



PATIENT

Duncan Stocker

SPECIES

Canine

BREED

Lab Retriever x

SEX

Neutered Male

AGE

13 Years 1 Month

WEIGHT

51.8 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Leck Veterinary
Hospital

REFERRING VET

Dr. Leck

INVOICE

74335

DATE

4/9/26

PRESENTING CLINICAL SIGNS

Chronic diarrhea-5 week duration (stool negative), hyporexia. Weight loss, age related DJD-left metatarsus. Thyroid carcinoma (9/2024); Malignant melanoma-buccal cavity (8/2024)

Current Meds: B12; Probiotic

Abnormal PE/Chem/CBC/UA Results: UA: Isosthenuria otherwise normal. USG: 1.011. BW-normal including Folate/B12/PLI/TLI.

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 papillae 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 right kidney measured 6.0 cm. The left kidney measured 6.4 cm.

Adrenal Glands

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 8.9 mm and the caudal pole measures 6.9 mm.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 5.3 mm and the caudal pole measures 6.3 mm.

Spleen

Within the body of the spleen there is an isoechoic non-capsule displacing lesion present that has a thin outer hypoechoic rim, a "target" lesion. This lesion measures 9.3 mm x 10.9 mm. A second lesion is noted in the tail of the spleen measuring 3.3 mm x 6.1 mm.

Liver

The liver is heterogeneous with multiple ill-defined hyperechoic round lesions present throughout the liver. Two representative lesions within the mid liver measure 3.9 mm and 10.1 mm in width. Within the left liver there is a hyperechoic lesion that measures 1.5 cm x 1.7 cm. This lesion also has a thin hypoechoic rim around its outer surface, appearing as a "target" lesion.

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.



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Pancreas

The observed pancreas appears appropriately isoechoic to surrounding omental fat. The capsule is mildly irregular in shape. Parenchyma is mildly heterogenous and coarse. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

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

Cardiac images were provided. No pericardial effusion seen. Cardiac function appears adequate.

ULTRASONOGRAPHIC FINDINGS

- Target lesion in the spleen with a second lesion at the tail of the spleen – Differentials include benign extramedullary hematopoiesis, less likely neoplasia, lymphoma, mast cell, hemangiosarcoma. Possibly a benign hemangioma.
- Target lesion in the liver – Differentials include benign regenerative nodule versus malignant neoplasia, round cell neoplasia, lymphoma, mast cell. Possible primary hepatobiliary neoplasia such as hepatocellular carcinoma, or possibly this is a metastatic lesion from the splenic lesions, although that is less likely.
- Additionally, multiple hyperechoic lesions throughout the liver – Possibly benign regenerative nodules but may also represent metastatic neoplasia from patient’s previous episodes of melanoma or thyroid carcinoma, possibly metastatic from patient’s splenic lesions, less likely round cell neoplasia, lymphoma, mast cell.
- Age related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend fine needle aspirate of the splenic lesions and hepatic lesions for cytology. If aspirate samples are inconclusive as to cause of the lesions, at that time consider splenectomy, submitting the spleen for histopathology and obtaining liver biopsies during the same procedure. Recommend 3-view chest radiographs prior to considering surgery to rule out pulmonary metastatic disease.

Given the age related renal changes and reportedly dilute urine, recommend full staging, monitoring and managing per IRIS guidelines.





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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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