



PATIENT

Riley Yonemura

SPECIES

Canine

BREED

GSD

SEX

Neutered Male

AGE

11 Years

WEIGHT

103 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Kristin Evans

HOSPITAL NAME

Emergency AH of
Crystal Falls

REFERRING VET

Jacob Wilson, DMV

INVOICE

75210

DATE

5/17/26

PRESENTING CLINICAL SIGNS

Riley, a 11YO MN GSD, presents as a referral for collapse secondary to hemoabdomen. Morning of 5/17 Riley collapsed, was drooling, and unable to rise. Was noted to also be lethargic yesterday. Went to rDVM and was diagnosed with a mid-abdominal mass (unclear if liver or spleen) and hemoabdomen. He also had a mild azotemia, thrombocytopenia on his bloodwork. No current medications besides Sentinel. No other surgical hx or pmhx noted. DX @ CTVSEH. Chest Radiographs: No evidence of pulmonary metastasis. A small cardiac silhouette was noted, consistent with hypovolemia. A patchy mineral opacity in the left humerus was identified, considered most likely a bony infarct. Spondylosis deformans was also noted. See full radiologist report.

Abnormal PE/Chem/CBC/UA Results: Bloodwork: CBC revealed a severe, regenerative anemia (Hematocrit 21.4%, Reticulocytes 186.4), leukocytosis with neutrophilia and monocytosis, and severe thrombocytopenia (21,000/uL). *blood smear showed PLT clumping* The chemistry panel showed a mildly elevated BUN (34) and phosphorus (7.4) with a normal creatinine. Abdominal fluid analysis showed a PCV of 40% and total protein of 5.6 g/dL.

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.

The right kidney is slightly small in size (4.5 cm) with a hypoechoic cyst noted in the caudal pole that appears benign. The cyst measures 1.7 cm in diameter.

The left kidney presents normal size (7.5 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

Adrenal Glands

The adrenal glands are not visualized on this exam.

Spleen

Overall, the spleen has an irregular shape, is enlarged, and has a diffusely hypoechoic echogenicity. Within the body of the spleen there is a 4.1 cm isoechoic mass lesion present that appears very mildly cavitated.

Liver

Liver is relatively normal in size and contour. Parenchyma is mildly heterogenous and coarse with mild likely age-related parenchymal remodeling noted. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion. No obvious evidence of metastatic disease seen within the liver in these images.

Gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic with some echogenic debris noted. There is no evidence of cystic or common bile duct dilation.



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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. There is a moderate to marked amount of free abdominal fluid.

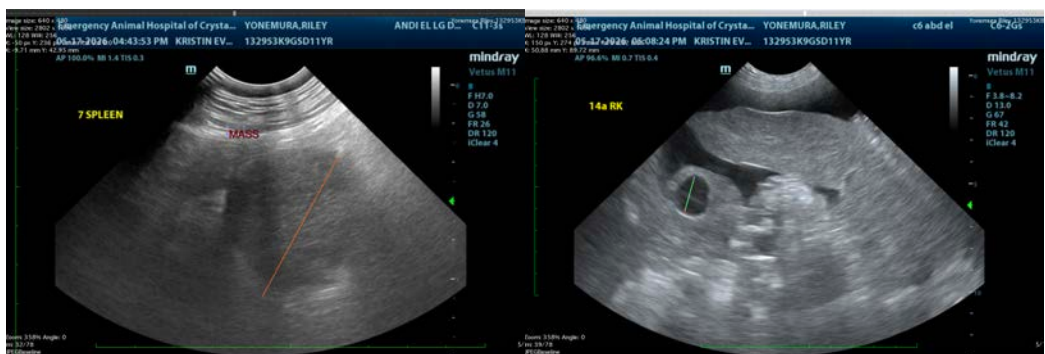
ULTRASONOGRAPHIC FINDINGS

- Slightly small right kidney.
- Enlarged, irregular spleen with splenic mass.
- Age related hepatic changes.
- Moderate to marked amount of free fluid in the abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the spleen is most likely consistent with malignant neoplasia. Given patient's breed, primary differential is hemangiosarcoma. Other less likely considerations include infiltrative neoplasia such as lymphoma, mast cell disease, or histiocytic sarcoma. Benign hemangioma and associated hematoma is possible but unlikely. You consider a fine needle aspirate of the spleen itself and the splenic mass for cytology. However, patient has been diagnosed with a hemoabdomen, primary recommendation would be to go to surgery for splenectomy and submit the spleen for histopathology.

The appearance of the right kidney may suggest early chronic kidney disease. Consider full staging, monitoring and managing per IRIS guidelines.





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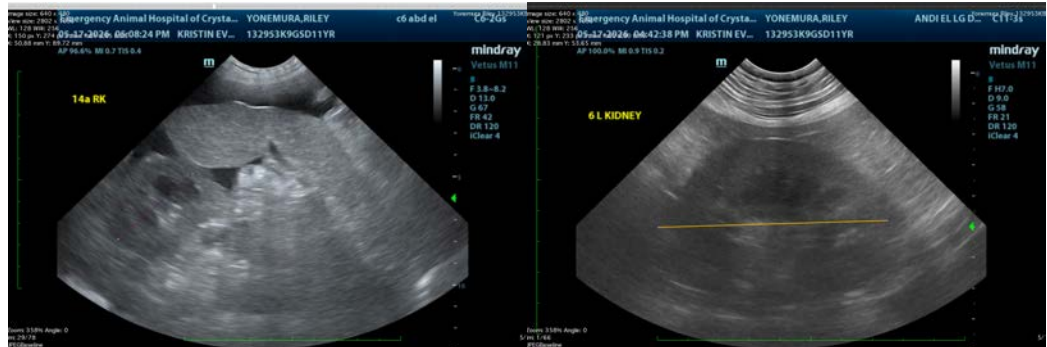
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

Veterinary Internal Medicine Specialist

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