



PATIENT

Tank Houston

SPECIES

Canine

BREED

Rottweiler

SEX

Intact Male

AGE

3 Years 6 Months

WEIGHT

101.4 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
 DACVIM (SAIM)

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Stewart's Mountain
 View Animal Hospital

REFERRING VET

Dr. Lusk

INVOICE

75112

DATE

5/13/25

PRESENTING CLINICAL SIGNS

P presented for lethargy, vomiting, dark diarrhea, bloated belly off and on for 6 weeks. Concern for idiopathic hypereosinophilic syndrome. Treating with GI support, P ate Biome today after US. Cancer DX or Lymphoma: pending. Cytology Spleen and LN: pending. Possible Referral to Internist if owner able.

Abnormal PE/Chem/CBC/UA Results: CBC: HCT 32.5%, WBC 35.7, Eos 21.1, PLT 75 Chem: Chol 109 Urinalysis: usg 1.043, LEU 100, Pro 30, UBG 8, Bil 6, Bld 250, WBC 16/hpf, suspect presence of rods and cocci ACTH STim Pre 2.6, Post 14.6 CBC Path Review: Marked eosinophilia, PLT 70,000 Abd Fluid cytology Pro 5.5, RBC less than 100,000, Nucleated cell count 23,920, eosinophilic predominant exudate

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with a mild amount of echogenic non-shadowing debris, most consistent with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can present with echogenic debris. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The prostate was normal, measuring 3.6 cm in width.

The right kidney presents normal size (9.0 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (8.1 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

There is a moderate sized pocket of free fluid present surrounding the left kidney.

Adrenal Glands

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 9.4 mm and the caudal pole measures 5.2 mm.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 5.6 mm and the caudal pole measures 6.9 mm.

Spleen

Within the spleen there are two hypoechoic lesions. The first is non-capsule displacing and measures 8.9 mm x 12.7 mm in size. The second is mildly displacing the capsule and appears to be located at the head of the spleen, measuring 18.7 mm x 15.5 mm. The spleen otherwise appears to have normal echogenicity and echotexture. However, it does appear diffusely enlarged.

Liver

There is at least one hypoechoic, non-capsule displacing lesion within the liver. The visible lesion measures 16.8 mm x 22.6 mm in size. The liver is otherwise heterogeneous.



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

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Gastrointestinal

The visible gastrointestinal tract appears normal.

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Pancreas

The area of the left and right pancreas is seen, no pathology noted.

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Free Abdomen

Numerous moderately to markedly enlarged, hypoechoic, rounded mesenteric lymph nodes were present throughout the abdomen. A representative node measured 2.24 cm x 4.11 cm.

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Both testicles are visualized and appear normal.

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ULTRASONOGRAPHIC FINDINGS

- Urinary bladder debris.
- Free fluid surrounding left kidney.
- Enlarged spleen with hypoechoic lesions.
- Heterogeneous liver with at least one hypoechoic lesion.
- Numerous enlarged mesenteric lymph nodes.

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mesenteric lymph nodes are most likely enlarged due to lymphoblastic lymphoma or, given the patient's breed and the marked eosinophilia, idiopathic hypereosinophilic syndrome possible.

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The splenic lesions may be benign extramedullary hematopoiesis or may be present due to infiltrative neoplasia such as lymphoma, mast cell disease, or histiocytic sarcoma, or possibly present due to hypereosinophilic syndrome.

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The liver lesion does not appear to be consistent with a benign regenerative nodule. There is concern this lesion is either neoplastic such as lymphoma, mast cell, or histiocytic sarcoma, or less likely primary hepatobiliary neoplasia such as hepatocellular carcinoma, or possibly this lesion is present due to hypereosinophilic syndrome.

REFERRING VET

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The spleen and lymph nodes were aspirated and submitted for cytology, which is recommended. It also appears the free fluid was aspirated and appears to be an exudate with eosinophils that predominate this fluid. The fluid would suggest either hypereosinophilic syndrome or possible lymphoblastic lymph nodes.

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Given that there were reportedly visible bacteria present within urinalysis that was performed, recommend adding on a urine culture.

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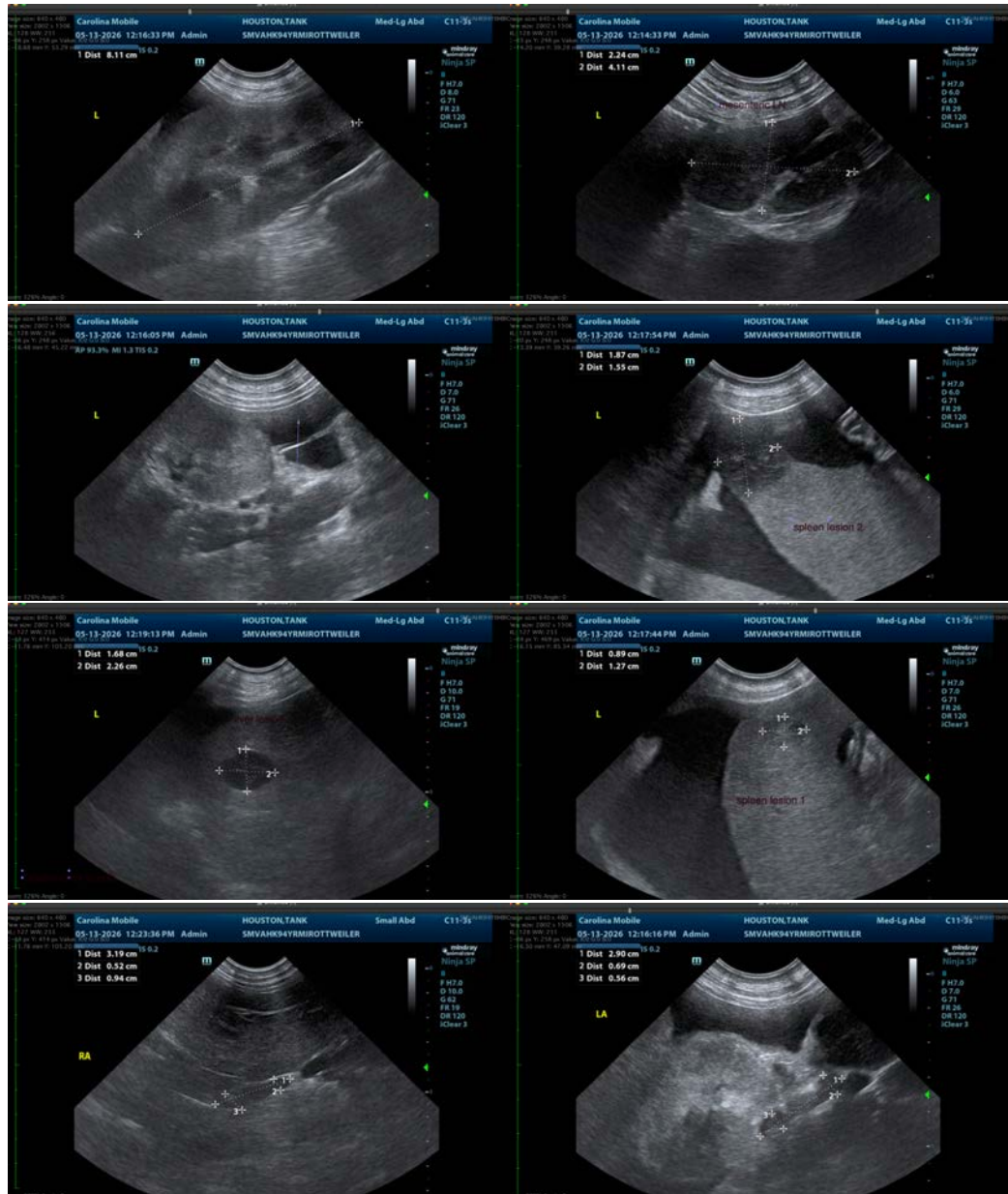
Dr. Lusk

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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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