



## PATIENT

Scout Rees

## SPECIES

Canine

## BREED

Boxer

## SEX

FS

## AGE

12 years

## WEIGHT

39 lbs

## INTERPRETED BY

Greg Kuhlman, DVM,  
DACVIM (SAIM)

## IMAGING PERFORMED BY

Dr. Julia Bakker

## HOSPITAL NAME

Orange Blossom  
Veterinary Imaging

## REFERRING VET

Dr. Kylie Marr

## INVOICE

11608

## DATE

4/1/2026

## PRESENTING CLINICAL SIGNS

Pet presented to another vet for reduced appetite and lethargy. Splenic mass found on recent abdominal radiograph - AUS screening to screen for metastasis and consider surgery.

Abnormal PE/Chem/CBC/UA Results: Leukocytosis characterized by neutrophilia

## 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 or ureteral dilation. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted. There is a mild defect in the cranial pole, most likely due to a previous infarct. The left kidney measured 5.5 cm in length.

The right kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia or ureteral dilation. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted. The right kidney measured 4.3 cm in length.

### Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 6.4 mm and the caudal pole measures 5.2 mm.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 5.0 mm and the caudal pole measures 3.0 mm.

### Spleen

The spleen is normal in size, shape, margination and echogenicity. There is a 9.8 cm x 9.3 cm heterogenous, mildly cavitated mass lesion present.

### Liver

The liver presents normal size and shape with smooth lobar margins. The parenchyma has normal echogenicity with normal echotexture. No focal lesions are seen. Intrahepatic bile ducts are normal. Normal vascular pattern.

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

### Gastrointestinal

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

### Pancreas



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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.

### Other

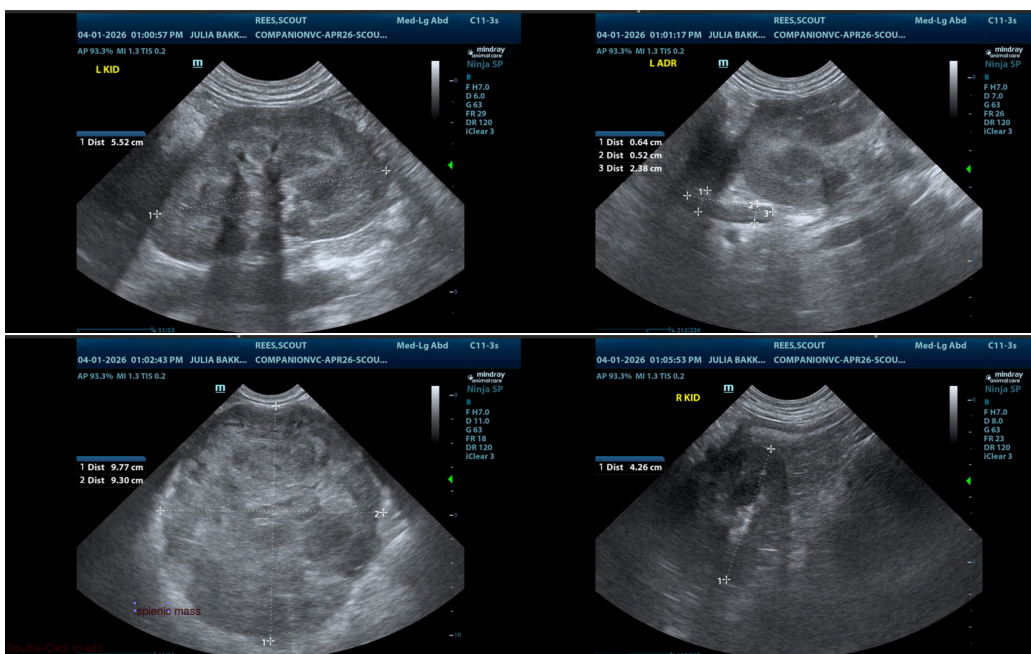
There is no pericardial effusion noted on the cardiac images. Cardiac function appears normal.

## ULTRASONOGRAPHIC FINDINGS

- Bilateral non-obstructive dystrophic mineralization.
- Heterogenous, mildly cavitated mass lesion present in the spleen. This mass is suspected to be malignant neoplasia such as hemangiosarcoma or less likely benign hemangioma, or associated hematoma.
- Modearte gallbladder debris - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend three view thoracic radiographs to rule out pulmonary metastatic disease, if not already performed. If there is no pulmonary metastatic disease identified, then recommend splenectomy and submission of the spleen for histopathology.





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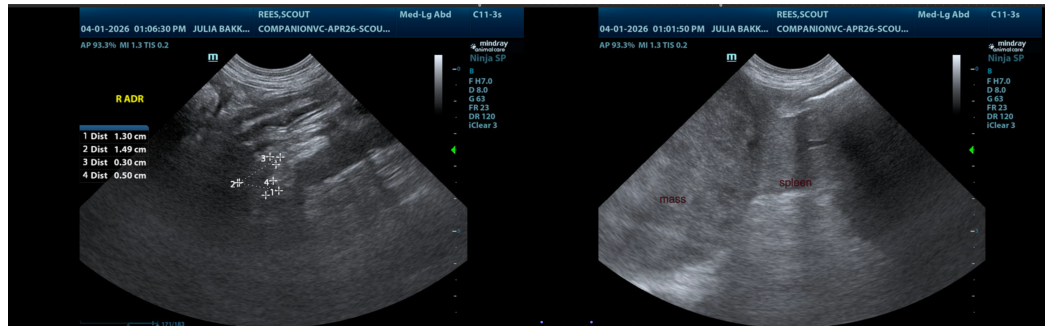
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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