

PATIENT

Abigail Pawlowski

SPECIES

Canine

BREED

Lab

SEX

Female

AGE

7 Years

WEIGHT

83 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Scott

HOSPITAL NAME

Wyckoff Veterinary
Hospital

REFERRING VET

Dr. Eisenberg

INVOICE

75263

DATE

5/19/26

PRESENTING CLINICAL SIGNS

Bloody urine for about 2 weeks- clots in urine, now only pink tinged, was on clavamox for 1 week, then zeniquin for another week, cbc WNL, last heat 5 mo ago

Abnormal PE/Chem/CBC/UA Results: UA both visits- RBC > 50, no bacteria, normal amounts of WBC urine culture after clavamox negative

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The apical aspect of the urinary bladder is mildly thickened at 4.5 mm in width. The luminal margin is mildly irregular in shape. The trigonal area of the urinary bladder wall is normal in thickness at 1.5 mm in width.

The right kidney presents normal size (6.7 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney is diffusely enlarged, measuring 4.9 cm. It is irregular in shape. Marked renal pelvic dilation of 3.8 cm x 1.8 cm is noted. In the dilated renal pelvis, there appears to be an isoechoic mass lesion that measures 2.5 cm in diameter

Adrenal Glands

The adrenal glands were not seen on this exam.

Spleen

The spleen has multiple variably sized mildly hyperechoic lesions present throughout the parenchyma. A representative lesion is measured and found to be 1.1 cm in width. The lesions do not displace the splenic capsule, although overall the spleen appears subjectively mildly diffusely enlarged. In the head of the spleen there is a 2.9 cm in diameter markedly cavitated capsule displacing splenic mass present.

Liver

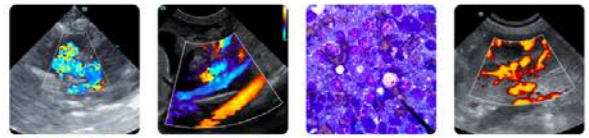
The liver presents normal size and shape with smooth lobar margins. The parenchyma has normal echogenicity with normal echotexture. No focal lesions are seen. Intrahepatic bile ducts are normal. Normal vascular pattern.

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 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.



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The 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

- Mildly thickened, irregular urinary bladder.
- Left renal mass.
- Splenic mass and other splenic lesions.
- Full stomach.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

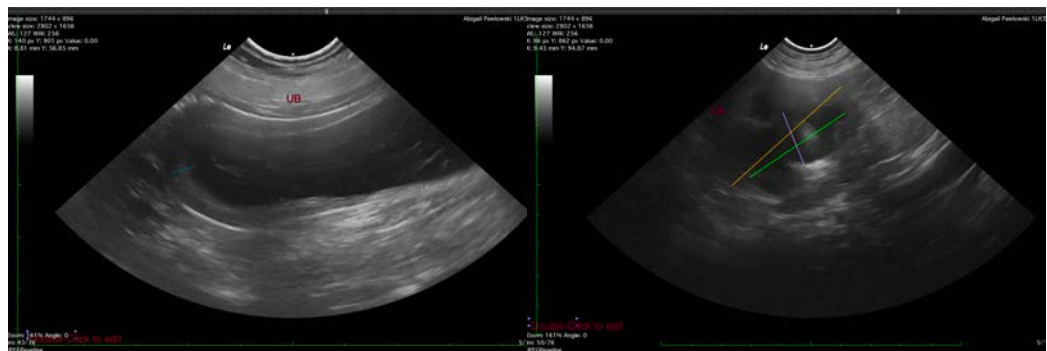
The splenic mass in the head of the spleen is suspected to be malignant neoplasia such as hemangiosarcoma.

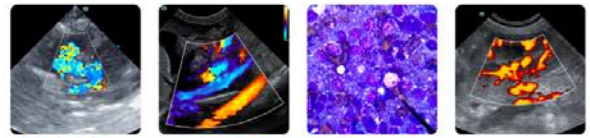
The hyperechoic lesions throughout the spleen are concerning for possible malignant neoplasia such as lymphoma or mast cell disease or histiocytic sarcoma.

The appearance of the urinary bladder is consistent with possible chronic urinary tract infection.

The left kidney appears to be obstructed. No obvious cause seen. Possible ureterolith, although not seen on this ultrasound. The mass in the region of the left kidney is possibly renal carcinoma or hemangiosarcoma. However, there could be a benign etiology as well. It could potentially be a hematoma, given the patient's reported hematuria. It is unclear if this mass is a result of the patient's hematuria or is causing the hematuria and renal pelvic dilation.

Given the complexity of the changes to the left kidney and the fact that there is a mass present in the spleen, recommend CT scan of the abdomen as pre-surgical planning. Also consider a CT scan of the chest to rule out pulmonary metastatic disease. If CT scan is not performed, recommend 3-view chest x-rays for the same reason to rule out obvious pulmonary metastatic disease.





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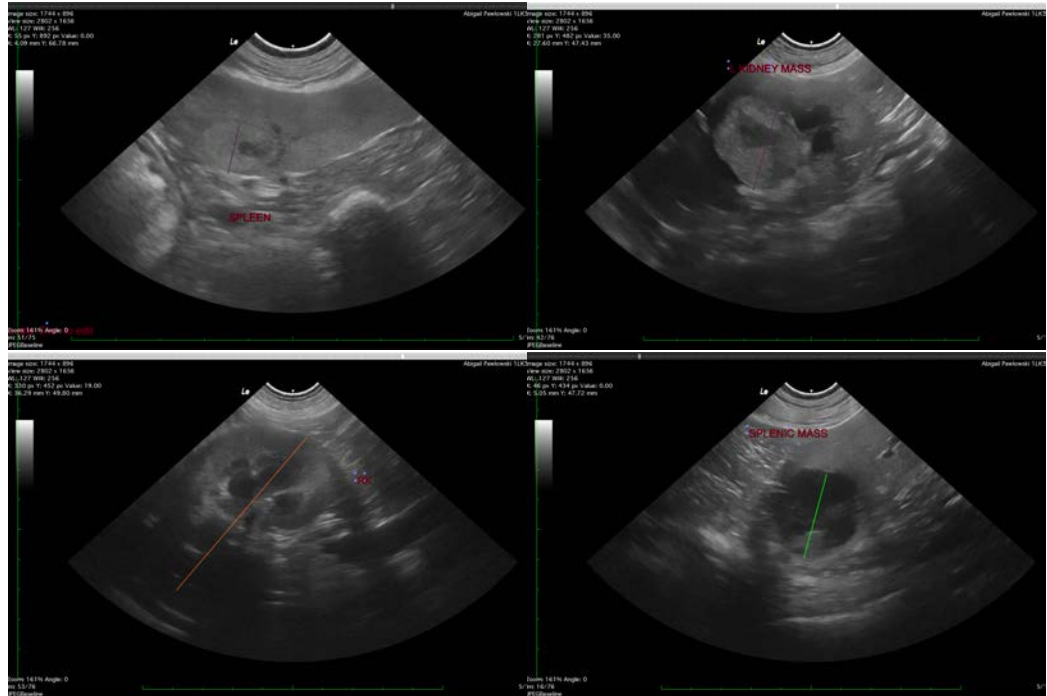
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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