



PATIENT

Karma Frazer

SPECIES

Canine

BREED

Doodle

SEX

Spayed Female

AGE

5 Years

WEIGHT

21 kg

INTERPRETED BY

Greg Kuhlman, DVM,
 DACVIM (SAIM)

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Brant Paws Veterinary
 Hospital

REFERRING VET

Dr. Mari

INVOICE

75423

DATE

5/26/26

PRESENTING CLINICAL SIGNS

Abdominal: No pain or other abnormalities noted on palpation. Gastric material with a spiral appearance was noted. This is suspicious for a foreign body or a gastric mass. Splenomegaly is present. The radiographic findings of a suspicious gastric density, splenomegaly, and intestinal inflammation are highly concerning for a primary gastric or splenic mass versus a foreign body. Current Medications: Metronidazole to treat for potential infectious or inflammatory gastroenteritis. - a probiotic supplement.

Abnormal PE/Chem/CBC/UA Results: Labs and rads attached

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with a mild amount of echogenic non-shadowing debris, most consistent with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can present with echogenic debris. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

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 (6.6 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 cranial pole measures 4.8 mm and the caudal pole measures 6.6 mm.

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

Spleen

The spleen does not appear enlarged on this exam. Within the tail of the spleen there is a 7.8 mm in diameter round, non-capsule displacing, hypoechoic lesion consistent with benign extramedullary hematopoiesis, less likely neoplasia such as lymphoma or mast cell disease. No masses seen. Blood flow appears normal.

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.



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Gastrointestinal

The stomach and intestines have normal wall layering and thickness. Small bowel measures 5.0 mm in width. The stomach appears empty, no evidence of gastric foreign material. Colon contains normal contents with normal wall thickness. No obvious evidence of intestinal inflammation seen on this exam.

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.

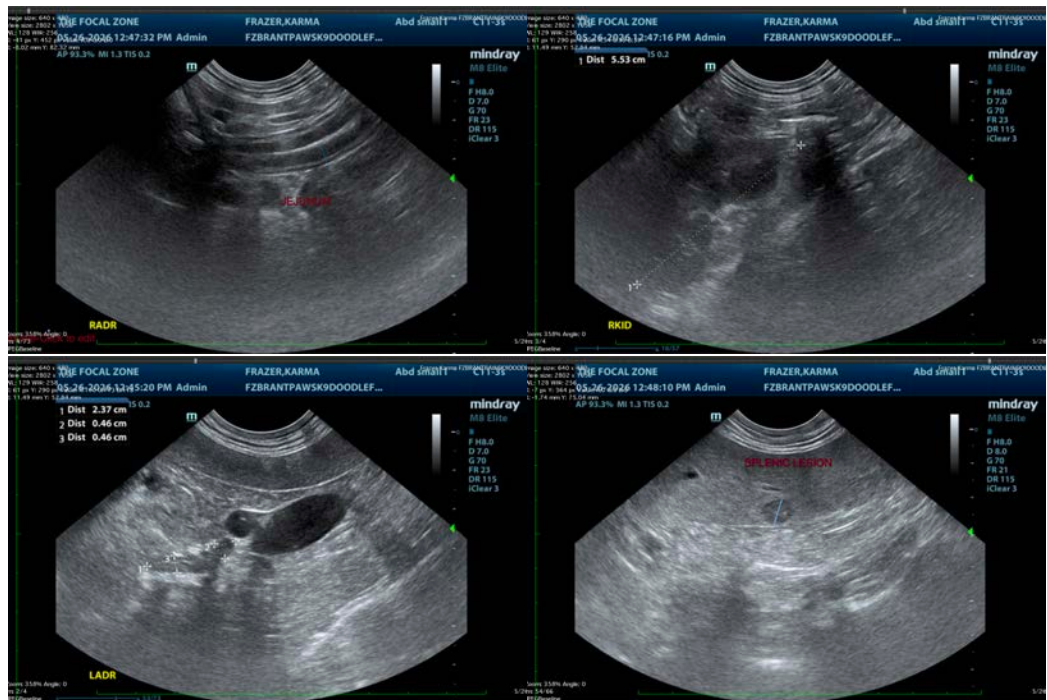
No cardiac mass lesion or pericardial effusion seen in the cardiac image provided.

ULTRASONOGRAPHIC FINDINGS

- Mild urinary bladder debris.
- Suspect benign splenic extramedullary hematopoiesis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This appears to be a largely normal ultrasound with no abnormalities identified at this time. Consider a fine needle aspirate of the splenic lesion with submission for cytology to rule out neoplasia.





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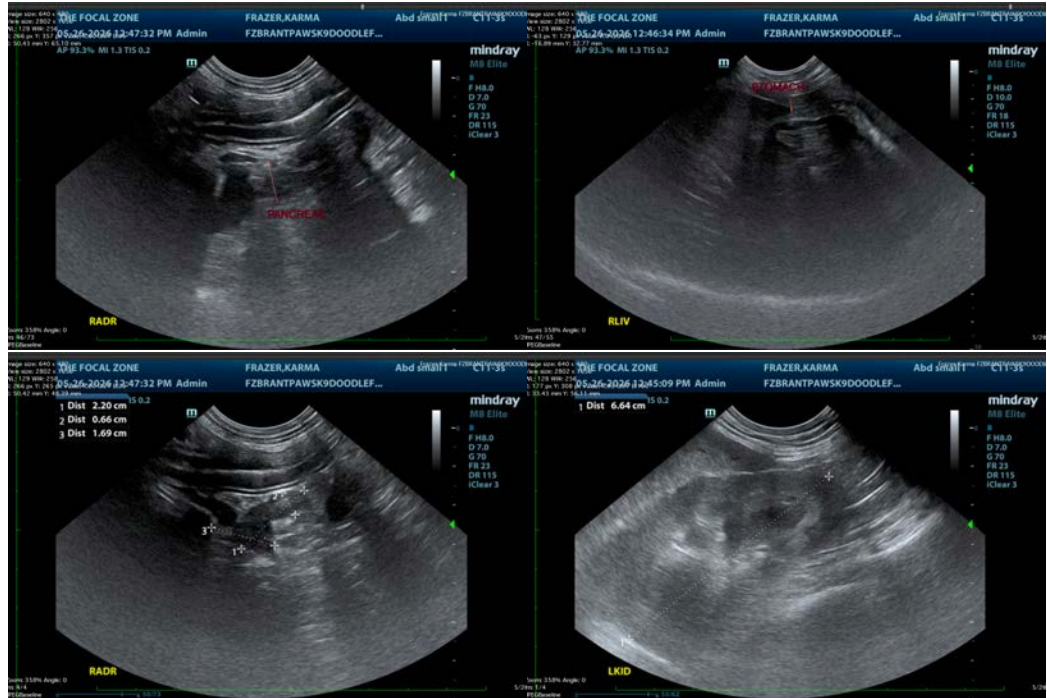
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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