



## PATIENT

Sammy Bartlett

## SPECIES

Canine

## BREED

Lab Mix

## SEX

Neutered Male

## AGE

10 Years

## WEIGHT

60 pounds

## INTERPRETED BY

Greg Kuhlman, DVM,  
DACVIM (SAIM)

## IMAGING PERFORMED BY

Dr. Sorbo

## HOSPITAL NAME

JM Pet Resort &  
Veterinary Clinic

## REFERRING VET

Dr. Sorbo

## INVOICE

15496

## DATE

04/27/26

## PRESENTING CLINICAL SIGNS

Medical History 15–16% weight loss (71 lb → 60 lb), gradual onset Known inoperable colorectal mass; diagnosed September 2024 via rectal exam, inoperability confirmed on second opinion (location + patient age) Hematochezia with every bowel movement; tenesmus present. Behavior/mentation otherwise normal per owner

Abnormal PE/Chem/CBC/UA Results: Colorectal mass 2 x 3cm palpated 5-10cm into the rectum. Soft, blood on glove noted. This is an old/chronic finding. Exam & Lab Findings 4Dx negative (HW, Lyme, Ehrlichia, Anaplasma) Leukogram: neutrophilia, monocytosis, eosinophilia (~20% above reference) Globulin 4.4 g/dL (elevated) ALP mildly elevated Thyroid below measurable limits – euthyroid sick syndrome suspected; hypothyroidism less likely given absence of classic signs (lethargy, weight gain, dermatopathy).

## 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. No papilla is seen.

The prostate is normal and measures 10.5 mm in width with symmetrical uniform echogenicity.

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. The right kidney measures 6.2 cm.

In the ventral mid-aspect of the left kidney, there is a 2.9 by 2.6 cm heteroechoic mass lesion, most likely a neoplastic lesion such as a renal carcinoma or hemangiosarcoma.

### Adrenal Glands

The left adrenal gland was not clearly seen.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole is not clearly seen and the caudal pole measures 8.0 mm.

### Spleen

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

### 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.

Gallbladder is moderately 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. The stomach contains a moderate amount of ingesta. The patient does not appear to be completely fasted for this exam.

In the descending colon, the historic colonic mass that was mentioned in the submission form is present and measures 2.4 by 1.8 cm in size. Heteroechoic in appearance and appears to be an extraluminal mass. Most likely a malignant neoplasia such as adenocarcinoma, possibly leiomyosarcoma. Although mass could potentially be a benign lesion such as a leiomyoma.

## 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.

## ULTRASONOGRAPHIC FINDINGS

- Left kidney mass lesion.
- Colonic mass.
- Gallbladder debris.
- Age-related hepatic remodeling.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend fine needle aspirate of left kidney mass lesion and colonic mass with submission for cytology. No obvious cause for the patient's weight loss is seen on this exam. The question would be, is the patient's weight loss with a good appetite or does the patient have a poor appetite? Given patient has bilateral age-related changes to their kidneys, recommend full IRIS staging, monitoring, and managing. Recommend three view chest radiographs to screen patient for metastatic neoplasia which may be a cause of poor appetite.





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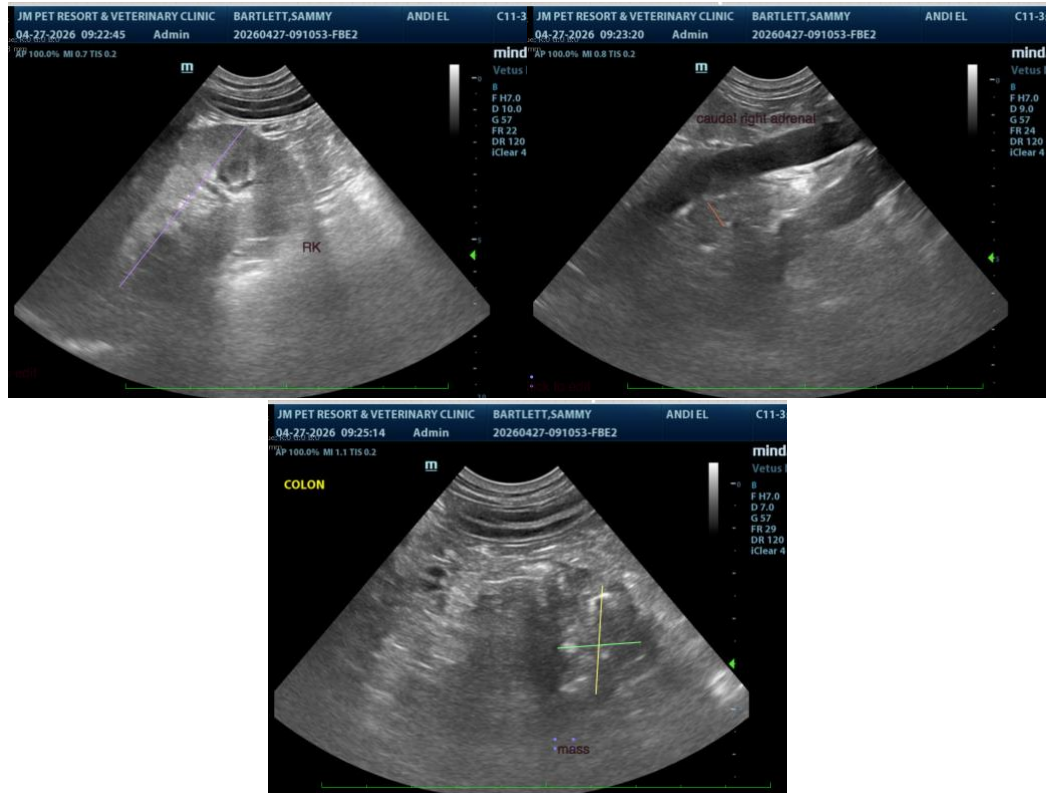
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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