



PATIENT

Lexi Areman

SPECIES

Canine

BREED

Australian Cattle Dog x

SEX

Spayed Female

AGE

12 Years 5 Months

WEIGHT

30.6 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Vincent Ravancho, CVT

HOSPITAL NAME

Brenda King, VMD

REFERRING VET

Dr. King

INVOICE

74355

DATE

4/9/26

PRESENTING CLINICAL SIGNS

Lethargy, anorexia (1 week), enlarged liver, enlarged spleen
Abnormal PE/Chem/CBC/UA Results: nRBC 12/100 WBC (0-1 reference range)

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. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted. Right kidney measured 5.7 cm. Left kidney measured 4.75 cm.

Adrenal Glands

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 11.8 mm and the caudal pole measures 5.3 mm.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 6.2 mm and the caudal pole measures 5.4 mm.

Spleen

The spleen is diffusely mildly enlarged with normal echogenicity and normal echotexture. Normal blood flow.

Liver

The liver is diffusely enlarged with rounded margins. Echotexture and echogenicity appear normal.

The gallbladder contains a minimal amount of anechoic bile at this time. The gallbladder wall appears normal. No surrounding free fluid or inflammation. Within the gallbladder there is a 1.1 cm hyperechoic shadowing cholelith present. The gallbladder does not currently appear obstructed. The common bile duct is not definitively seen.

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

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

No pericardial effusion seen in the cardiac images provided. Cardiac function appears appropriate.



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ULTRASONOGRAPHIC FINDINGS

- Mild age related renal changes.
- Mildly enlarged spleen – May indicate infiltrative disease such as lymphoma or mast cell disease, less likely an infectious disease such as bartonellosis.
- Diffusely enlarged liver – These changes may be due to infiltrative disease, neoplastic disease such as lymphoma or mast cell. A primary hepatopathy is possible.
- Cholelith – May be an incidental finding. However, given the patient’s clinical signs, if cholestatic enzymes are elevated, and specifically if bilirubin begins to elevate, that may indicate an obstructive gallbladder process.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No specific cause for the patient’s clinical signs are seen on this exam.

Consider fine needle aspirate of the liver to rule out an infiltrative neoplastic disease process. If round cell neoplasia is ruled out, also consider Leptospirosis as a possible cause. If patient is not vaccinated for this disease, consider evaluating for Leptospirosis. If round cell neoplasia and Leptospirosis are ruled out, then recommend periodically evaluating liver values. If liver values are increasing, then consider a liver biopsy be performed to determine the underlying cause for the appearance. If liver values are not elevated and do not elevate with periodic monitoring, then the appearance of the patient’s liver may be a normal variation.

If an obstructive gallbladder process is suspected, recommend cholecystectomy.

Recommend fine needle aspirate of the spleen with submission for cytology.

Recommend full staging, monitoring and managing for possible chronic kidney disease via IRIS guidelines.

Recommend 3-view chest radiographs to further evaluate for possible cause of clinical signs and elevated number of nucleated red blood cells.

Prognosis is currently open pending results of recommended diagnostics.





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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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