



PATIENT

Cleo Culhane

SPECIES

Canine

BREED

Mix

SEX

Spayed Female

AGE

11 Years 6 Months

WEIGHT

Not Provided

INTERPRETED BY

Greg Kuhlman, DVM,
 DACVIM (SAIM)

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

New Bridge Veterinary
 Practice

REFERRING VET

Dr. Glennon

INVOICE

75306

DATE

5/20/26

PRESENTING CLINICAL SIGNS

Vomiting, had episodes 10days ago of vomit of blood, resolved on cerenia and sucralfate

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 presents normal size (4.7 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (4.3 cm) with normal shape and architecture. Normal corticomedullary distinction. Mild renal pelvic dilation noted at 4.0 mm in width x 4.8 mm in length. Mild surrounding hyperechoic fat noted around the renal pelvic dilation.

Adrenal Glands

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 10.7 mm and the caudal pole measures 6.2 mm.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 5.5 mm and the caudal pole measures 5.1 mm.

Spleen

In the head of the spleen there is a 1.0 cm in diameter isoechoic, cavitated, capsule displacing mass lesion present. The spleen has normal blood flow. The splenic mass has blood flow.

Liver

Liver is subjectively enlarged with mildly irregular margins. Parenchyma is heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

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.

The intestines have normal wall layering and thickness. Colon contains normal contents with normal wall thickness.



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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.

No pericardial effusion seen in the cardiac images provided. No obvious cardiac mass seen.

ULTRASONOGRAPHIC FINDINGS

- Mild left renal pelvic dilation with surrounding hyperechoic fat.
- Splenic mass lesion.
- Heterogeneous liver.
- Gallbladder debris.
- Full stomach.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the left kidney could indicate either normal variation or possible pyelonephritis. If not already submitted, recommend a urine culture to rule out urinary tract infection. Also consider that the renal pelvis may be dilated due to PU/PD. Question owner further in this regard.

The mass in the head of the spleen may represent hemangiosarcoma or less likely hemangioma. Given the capsule displacement it is unlikely to be extramedullary hematopoiesis. Other neoplasia is possible such as lymphoma or mast cell disease. Recommend a fine needle aspirate of the splenic mass. If cytology is inconclusive, recommend splenectomy, submitting the spleen for histopathology.

The cause for the patient's vomiting is undetermined. It will be important to fast the patient for another 24 hours to determine if the stomach remains full. If it does, there may potentially be a gastric foreign body that is not seen on this ultrasound. It is unlikely that the splenic mass is causing the vomiting. However, given the appearance of the splenic mass, it is important to pursue further workup given considerable potential for possible malignancy.





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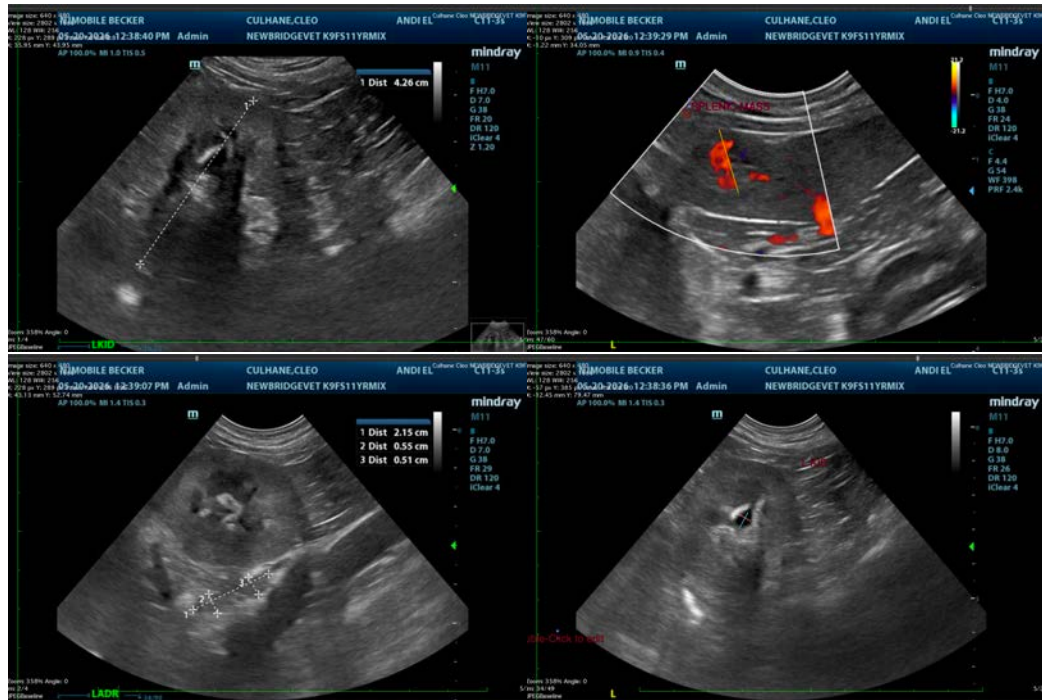
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com