



## PATIENT

Gunnar Bailey

## SPECIES

Canine

## BREED

Boxer x

## SEX

Neutered Male

## AGE

12 Years

## WEIGHT

81.0 lbs

## INTERPRETED BY

Greg Kuhlman, DVM,  
DACVIM (SAIM)

## IMAGING PERFORMED BY

Kathleen Laux

## HOSPITAL NAME

Rondout Valley  
Veterinary Associates

## REFERRING VET

Dr. Jesse Page

## INVOICE

75478

## DATE

5/27/26

## PRESENTING CLINICAL SIGNS

Dec appetite, lethargy x4d, PU/PD, pigmenturia, diarrhea, no vomiting. Uncomfortable on abd palpation, no petechiae/ecchymoses, gum not particularly pale. Hx of dec T4 but not on medication consistently.

Abnormal PE/Chem/CBC/UA Results: Hct 33.7, WBC 25.9K, neut 23.3, mono 900, retic 252K amylase 1422 UA sp Gr 1.020 blood 3+, protein trace, No RBCs seen

## 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 moderate 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 prostate is not clearly seen on this exam.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. Left kidney measured 6.1 cm. Right kidney measured 4.6 cm.

### Adrenal Glands

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 7.2 mm and the caudal pole measures 8.8 mm.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 7.5 mm and the caudal pole measures 8.5 mm.

### Spleen

The visible spleen appears normal.

### Liver

Liver is relatively normal in size and contour. Parenchyma is mildly heterogenous and coarse with mild likely age-related parenchymal remodeling noted. In the caudal mid liver there is a hypoechoic, irregularly shaped mass lesion that measures 8.4 cm x 5.6 cm. It is mildly cavitated at the ventral aspect of the mass. Visible vasculature and biliary tree appear normal without distension or congestion.

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.

### 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.

There is a small pocket of free fluid near the head of the spleen.

## ULTRASONOGRAPHIC FINDINGS

- Urinary bladder debris.
- Age related renal changes.
- Liver mass.
- Gallbladder debris.
- Small pocket of free fluid near the head of the spleen.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend full IRIS staging, monitoring and managing for possible chronic kidney disease.

If not already performed and given the patient's dilute urine, recommend urine culture and antibiotic sensitivity.

If possible, given the patient's clinical signs, recommend trying to obtain additional views of the prostate so it can be evaluated for changes.

The hepatic mass is most likely malignant neoplasia such as hepatocellular carcinoma or cholangiocarcinoma, possibly hemangiosarcoma, less likely infiltrative disease such as lymphoma or mast cell. Recommend ultrasound guided fine needle aspirate and submission for cytology. If cytology is inconclusive, recommend CT scan of the abdomen and chest as pre-surgical planning to determine if the mass is surgically resectable. If it is resectable, recommend submitting it for histopathology. The reason for chest CT would be to screen for pulmonary metastatic disease. If CT is not performed and surgery is pursued, then consider 3-view chest radiographs to screen for pulmonary metastatic disease.

Given the cavitated mass lesion in the liver, it is possible the debris within the bladder is fragmented erythrocytes, and that is what is most likely causing the hematuria. This would also explain the patient's neutrophilia and monocytosis and what is apparently a regenerative anemia. Given the changes on CBC and patient's physical exam finding, recommend pursuing these additional diagnostics on an emergent basis.

If possible, recommend ultrasound guided aspirate of the pocket of free fluid near the head of the spleen with submission for fluid analysis and cytology. It is suspected that the free fluid is most likely frank blood. If fluid is obtained, recommend a PCV. If a hemoabdomen is suspected, then more concern is given to the mass in the liver being a hemangiosarcoma.

Prognosis is guarded pending results of further diagnostics.



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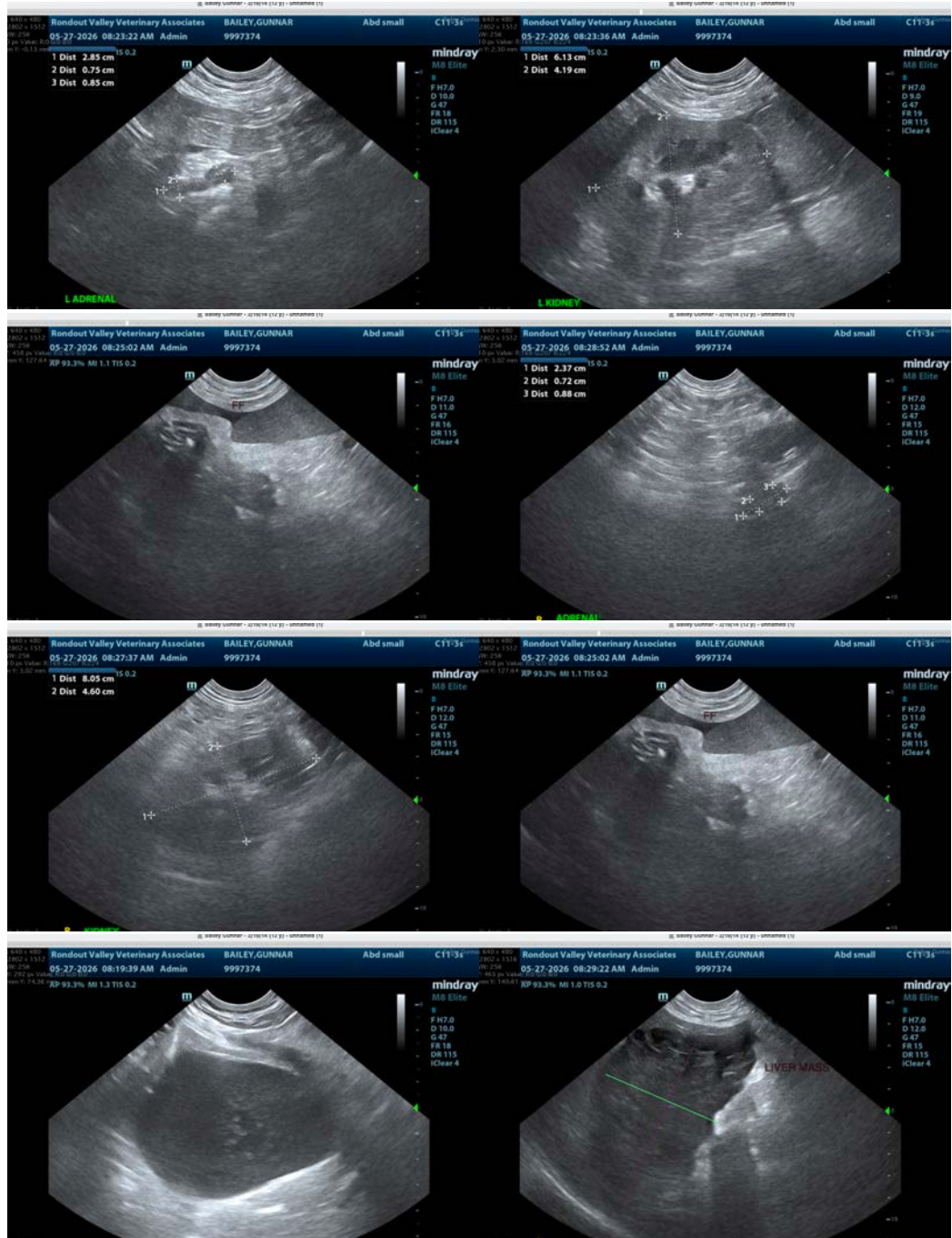
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)