



PATIENT

Corbin Greenlay

SPECIES

Canine

BREED

Corgi

SEX

MN

AGE

12 years

WEIGHT

14 kg

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Iacovides

HOSPITAL NAME

Oakbank AH

REFERRING VET

Dr. Fleming

INVOICE

11933

DATE

5/12/2026

PRESENTING CLINICAL SIGNS

Routine annual exam last week - senior wellness bloods; WNL presented to emerg clinic Sunday PM for ADR : abdominal mass noted on Xray currently stable.

Current Meds: Librela 10mg monthly

Abnormal PE/Chem/CBC/UA Results: Abdomen x-ray- mod abdominal mass.

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.

Prostate is normal in size (7.5 mm in width), echotexture, and echogenicity for a neutered male. Within the prostatic urethra there is a large amount of hyperechoic shadowing sandy material present, suspected to be small uroliths or an aggregation of sandy material.

The left kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured 5.3 cm in length.

The right kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The right kidney measured 5.8 cm in length.

Adrenal Glands

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 7.5 mm.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The caudal pole measures 5.4 mm and the cranial pole is not clearly visualized.

Spleen

Within the spleen there is a markedly capsule displacing, heterogenous mass lesion that measures 13.0 cm x 8.0 cm. Near the large vessels at the hilus there is hyperechoic, ill-defined lesion consistent with benign myelolipoma. There is an area in the spleen that has mild to moderate cavitation. The remainder of the spleen appears normal with normal blood flow.

Liver

The visible liver appears normal with no obvious evidence of metastatic disease is visualized.

The gallbladder presents normal size with anechoic contents. Normal gallbladder wall. No evidence of bile duct distention or obstruction.

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



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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.

Small 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.

ULTRASONOGRAPHIC FINDINGS

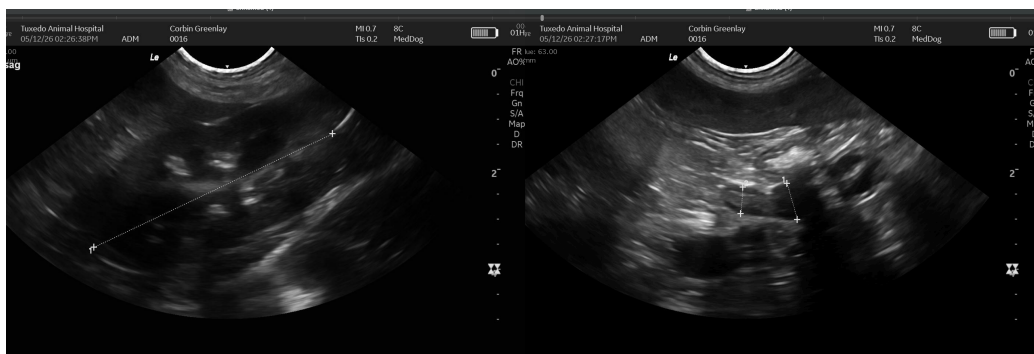
- Suspect uroliths or aggregating sandy material within the prostatic urethra.
- Markedly capsule displacing, heterogenous mass lesion within the spleen. Differentials include malignant hemangiosarcoma, less likely but possibly a benign hemangioma should be considered as well. Other malignant neoplasia is possible but is less likely.
- Near the large vessels at the hilus there is hyperechoic, ill-defined lesion consistent with benign myelolipoma

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Consider switching patient to a urinary diet such as Royal Canin SO or Hills CD. Recheck this finding in 4 weeks to determine if resolution has occurred. If the material within the prostatic urethra remains present after a strict urinary dissolution diet, then consider cystotomy to remove the debris and then submit to Minnesota Urolith Lab for analysis.

Recommend a splenectomy at this time, and submission of spleen for histopathology.

Consider three view thoracic radiographs to rule out pulmonary metastatic disease prior to considering splenectomy.





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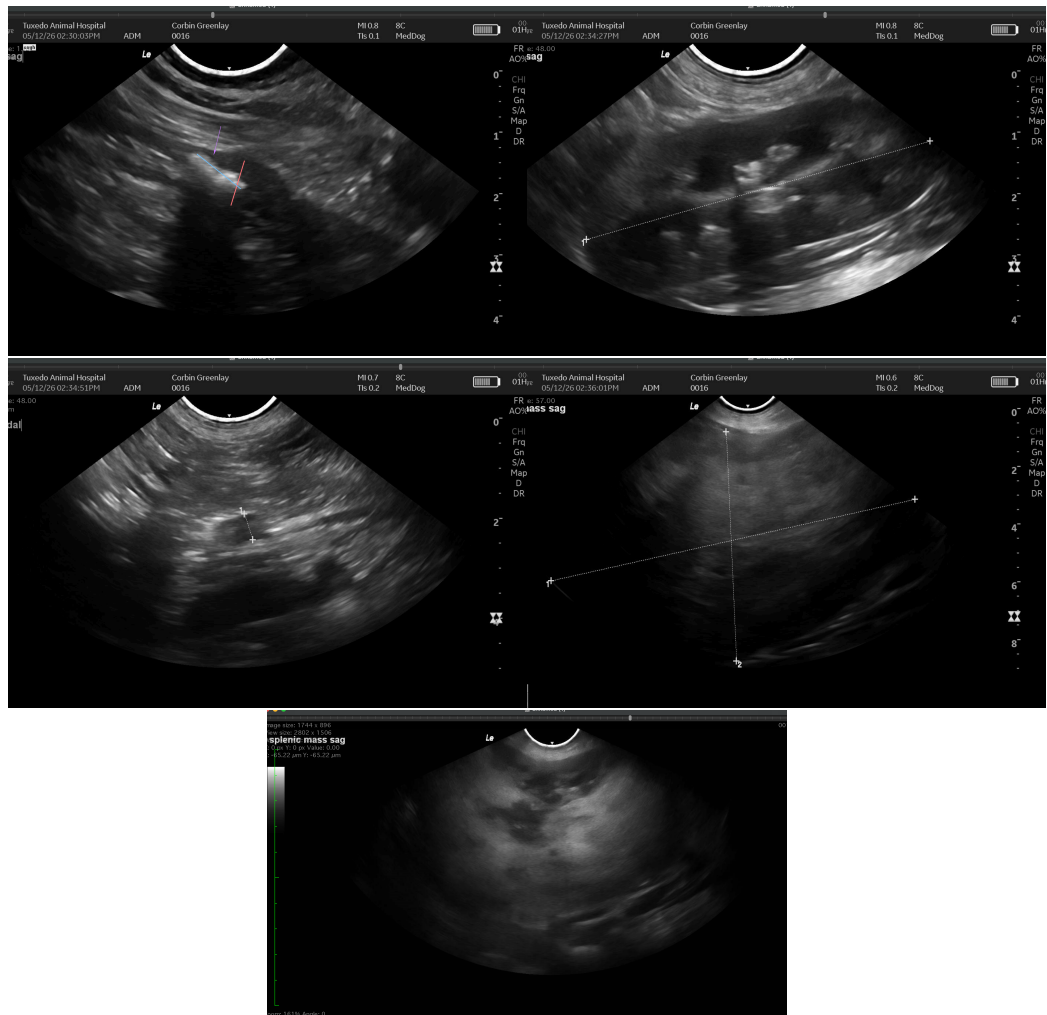
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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