



PATIENT PRESENTING CLINICAL SIGNS

Ellie Vare PU/PD, hypercalcemia. Rads show large spleen (rads attached for reference). DDX: Splenic mass. No current meds other than Torb/Midaz for scan

SPECIES Abnormal PE/Chem/CBC/UA Results: T4 0.5; FT4 6.1; ALT 131; ALK 416; Ca 13.6; MSU Ionized Ca+ + PTH pending
 Canine

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

GSP *Urinary System*

SEX 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. No papilla is seen.

Spayed Female The left iliac lymph node is enlarged (18.3 mm x 34.3 mm), rounded and hypoechoic and appears to be enlarged due to neoplasia, either round cell, lymphoma, mast cell, or metastatic. Cranial to the first iliac lymph node is a second lymph node that measures 16.7 mm in size.

AGE

10 Years 2 Months The left kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted. The left kidney measured 6.5 cm in length.

WEIGHT

66.8 pounds The right kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted. The right kidney measured 6.5 cm in length.

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 5.6 mm and the caudal pole measures 7.0 mm.

IMAGING PERFORMED BY

Sharri Reffi CVT

The right adrenal gland presents moderately enlarged. The cranial pole measures 16.2 mm and the caudal pole measures 9.1 mm.

HOSPITAL NAME

Shohola Veterinary Hospital

Spleen

The spleen is diffusely mildly enlarged and folded upon itself caudally. Normal blood flow was evident with normal echogenicity and echotexture. Most likely normal variation, most likely spleen enlarged due to infiltrative neoplasia such as lymphoma or mast cell disease.

REFERRING VET

Dr. DeMeo

Liver

Liver is relatively normal in size and contour. Parenchyma is mildly heterogenous and coarse with mild likely age-related parenchymal remodeling noted. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

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

Gastrointestinal



PATIENT

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

Pancreas

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. No pericardial effusion is seen.

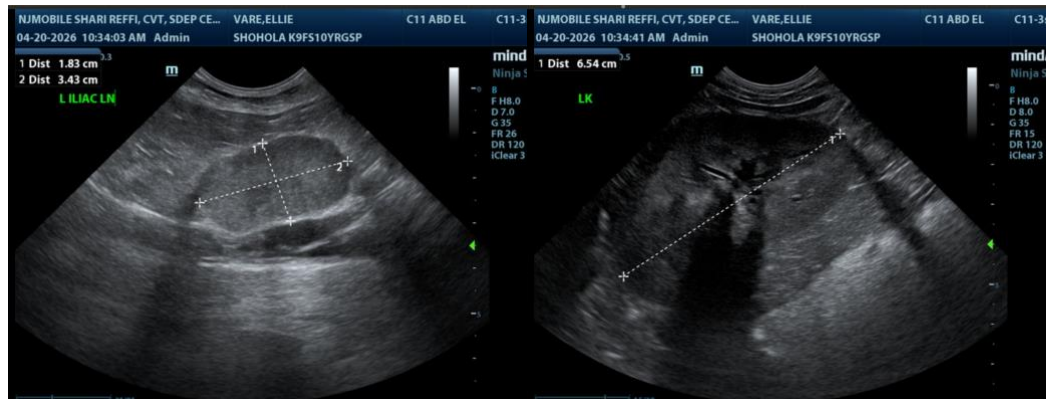
ULTRASONOGRAPHIC FINDINGS

- Enlarged left iliac lymph nodes.
- Enlarged right adrenal gland.
- Folded/enlarged spleen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend fine needle aspirate of the left iliac lymph node. Recommend screening for hyperadrenocorticism vis urine cortisol to creatinine ratio. If UCCR is normal, hyperadrenocorticism is effectively ruled out. Recommend low-dose dexamethasone suppression test. Given the appearance of these nodes, recommend a rectal exam be performed on the patient if not already performed. Given that there is reported hypercalcemia, the presence of these lymph nodes could be due to metastatic anal sac adenocarcinoma.

Consider fine needle aspirate of the spleen with submission for cytology to rule out splenic disease.





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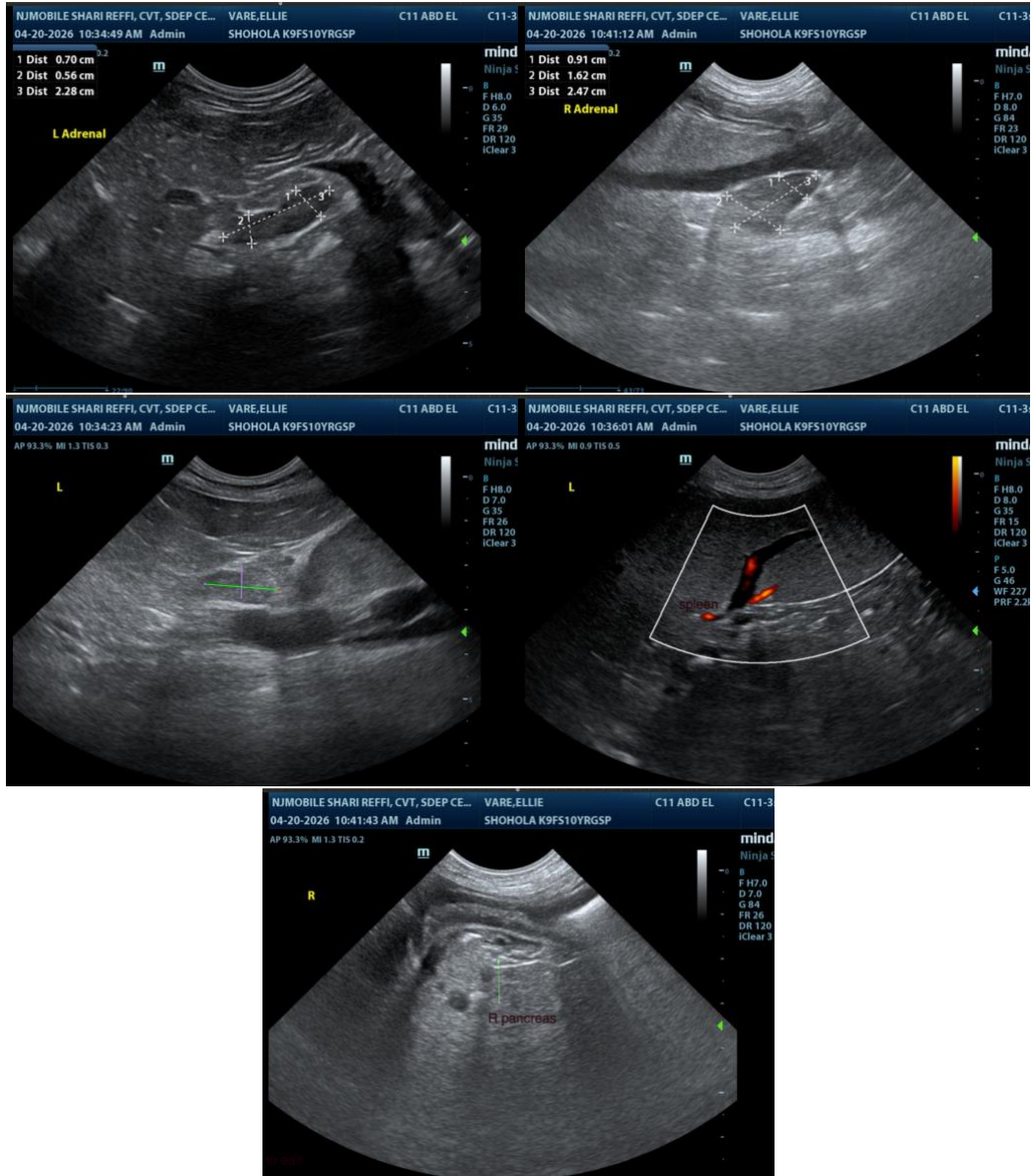
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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