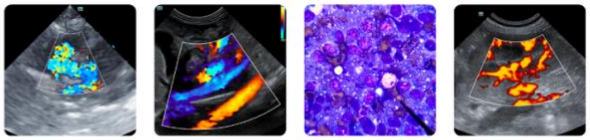



**PATIENT**

Ernie Pham

**SPECIES**

Canine

**BREED**

Standard Schnauzer

**SEX**

Neutered Male

**AGE**

10 Years

**WEIGHT**

20.3 kg

**INTERPRETED BY**

Greg Kuhlman, DVM, DACVIM (SAIM)

**IMAGING PERFORMED BY**

Dr. Sarah Barthelemy

**HOSPITAL NAME**

Glamorgan Animal Clinic

**REFERRING VET**

Dr. Falk

**INVOICE**

15933

**DATE**

05/07/26

## PRESENTING CLINICAL SIGNS

AUS in December 2025 - splenic mass - dx hemangiosarcoma. Had splenectomy and has just completed last round of chemotherapy at end of April. Now has developed fairly acute onset significant pu/pd

Abnormal PE/Chem/CBC/UA Results: Reticulocytosis Lymphopenia Mild elevated platelets 520 USG 1.019 Proteinuria, hematuria, crystalluria

## 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 prostate is normal measuring 7.1 mm width with symmetrical uniform echogenicity.

Mildly prominent medial iliac measured 4.6 x 16.6 mm. Most likely reactive and less likely neoplastic.

The left kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted. The left kidney measured 6.2 cm in length.

The right kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted. The right kidney measured 6.0 cm in length.

### *Adrenal Glands*

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 5.6 mm and the caudal pole measures 5.6 mm.

The right adrenal gland was not visualized.

### *Spleen*

The spleen was not present owing to previous splenectomy in 12/2025.

### *Liver*

Liver is relatively normal in size and contour. Parenchyma is mildly heterogenous and coarse with mild likely age-related parenchymal remodeling noted. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

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

### *Gastrointestinal*

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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.

Colon contains normal contents with normal wall thickness. The jejunum was diffusely normal with a mild amount of ingesta. The jejunum wall has normal layering and thickness measuring 3.8 mm width.

### *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.

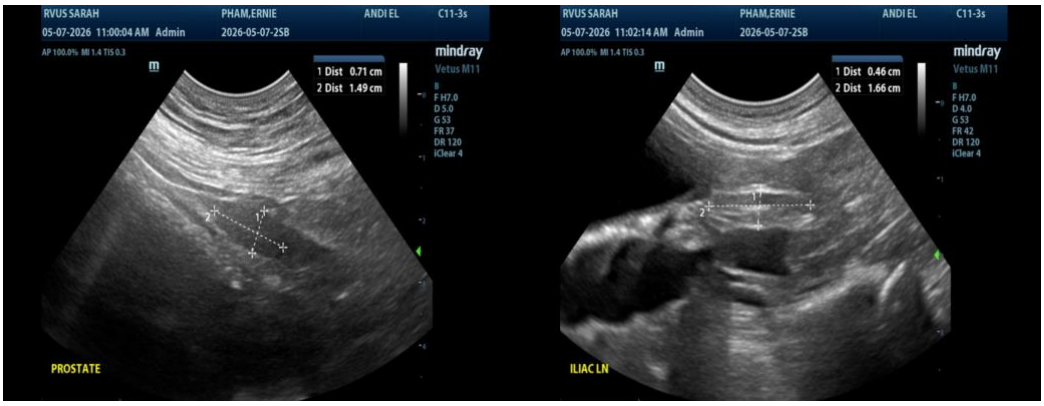
## ULTRASONOGRAPHIC FINDINGS

- Full stomach.
- Bilateral renal mineralizations.
- Age-related abdominal changes otherwise.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No cause for the patient's reported acute onset of polyuria/polydipsia is seen on this exam. No obvious evidence of metastatic hemangiosarcoma is seen within the abdomen at this time.

Patient's splenic histopathology suggests the spleen had hemangiosarcoma. Recommend three view chest radiographs to evaluate further for possible metastatic hemangiosarcoma. If chest radiographs do not suggest pulmonary metastatic disease, consider other workup for other causes for PU/PD.



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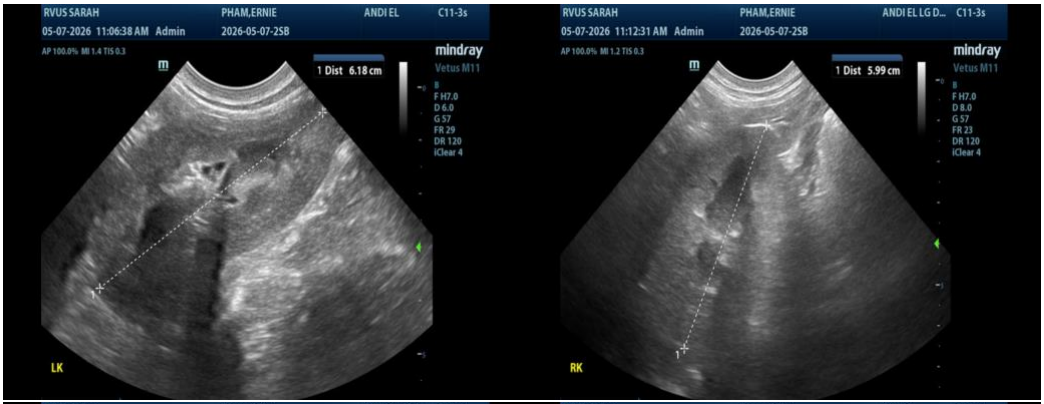



**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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