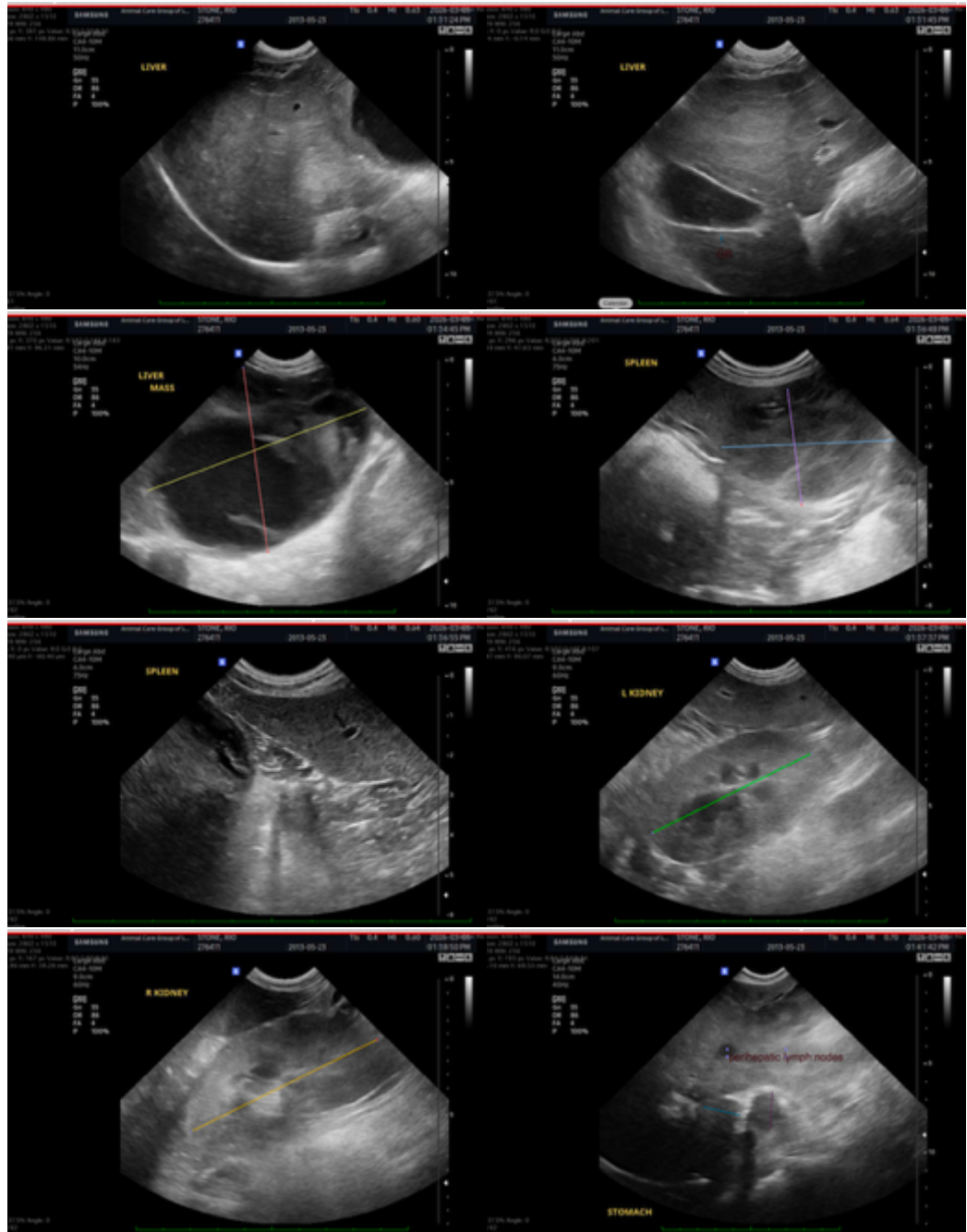
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



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Rio Stone

**Greg Kuhlman, DVM, DACVIM (SAIM)**

Veterinary Internal Medicine Specialist

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