PATIENT

Caleigh Heyel

SPECIES

Canine

BREED

Pit Bull

SEX

Spayed Female

AGE

10 Years

WEIGHT

43.4 lbs

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Stoney Creek Veterinary Hospital

REFERRING VET

Dr. Zamoborsky

INVOICE

74631

DATE

4/21/26

PRESENTING CLINICAL SIGNS

P presented for US due to chronic vomiting after eating for about 1.5 weeks. Rad report- possible mild peritoneal effusion. FF negative

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 right kidney presents normal size (6.6 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (7.3 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

Adrenal Glands

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 4.8 mm and the caudal pole measures 7.9 mm.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 3.1 mm and the caudal pole measures 5.7 mm.

Spleen

A non-capsule displacing hypoechoic lesion is noted in the tail of the spleen measuring 9.1 mm x 12.7 mm. This lesion is non-cavitated. A similar lesion that is smaller in size measures 8.5 mm x 3.4 mm. The remainder of the spleen appears normal with normal blood flow.

Liver

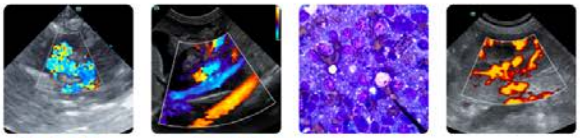
Within the liver there is a 4.3 cm x 2.6 cm non-capsule displacing hypoechoic lesion that has a hyperechoic center to it. The gallbladder presents normal size with anechoic contents. There is a single area of hyperechoic aggregating debris within the cranial aspect o the gallbladder, which appears insignificant at this time. Normal gallbladder wall. No evidence of bile duct distention or obstruction. Portal vein to caudal vena cava ratio is 1.0, which is normal. No portosystemic shunt suspected.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The stomach is moderately distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. If patient was appropriately fasted, delayed gastric emptying could be considered. Non-shadowing foreign material is considered less likely but cannot be definitively ruled out.

If clinical signs are consistent (vomiting, etc.), recommendations include supportive medical care, 24 hours fasting and re-image.

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen is mildly distended with echogenic non-shadowing



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luminal contents and gas consistent with normal ingesta/chyme. There is no evidence of obstruction, foreign material or infiltrative disease.

The colon contains a large amount of formed stool. The colon wall appears diffusely normal in thickness.

Pancreas

No pathology seen in the visible areas of the pancreas. No evidence of pancreatitis.

Free Abdomen

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

A cardiac image was provided. No pericardial effusion seen. No obvious abnormalities seen.

ULTRASONOGRAPHIC FINDINGS

- Hypoechoic splenic lesions – Most likely extramedullary hematopoiesis, less likely malignant round cell neoplasia or hemangiosarcoma.
- Hypoechoic liver lesion – Primary hepatobiliary neoplasia is most likely such as hepatocellular carcinoma, less likely biliary neoplasia. Metastatic from the splenic lesion is possible. However, this seems unlikely at this time.
- Full gastrointestinal tract – Patient does not appear to have been fasted for the exam.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If coags are normal, recommend fine needle aspirate of the splenic lesions with submission for cytology. If cytology is inconclusive, consider either monitoring the splenic lesions via ultrasound over the next 1-2 months to determine if they are changing in appearance. If they are, consider splenectomy at that time, or you could consider direct splenectomy at this time.

Given the size and appearance of the liver lesion, strong consideration should be given to performing a CT scan of the abdomen as pre-surgical planning to resect the liver lesion and submit for histopathology. If patient has surgery, recommend splenectomy at the same procedure.

Recommend 3-view chest radiographs prior to any surgical procedure to rule out obvious pulmonary metastatic disease.

If there is concern for pancreatitis, recommend submitting cPLI to further evaluate.

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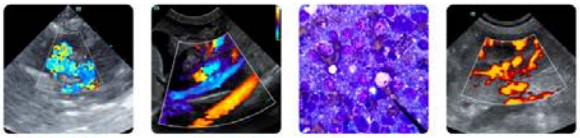

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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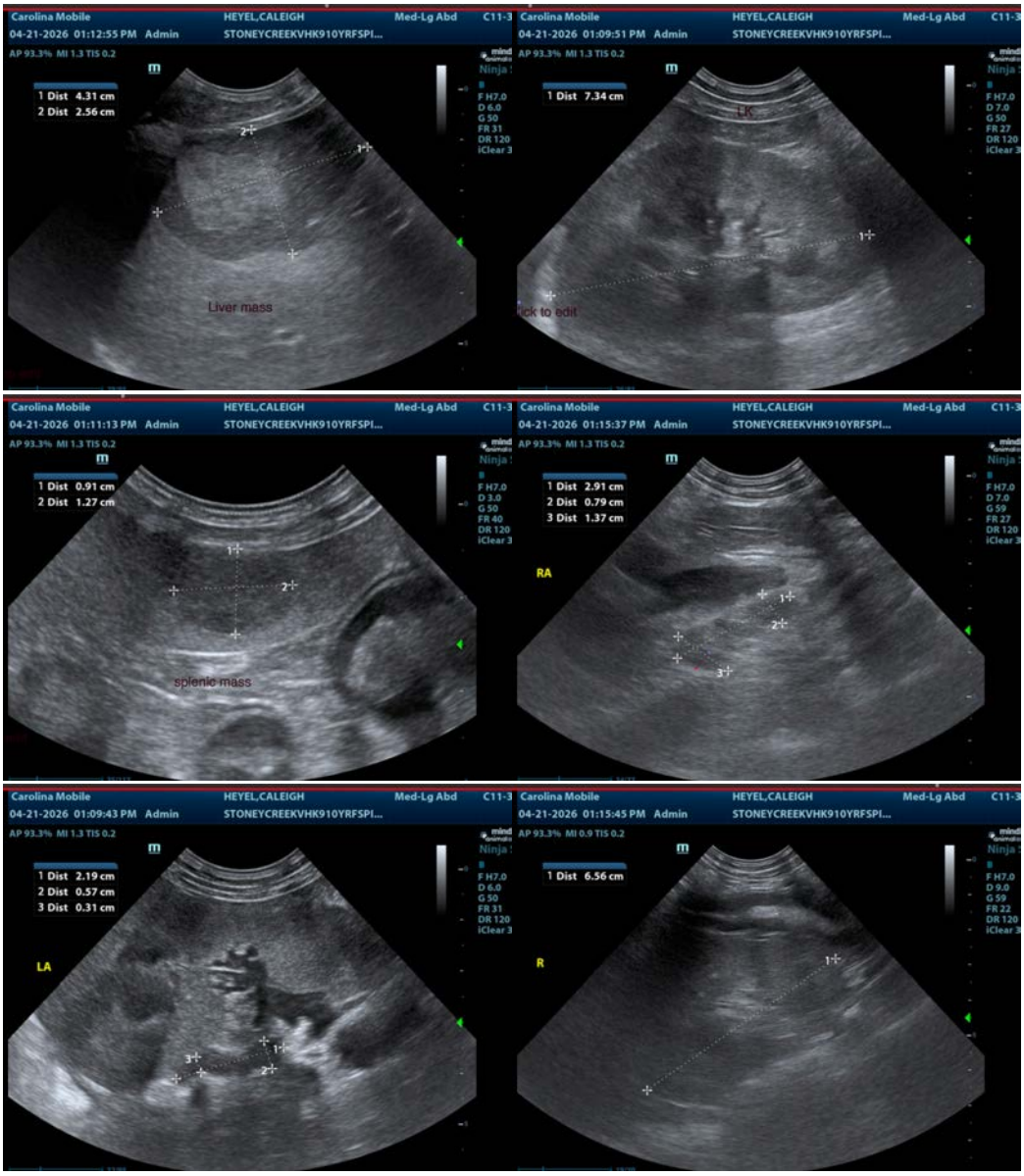

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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