



PATIENT

Tela Neimand

SPECIES

Canine

BREED

Australian Shepherd

SEX

Spayed Female

AGE

12 Years 3 Months

WEIGHT

29.5

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Brian Barnes

HOSPITAL NAME

Westview Veterinary
Hospital

REFERRING VET

Dr. Brian Barnes

INVOICE

75455

DATE

5/25/26

PRESENTING CLINICAL SIGNS

Worsening hind leg ataxia, Reactive popliteal LN bilateral, No pain on spinal palpation, Patient has laryngeal paralysis. AUS for further evaluation

Abnormal PE/Chem/CBC/UA Results: CBC WNL, Chem: WNL SDMA 9 (N 0-14), TT4 30 (N 13-51) Xrays; Central and right sided abdominal mass, unremarkable abdomen, and thorax. IVDD C6-C7

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

The left kidney presents normal size (6.3 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

Adrenal Glands

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The right adrenal gland measures 8.7 mm at the caudal pole and 8.2 mm at the cranial pole.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal gland measures 5.1 mm at the caudal pole and 4.6 mm at the cranial pole.

Spleen

In the head of the spleen there is a 2.5 cm x 1.9 cm isoechoic, non-capsule displacing lesion that is not cavitated. The remainder of the spleen appears normal with normal blood flow.

Liver

In the caudal right liver, there are two cystic lesions. The larger most caudal lesion measures 16.0 mm x 21.0 mm. The cranial most lesion measures 7.7 mm x 6.6 mm. No mass lesion is seen associated with these cysts. They are most likely benign hepatic cysts. In the caudal right liver, there is a larger cystic lesion that is similar to the previously described lesions. This lesion measures 57.0 mm x 70.6 mm in size. Fluid within these cysts is hypoechoic and not echogenic, consistent with benign fluid process and not hepatic abscesses. The capsule walls of the cysts are thin.

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

Gastrointestinal

The stomach and 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.

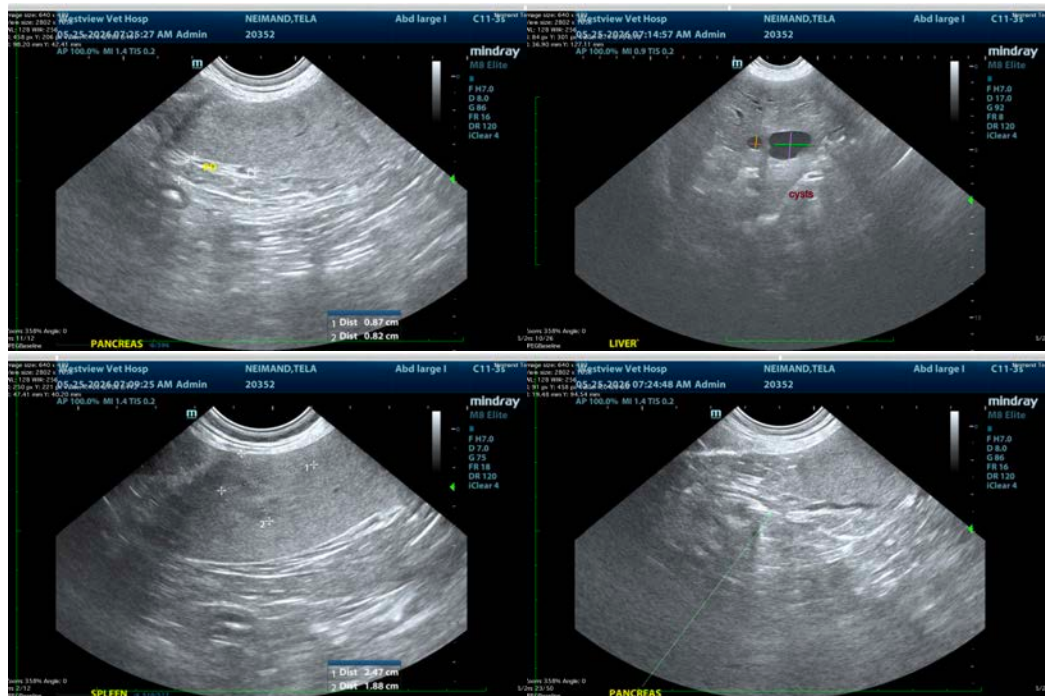
ULTRASONOGRAPHIC FINDINGS

- Isoechoic lesion in the head of the spleen.
- Cystic liver lesions.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The lesion in the head of the spleen is suspected to be benign extramedullary hematopoiesis, less likely malignant neoplasia such as hemangiosarcoma, lymphoma or mast cell. Recommend a fine needle aspirate with submission for cytology.

Recommend aspirating one or several of the cystic lesions within the liver and submitting the fluid for fluid analysis and cytology. If the fluid analysis and cytology shows a benign process, recommend intermittently rechecking cysts via ultrasound every 3-6 months to determine if they are growing in number or size. If the cystic fluid indicates an inflammatory process, consider testing for infectious diseases such as bartonellosis or possibly Echinococcus multilocularis or hydatid cyst if this disease is known to be endemic to the patient's geographic region, and only if the fluid appears to be inflammatory.





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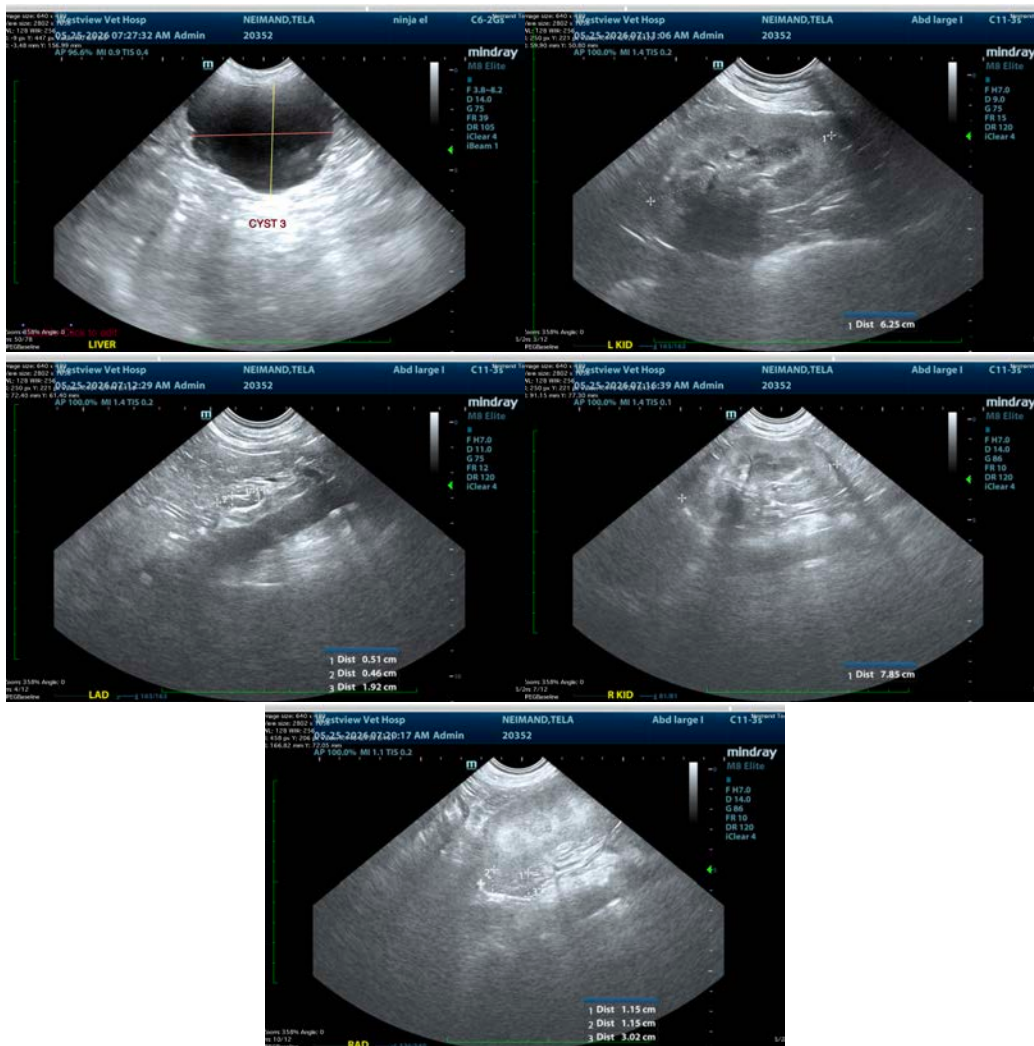
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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