



PATIENT

Lincoln, Pastrick, Bob

SPECIES

Canine

BREED

Poodle Mix

SEX

MN

AGE

14 years

WEIGHT

31.5 kg

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Charlie Koltek

HOSPITAL NAME

Tuxedo Animal
Hospital

REFERRING VET

Dr. Chartrand

INVOICE

11909

DATE

5/8/2026

PRESENTING CLINICAL SIGNS

History of low albumin levels, losing weight, diarrhea, and decreased appetite beginning October 2024. Started him on the i/d low fat and his symptoms had improved and he started to put weight back on. April 16, 2026 Lincoln came in for his annual exam and we ran bloodwork and urine as part of the monitoring we've been doing. Currently doing well at home per owner (good appetite, no GI issues) and gained weight since last year. Hx of splenic mass, hepatic nodule and adrenomegaly (previous ultrasound reports attached)

Current meds: cartrophen injections and gabapentin for his arthritis management.

Abnormal PE/Chem/CBC/UA Results: BCS 4/9, he has a few lipoma like masses, he is arthritic and has severe periodontal disease. T: 38.1 P: 100 R: pant MM pink April 2026 CBC: -Hgb 134 g/L (146-217) - Hct 0.41 L/L (0.41-0.60) in April 2025 it was 0.416 and October 2024 0.38 CHEM: Na/K 27 (28-37) in both April 2025 and October 2025 it was 32 K 5.4 mmol/L (4-5.4) ALB WNL ALT 186 U/L (18-121) and April 2025 value was 114 and October 2024 was 95; ALP 188 U/L (5-160) TT4 WNL 4Dx = negative Urinalysis (free catch): USG = 1.006, pH = 6.5, 0-2 WBC/hpf, no RBC, bacteria or crystals **ACTH and recheck of electrolytes have been discussed but owner elected to recheck AUS first**

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 left kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured 7.7 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 6.3 cm in length.

Adrenal Glands

The left adrenal gland was not visualized in these images.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The caudal pole is enlarged and mildly cystic measuring 1.4 cm in width.

Spleen

The normal appearing spleen has normal blood flow and a mildly heterogenous echotexture. There is a 6.4 cm x 5.6 cm heterogenous, moderately cavitated mass lesion in the tail of the spleen. There is a similar appearing mass in the head of the spleen that has larger pockets of cavitation throughout it, and measures 5.6 cm x 4.1 cm in size.

Liver



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Liver is relatively normal in size and contour. Parenchyma is mildly heterogenous and coarse with mild likely age-related parenchymal remodeling noted. Visible vasculature and biliary tree appear normal without distension or congestion. The liver contains a hypoechoic irregularly shaped, non-capsular displacing lesion present that measures 2.97 cm x 1.57 cm. *In 2024, the patient had only one splenic mass present. Now there are two splenic masses. *

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

Gastrointestinal

The stomach and intestines have normal wall layering and thickness. Colon contains normal contents with normal wall thickness.

Pancreas

The area of the left pancreas was observed and there is no pathology noted. The visible right pancreas appears normal.

Free Abdomen

There are no enlarged abdominal lymph nodes seen on this exam. No free abdominal fluid is seen.

ULTRASONOGRAPHIC FINDINGS

- Age related hepatic changes with hypoechoic irregularly shaped, non-capsular displacing lesions in the liver – Most likely a benign regenerative nodule, unlikely to be primary hepatobiliary or metastatic neoplasia.
- Heterogenous, moderately cavitated mass lesions in the tail and head of the spleen.
- Enlarged, mildly cystic caudal pole of the right adrenal gland.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A fine needle aspirates of the liver lesion could be considered to rule out neoplasia.

Due to the patient having an additional splenic mass (Patient had one splenic mass in 2024), I recommend splenectomy and submission of the spleen for histopathology. If splenectomy is pursued, then I also recommend obtaining biopsies of the lesions within the liver to rule out neoplasia.

The cranial pole of the previously mentioned right adrenal gland was not identified on these images. In 2024 it was reported that the caudal pole of the right adrenal gland previously measured 1.0 cm and now measures 1.4 cm in size. Given the duration this lesion in the caudal pole of the right adrenal has been present it is unlikely to be malignant neoplasia and is most likely hyperplasia. Due to the ALP progressively elevating, recommend screening this patient for hyperadrenocorticism via a low dose dexamethasone suppression test.



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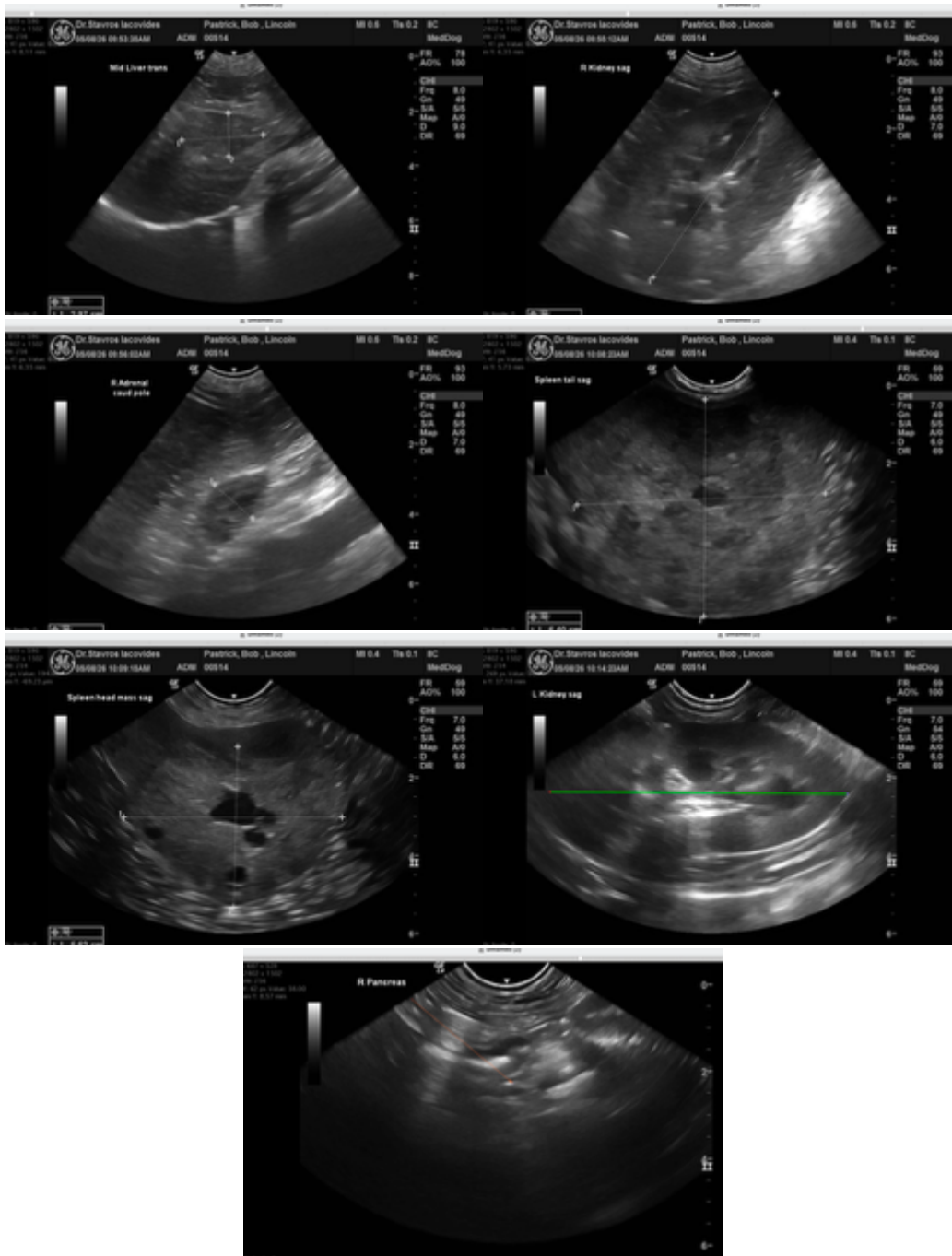
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



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Veterinary Internal Medicine Specialist

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