



## PATIENT

Moose Thomas

## SPECIES

Canine

## BREED

Great Pyranese

## SEX

MN

## AGE

8 years

## WEIGHT

118 lbs

## INTERPRETED BY

Greg Kuhlman, DVM,  
DACVIM (SAIM)

## IMAGING PERFORMED BY

Dr. Julia Bakker

## HOSPITAL NAME

Orange Blossom  
Veterinary Imaging

## REFERRING VET

Dr. Nicole Day

## INVOICE

11617

## DATE

4/2/2026

## PRESENTING CLINICAL SIGNS

Patient presented a few days ago with repetitive vomiting. Albumin was low and an abdominal effusion was present. Albumin 2.0, TP low 4.7. Dr started sucralfate, lasix, cerenia, and denamarin and scheduled AUS. FNA of pancreas and stomach wall taken for cytology today.

## 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. Mild loss of corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured 7.2 cm in length.

The right kidney presents normal size with normal shape and architecture. Mild loss of corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The right kidney measured 7.7 cm in length.

### Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 4.1 mm and the caudal pole measures 6.8 mm.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 6.7 mm and the caudal pole measures 11.9 mm.

### Spleen

The spleen is normal in size, shape, margination and echogenicity. No masses are seen.

### 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.

The gallbladder presents normal size with anechoic contents. Normal gallbladder wall. No evidence of bile duct distention or obstruction.

### Gastrointestinal

The stomach and pylorus are diffusely markedly thickened and hypoechoic with loss of normal layering. The stomach measures 1.8 cm in width, and the pylorus measures 1.75 cm in width. The small intestines have normal wall layering and thickness. Colon contains normal contents with normal wall thickness.

### Pancreas

The right limb of the pancreas is diffusely hypoechoic with hyperechoic foci present throughout and measures approximately 3.0 cm in width. There is no significant surrounding hyperechoic fat. In the



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right limb of the pancreas there is a round, hypoechoic lesion with hyperechoic foci present. This measures 2.5 cm x 2.6 cm in size.

### **Free Abdomen**

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

There is a moderate amount of echogenic free fluid present.

### **ULTRASONOGRAPHIC FINDINGS**

- Mild age-related renal changes.
- Thickened, hypoechoic stomach and pylorus with loss of normal layering.
- Hypoechoic right limb of the pancreas with hyperechoic foci throughout and a round hypoechoic lesion.
- Moderate amount of echogenic free fluid.

### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Due to the age related renal changes, I recommend full staging, monitoring and managing per Internation Renal Interest Society (IRIS) guidelines.

The diffusely thickened, hypoechoic stomach and pylorus is most likely consistent with a neoplastic process such as lymphoma or possibly adenocarcinoma, less likely leiomyosarcoma. A benign process such as severe gastritis seems to be possible, but unlikely in this case. The gastric wall was already aspirated. Recommend submitting that sample for cytology to help determine the etiology of these changes. If the cytology of the stomach is inconclusive, consider endoscopic biopsies of stomach for histopathology. If endoscopy is not available, then consider surgical gastric biopsies for histopathology.

The pancreas is hypoechoic in the right limb with hyperechoic foci throughout and contains a round hypoechoic lesion. These findings may be due to chronic pancreatitis causing pancreatic hyperplasia or possibly due to pancreatic carcinoma. It is reported that the pancreas was already aspirated. Recommend submitting that sample for cytology.

Given the findings within the pancreas and the stomach, there is some concern that possibly carcinomatosis is present. Recommend obtaining fluid samples of the free fluid and submitting for fluid analysis and cytology.

Recommend three view chest radiographs if not already performed to evaluate for possible pulmonary metastatic disease.



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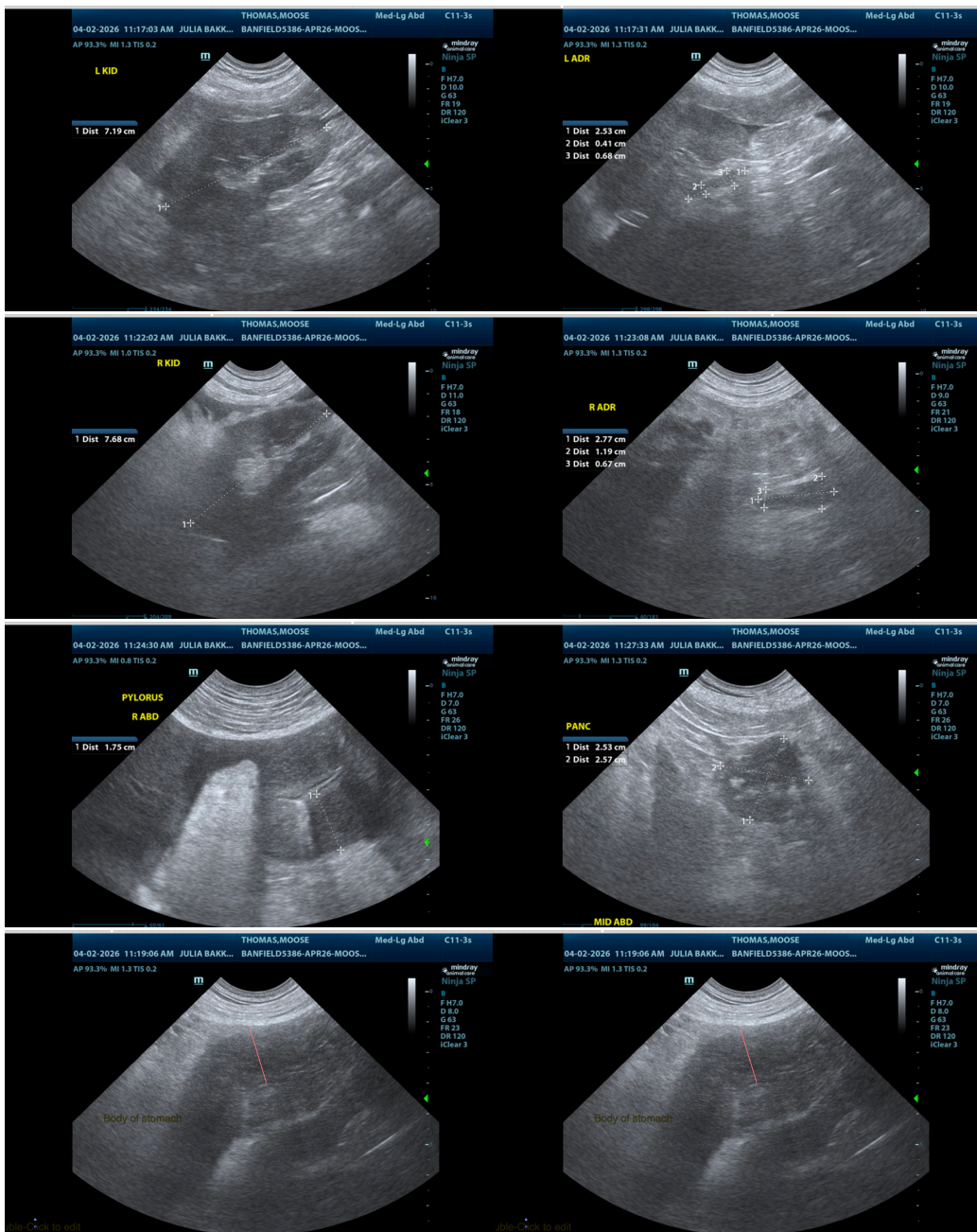
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)



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Veterinary Internal Medicine Specialist

[info@SonoPath.com](mailto:info@SonoPath.com)

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