



PATIENT

Percy Seeber

SPECIES

Canine

BREED

Maltese X

SEX

MN

AGE

3 years

WEIGHT

8.7 kg

INTERPRETED BY

Greg Kuhlman, DVM,
 DACVIM (SAIM)

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Hartzel AH

REFERRING VET

Dr. Smith

INVOICE

12041

DATE

5/29/2026

PRESENTING CLINICAL SIGNS

Ate a hair scrunchie two weeks ago but did vomit it up. Since then has not had the same appetite - owner is having to encourage him to eat. Normally a very voracious eater. No further vomiting and BMs have been normal. Owner worried that he also ate another foreign body - possibly a mesh like tea bag. No meds.

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.

Prostate is normal in size (8.2 mm in width), echotexture, and echogenicity for a neutered male.

The left kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured 4.3 cm in length.

The right kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The right kidney measured 4.4 cm in length.

Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 4.4 mm and the caudal pole measures 5.1 mm.

The right adrenal gland is not distinctly visualized in these images.

Spleen

The spleen is normal in size, shape, margination and echogenicity. No masses are seen.

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 stomach appears to be empty other than a small amount of intraluminal gas. The stomach does not appear obstruction and there is no obvious foreign material visualized within the gastric lumen. Small intestines have normal wall layering and thickness, with no mechanic obstruction visualized. Colon contains normal contents with normal wall thickness.

Pancreas



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The visible pancreas is normal in size with normal echogenic parenchyma and surrounded by normal peri-pancreatic mesentery.

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There is a hypoechoic, rounded, enlarged peri splenic lymph node measuring 7.6 mm x 5.9 mm. This lymph node is concerning for a possible neoplastic cause such as infiltrative neoplasia, lymphoma, mast cell disease, or possibly metastatic neoplasia. Several other enlarged mesenteric lymph nodes that have a similar appearance as the aforementioned lymph node.

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No free abdominal fluid is seen.

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ULTRASONOGRAPHIC FINDINGS

- Hypoechoic, rounded, enlarged peri splenic and mesenteric lymph nodes.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend an ultrasound guided FNA and submission for cytology of the peri splenic lymph node to further evaluate.

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Given that the patient has an elevated lymphocyte count, repeatedly on two different lab work samples, primary differentials to rule out would be lymphoblastic lymphoma. If not already performed, recommend Three View chest radiographs to evaluate for any abnormalities including lymphadenopathy within the chest.

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If not already performed, recommend submission of a 4dx (if geographically pertinent) to rule out possible vector borne disease as the cause of patient's elevated lymphocytes and enlarged abdominal lymph nodes.

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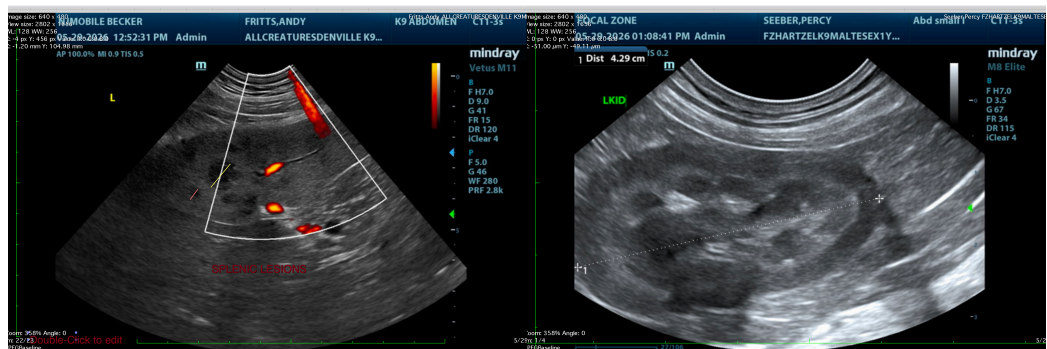
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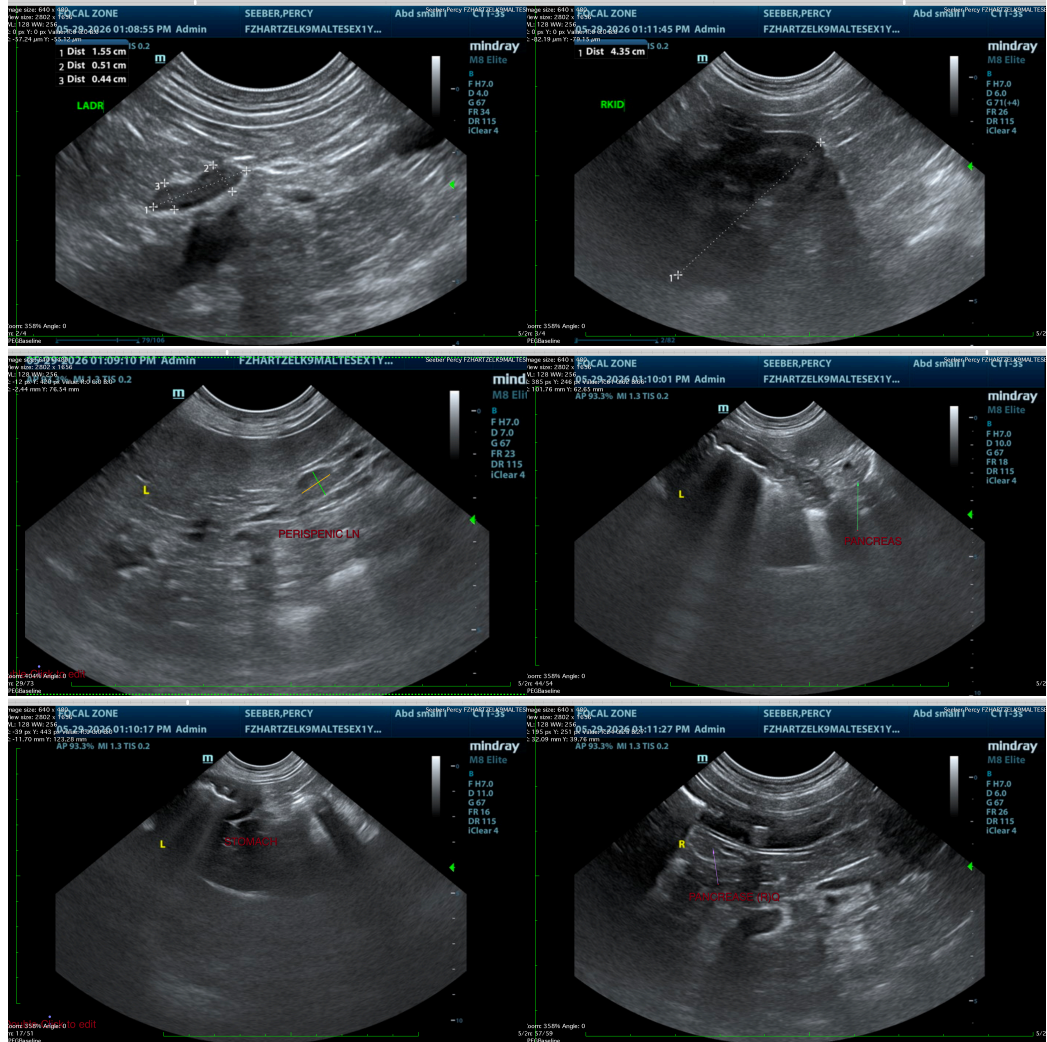
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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