



PATIENT

Finn Kennedy

SPECIES

Canine

BREED

Australian Shepherd

SEX

Neutered Male

AGE

11 Years 8 Months

WEIGHT

58 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

William Penn
Veterinary Hospital

REFERRING VET

Dr. Bouzaout

INVOICE

74169

DATE

4/2/26

PRESENTING CLINICAL SIGNS

BCS 5/9. Hepatomegaly. Harsh lung sounds, increased RR, bronchial pattern

Meds: Gaba; Carprofen; Famotidine

Abnormal PE/Chem/CBC/UA Results: 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 prostate appeared normal and measured 9.0 mm in width. It is symmetrical and of uniform echogenicity.

The right kidney presents normal size (5.7 cm) with normal shape and architecture. Normal corticomedullary distinction. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted.

The left kidney presents normal size (5.7 cm) with normal shape and architecture. Normal corticomedullary distinction. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted.

Adrenal Glands

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 10.5 mm and the caudal pole measures 6.9 mm.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 5.5 mm and the caudal pole measures 5.1 mm.

Spleen

In the body of the spleen there is a 9.5 mm x 14.0 mm, non-capsule displacing isoechoic mass lesion present. There are several hyperechoic punctate areas within the mass lesion. Otherwise, the spleen is generally normal in size and shape with a smooth capsular contour. Parenchyma is diffusely nodular in appearance characterized by small discrete hypoechoic nodules. Splenic vasculature appears normal.

Liver

Within the left liver there is an irregularly shaped 12.7 mm x 17.8 mm hypoechoic lesion present. The liver is otherwise subjectively enlarged (swollen contour) with a diffusely mildly coarse architecture and subtly increased portal markings. Mildly mixed echogenic changes are noted diffusely. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is markedly 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.



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Gastrointestinal

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

Pancreas

The observed pancreas appears appropriately isoechoic to surrounding omental fat. The capsule is mildly irregular in shape. Parenchyma is mildly heterogenous and coarse. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

- Splenic mass lesion – Most likely benign extramedullary hematopoiesis, less likely due to malignant neoplasia such as hemangiosarcoma, round cell neoplasia, lymphoma, mast cell. Otherwise, the micronodular changes in the spleen may be normal variation or less likely due to infiltrative neoplasia such as lymphoma or mast cell disease, less likely infectious disease such as bartonellosis.
- Left liver lesion – Most likely benign regenerative nodule, although a malignant etiology cannot be ruled out such as primary hepatobiliary neoplasia such as hepatocellular carcinoma, also less likely metastatic neoplasia. Otherwise, the overall appearance of the liver is most likely normal age related changes.
- Gallbladder debris – Suggestive of possible cholestasis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend fine needle aspirates of the spleen to rule out round cell neoplasia or an inflammatory process potentially suggestive of an infectious disease.

Given that patient's reported lab work is within normal limits, a hepatopathy of concern is not highly suspected at this time. Recommend reevaluating liver values in three months. If at any point liver values including total bilirubin begin to increase, recommend a fine needle aspirate of the liver with submission for cytology.

FNA of the left liver lesion could also be recommended at this time to rule out neoplasia. If obvious neoplasia is ruled out, there would be two options. One being to perform a CT scan and pre-surgical planning to resect this lesion and submit for histopathology. The other option would be to recheck this lesion in 3 months via ultrasound to determine if it is changing significantly in size or appearance. If changing significantly, recommend CT and surgery.

Consider starting Ursodiol at 15 mg/kg by mouth split into two daily doses, rechecking the appearance of the gallbladder via ultrasound in approximately 3 months. At the same time it would be recommended to recheck lab work.



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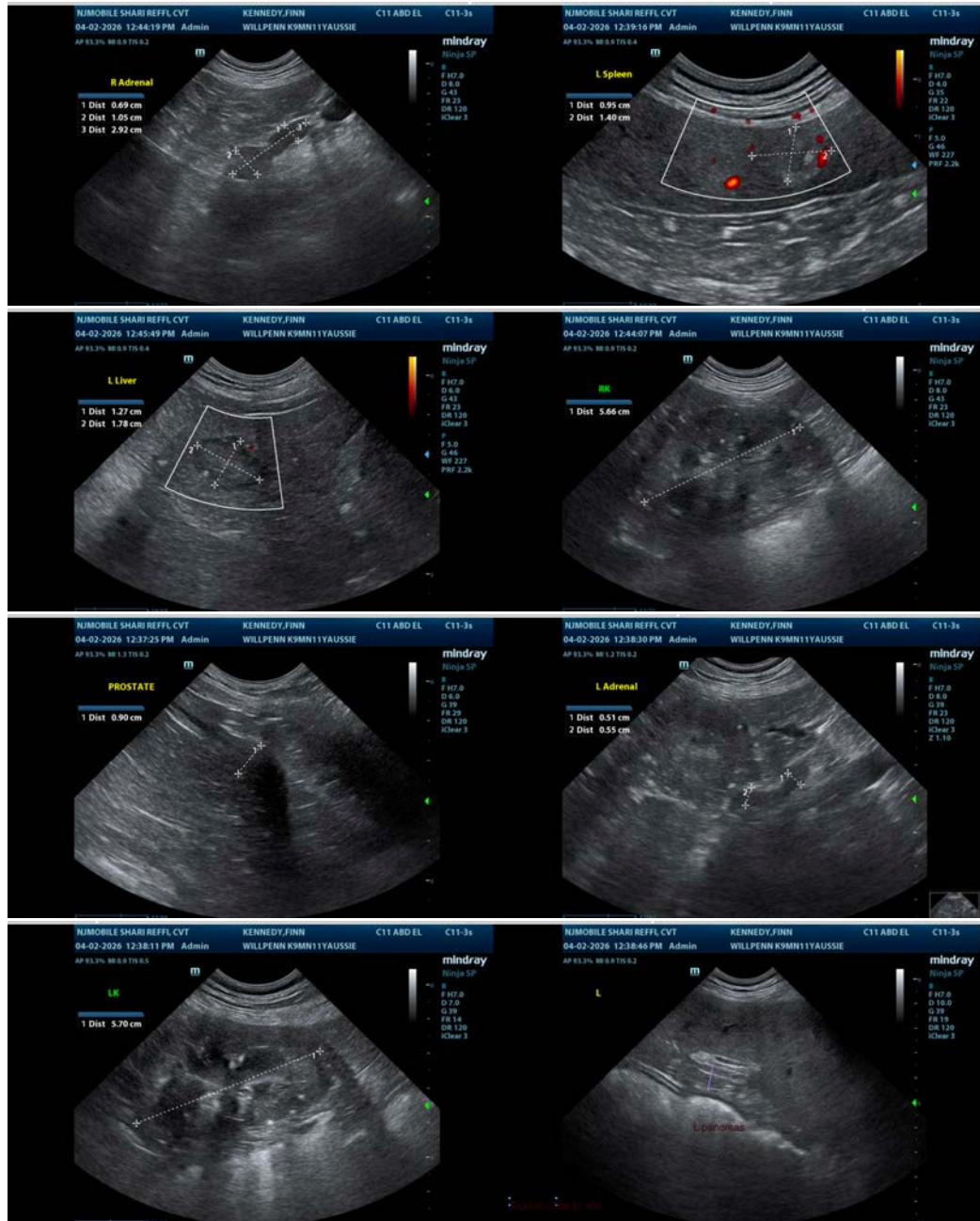
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 info@SonoPath.com