



PATIENT

Cheka Hall

SPECIES

Canine

BREED

Mixed Breed

SEX

Spayed Female

AGE

9 Years

WEIGHT

22 pounds

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Julia Bakker DVM

HOSPITAL NAME

Orange Blossom
Veterinary Imaging

REFERRING VET

Bruce McLaughlin
DVM

INVOICE

15498

DATE

04/27/26

PRESENTING CLINICAL SIGNS

Pet presents with acute respiratory distress. Rad report suggests pulmonary hemorrhage, contusions, infectious pneumonia, vasculitis, ARDS. AUS ordered to screen for cause

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder is moderately distended with minimal urine. No uroliths are seen. The bladder wall is normal in appearance and thickness. No masses are seen.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. The left kidney measures 4.2 cm. The right kidney measures 5.1 cm.

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 4.7 mm.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 5.9 mm and the caudal pole measures 3.7 mm.

Spleen

Within the tail of the spleen, there is a 3.7 by 4.5 cm heteroechoic mildly cavitated mass lesion that is displacing the capsule of the spleen. This mass most likely represents malignant neoplasia such as hemangiosarcoma less likely a benign hemangioma.

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 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



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

Image of the heart were provided with no obvious pericardial effusion seen. Pleural effusion is seen within the chest cavity however, that was reported on a thoracic radiograph report. This is not a new finding.

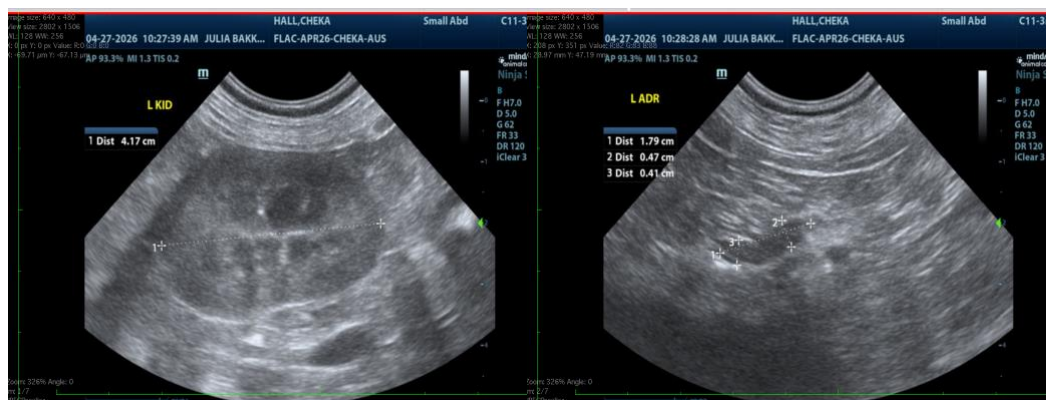
ULTRASONOGRAPHIC FINDINGS

- Splenic mass- suspect malignant neoplasia.
- Age-related renal changes.
- Pleural effusion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend direct splenectomy and submission of spleen for histopathology. If splenectomy is not performed, consider fine needle aspirate of splenic mass with submission for cytology. Recommend full staging, monitoring and managing kidneys with international renal interest society guidelines.

On the cardiac images provided, no obvious cardiac mass is seen however a full echocardiogram is recommended to screen the patient for a possible cardiac mass that could potentially causing the pleural effusion. Recommend sampling pleural effusion and submitting for fluid analysis cytology. If fluid is frank blood, it may be related to a metastatic lesion from the splenic mass. In that case, consider CT scan of patient's abdomen and chest before considering surgery to remove for splenectomy to rule out possibility of metastatic splenic neoplasia present within the thoracic cavity.





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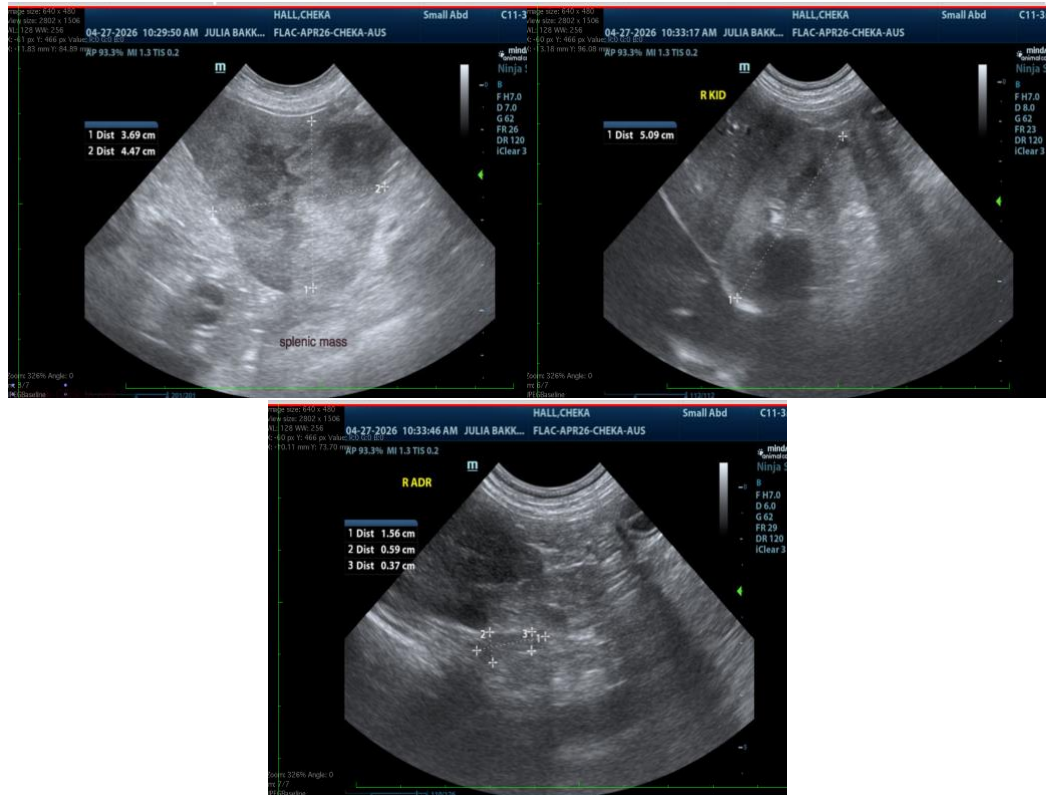
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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