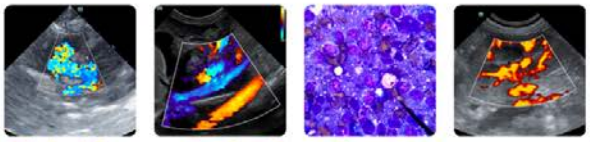


PATIENT

Wilma Klein

SPECIES

Canine

BREED

French Bulldog

SEX

Spayed Female

AGE

4 Years

WEIGHT

10.8 kg

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Carlie Koltek, RVT

HOSPITAL NAME

Tuxedo Animal Hospital

REFERRING VET

Dr. Luke Pura

INVOICE

75123

DATE

5/13/26

PRESENTING CLINICAL SIGNS

~2 week history of polyuria and hyporexia. No obvious change in thirst noted by owner.
~Energy seems normal at home.
~Weight loss of 1.2 kg since April 28th 2026
~No vomiting or diarrhea.
~No stranguria, pollakuria, dysuria, hematuria noted by owners.

Abnormal PE/Chem/CBC/UA Results: T: 38.4 P: 130 R: n BCS: 5/9 PE: Tense and painful. A firm, intra-abdominal structure was palpated in the mid abdomen CBC: RBC 5.26 (5.65 - 8.87 x10^12/L) HCT0.323 (0.373 - 0.617 L/L) HGB 117 (131 - 205 g/L) MCV 61.4 (61.6 - 73.5 fL) Retic 160.4 (10.0 - 110.0 K/µL) WBC 26.68 (5.05 - 16.76 x10^9/L) Neut 21.01 (2.95 - 11.64 x10^9/L) Mono 3.30 (0.16 - 1.12 x10^9/L) MPV 13.6 (8.7 - 13.2 fL) CHEM: BUN 2.3 (2.5 - 9.6 mmol/L) K 3.2 (3.5 - 5.8 mmol/L) CHL 106 (109 - 122 mmol/L) ALT 155 (10 - 125 U/L) ALP 651 (23 - 212 U/L) GGT 16 (0 - 11 U/L) AMYL >2,500 (500 - 1,500 U/L) LIPA 4,455 (200 - 1,800 U/L) Urinalysis: USG 1.006, Occasional RBC. No white blood cells, bacteria, crystals, or casts noted. Not suggestive of a urinary tract infection. See below for UA results.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder presented a mildly thickened wall with irregular luminal margin.

There is a moderate amount of free fluid present cranial to the urinary bladder.

The right kidney presents normal size (5.5 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (5.4 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

Adrenal Glands

The right adrenal gland is not seen.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 5.0 mm and the caudal pole measures 6.0 mm.

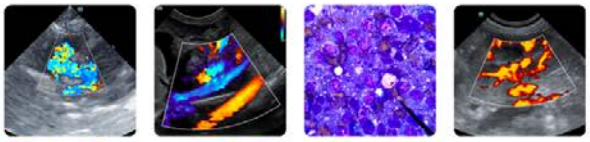
Spleen

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

Liver

Within the liver there is a 5.8 cm x 5.3 cm hyperechoic mass with a heterochoic echotexture present. there is a 2nd mass present in the liver that is cranial to the first mass. The 2nd mass measures 2.1 cm x 1.7 cm. The masses are intimate with the gallbladder.

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 GI tract appears normal.

Pancreas

The pancreas is diffusely hypoechoic and nodular in appearance.

Free Abdomen

There are numerous enlarged mesenteric lymph nodes. A representative node measures 5.2 mm in width with surrounding hyperechoic fat. These nodes are most likely enlarged due to either infiltrative neoplasia or metastatic neoplasia.

In the caudal abdomen there is what appears to be an enlarged hypoechoic lymph node that measures 3.3 cm x 2.5 cm.

There appear to be numerous hypoechoic lesions throughout the omentum. A representative lesion measures 9.5 mm in width.

ULTRASONOGRAPHIC FINDINGS

- Mildly thickened urinary bladder wall.
- Free fluid cranial to the urinary bladder.
- Liver masses.
- Hypoechoic, nodular pancreas.
- Enlarged mesenteric lymph nodes and caudal abdominal lymph node.
- Hypoechoic omental lesions.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver masses are most likely primary hepatobiliary neoplasia such as hepatocellular carcinoma or biliary carcinoma. Metastatic neoplasia is also possible. Recommend fine needle aspirates of the liver masses. If etiology is undetermined, recommend a CT scan of the abdomen as pre-surgical planning to determine if liver masses are surgically resectable. If resected, recommend submitting for histopathology.

Recommend submitting urine culture to screen the patient for a urinary tract infection.

Also recommend obtaining ultrasound guided aspirate of the free fluid and submit for fluid analysis and cytology to rule out carcinomatosis.

If possible, attempt ultrasound guided fine needle aspirate of an enlarged mesenteric lymph node with submission for cytology.

The enlarged caudal abdominal lymph node is most certainly enlarged due to infiltrative or metastatic neoplasia. If possible, recommend ultrasound guided fine needle aspirate of this lymph node with submission for cytology.

The hypoechoic omental lesions are most likely metastatic neoplasia. There is a significant concern that the patient mya have carcinomatosis.

The appearance of the pancreas may indicate pancreatic hyperplasia or possibly pancreatic carcinoma.

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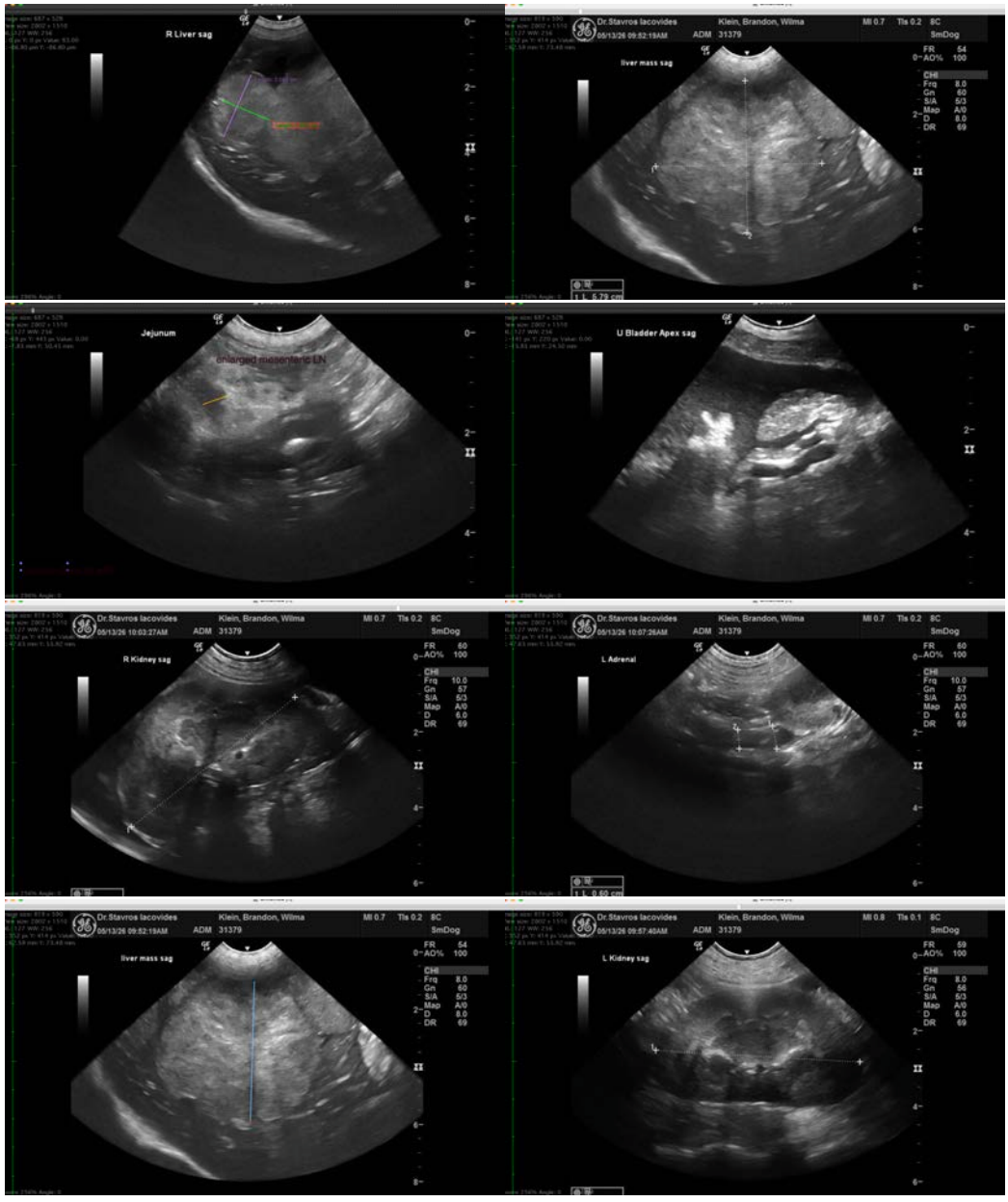
Recommend 3-view chest radiographs to screen patient further for metastatic neoplasia.

Prognosis appears guarded to poor pending results of the 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)

Veterinary Internal Medicine Specialist
info@SonoPath.com