



PATIENT

Marley Beauchamp

SPECIES

Canine

BREED

Yorkie Mix

SEX

Neutered Male

AGE

19 Years

WEIGHT

3.3 kg

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Carlie Koltek RVT

HOSPITAL NAME

Tuxedo Animal
Hospital

REFERRING VET

Dr. Atkinson

INVOICE

14127

DATE

03/06/26

PRESENTING CLINICAL SIGNS

- Presented for evaluation of a hard and distended abdomen (first noticed 6 days ago)
- Lethargic and a decreased interest in normal activities
- History of a prostatic mass.
- Appetite is reported as normal.
- Stools have been softer than normal intermittently.
- Sedated with butorphanol
- Current meds: metacam

Abnormal PE/Chem/CBC/UA Results: Radiographs: A mass effect is present in the abdomen, causing displacement of organs. CBC: MONO 1.14 (0.16-1.12 x10⁹/L) CHEM: BUN 30.1mmol/l (2.5-9.6) PLT 630 (148-484 K/ μ L) PCT 0.72 (0.14-0.46 %)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Within the dorsal luminal wall of the urinary bladder, there are polyploid structures present. One measures 1.8 mm in width, the other measured 4.9 mm in width.

The prostate is also enlarged and diffusely hypoechoic. Prostate measures 2.3 cm by 2.2 cm. It is hypoechoic with multifocal hypoechoic foci present throughout the parenchyma. These hypoechoic foci are most likely calcification.

The left kidney presents normal size with normal shape and architecture. Moderate loss of corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured 2.8 cm in length.

The right kidney presents normal size with normal shape and architecture. Marked loss of corticomedullary distinction. A cyst was present in the caudal pole measuring 7.8 mm in diameter and appears benign. There does not appear to be a mass lesion or an abscess. The right kidney measured 3.0 cm in length.

Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 4.9 mm and the caudal pole measures 5.7 mm.

The right adrenal gland is not seen.

Spleen

Spleen is normal in size and echogenicity. There are multifocal hypoechoic lesions throughout the spleen that appear to be benign myelolipomas. Spleen has normal blood flow.

Liver

In the left liver, there is an isoechoic 3.4 by 2.75 cm mass lesion, suspected to be primary hepatic neoplasia, such as hepatocellular carcinoma, less likely hemangiosarcoma or cholangiocarcinoma.



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There is a marked amount of aggregating hypoechoic debris within the lumen of the gallbladder, consistent with an early immature gallbladder mucocele. Given there is no report of elevated liver values or bilirubin, the gallbladder does not appear surgical.

Gastrointestinal

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

Pancreas

The left limb pancreas is mildly hypoechoic with no significance surrounding steatitis and measures 1.2 cm in width.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

- Isoechoic left liver mass.
- Gallbladder debris.
- Splenic lesions.
- Polypoid urinary bladder structures.
- Enlarged prostate with hypoechoic foci.
- Hypoechoic pancreas.
- Bilateral decreased corticomedullary distinction with right kidney caudal pole cyst- consistent with chronic kidney disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend fine needle aspirate of the liver mass. If aspirate is non-diagnostic, recommend CT scan as presurgical planning to determine if it is feasible to resect the liver mass. If liver mass is resected, submit for histopathology.

Recommend starting ursodiol at 15 mg/kg by mouth, split into two daily doses, rechecking appearance of gallbladder in three months. If patient has liver mass resected surgically, recommend cholecystectomy at the same time.

Given the appearance of the patient's urinary bladder and the prostate, the top differential is transitional cell carcinoma or prostatic carcinoma. If not already performed, recommend BRAF test to confirm. Also recommend collecting urine for urine culture to rule out urinary tract infection. If neoplasia ruled out on a BRAF test and urine culture is negative, consider cystoscopy for biopsies of lower urinary tract abnormalities.

Recommend full staging, monitoring, and managing of the patient's CKD via the IRIS guidelines.



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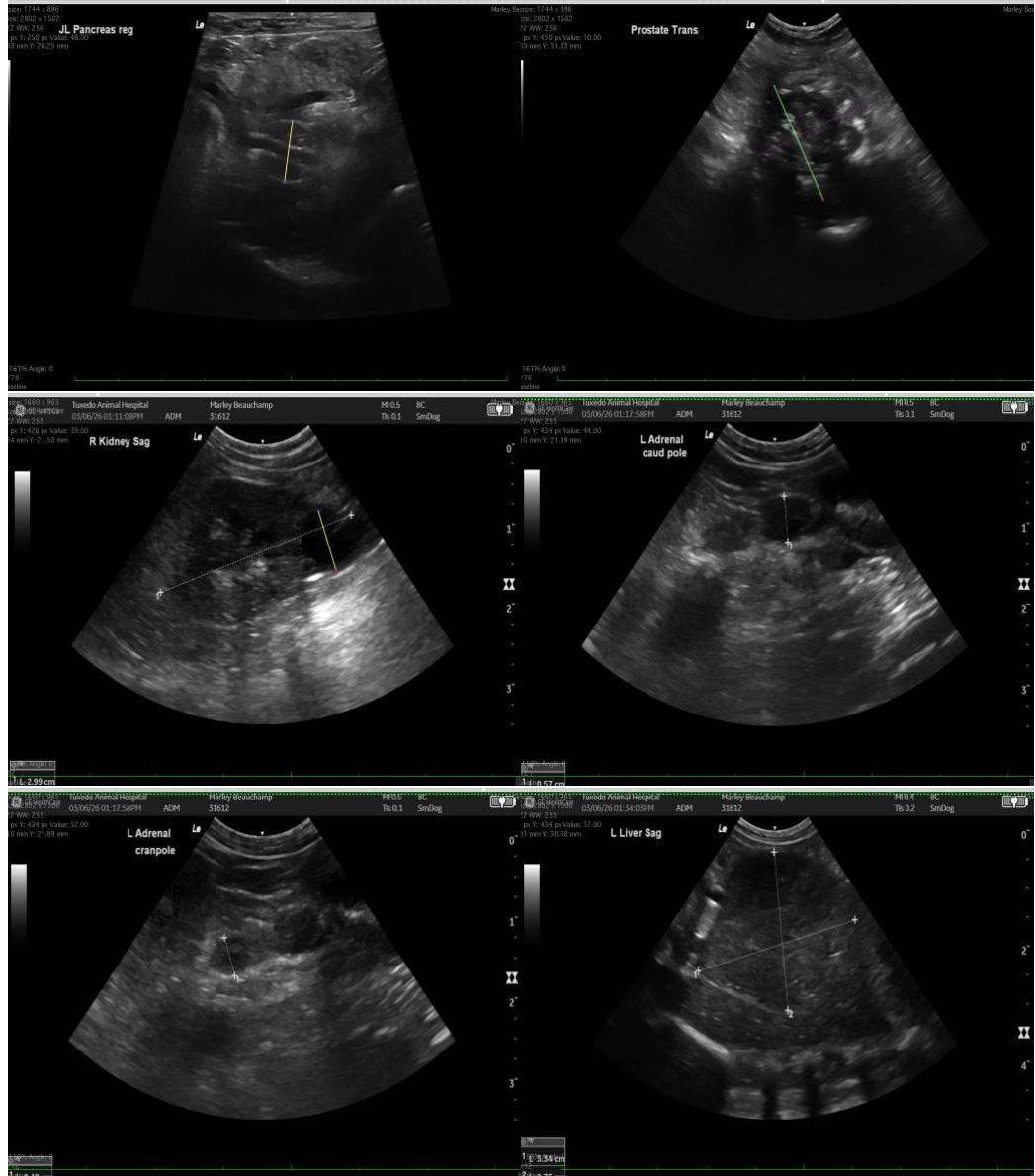
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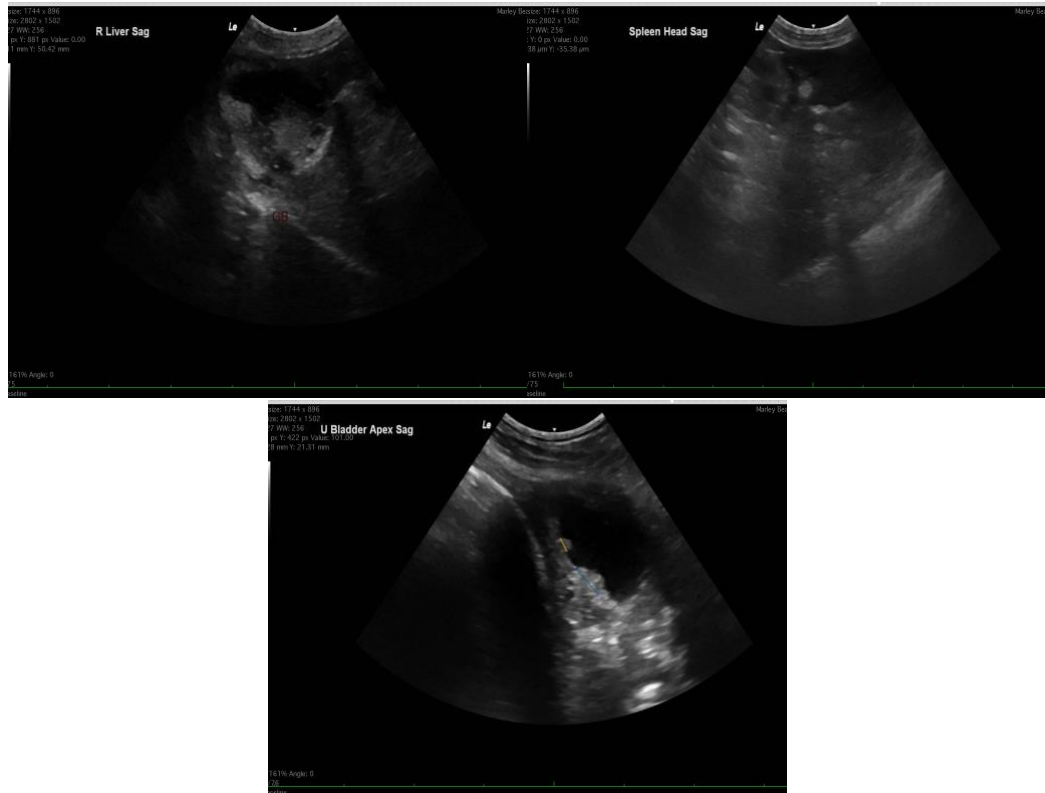
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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