



**PATIENT**

Chucky Forrest

**SPECIES**

Canine

**BREED**

Dachshund x

**SEX**

Neutered Male

**AGE**

7.5 Years

**WEIGHT**

10.3 kg

**INTERPRETED BY**

Greg Kuhlman, DVM,  
DACVIM (SAIM)

**IMAGING PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Haldimand Animal  
Hospital

**REFERRING VET**

Dr. Rode

**INVOICE**

75969

**DATE**

6/17/26

**PRESENTING CLINICAL SIGNS**

Weight loss, intermittent enteritis, polydipsia, hyporexia and abdominal distention which feels "firm". Has been on Gabapentin and Famotidine.

Abnormal PE/Chem/CBC/UA Results: Please see attached lab values. Elevated Spec CPL.

**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 right kidney is normal in size but irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. There is no pyelectasia noted and no mineral is observed. Right kidney measures 4.1 cm. The dorsal aspect of the right kidney appears to be missing. Most likely the cause of the changes seen with the right kidney is a previous infarction.

The left kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. Left kidney measures 4.7 cm.

**Adrenal Glands**

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 9.6 mm and the caudal pole measures 5.2 mm.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 6.0 mm and the caudal pole measures 5.3 mm.

**Spleen**

The spleen is normal in size, shape, margination and echogenicity. \*See liver.

**Liver**

The liver presents normal size and shape with smooth lobar margins. The parenchyma has normal echogenicity with normal echotexture. There is a 14.7 cm x 8.8 cm heterochoic lobulated, mildly cavitated mass lesion present within the mid abdomen that appears to be extending from the caudal aspect of the left liver. The tissue of origin of this mass cannot be completely determined on ultrasound alone. It appears the mass may be coming from the spleen. However, given the markedly elevated liver values, I suspect this mass is hepatic in origin. 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 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. No free abdominal fluid is seen.

**ULTRASONOGRAPHIC FINDINGS**

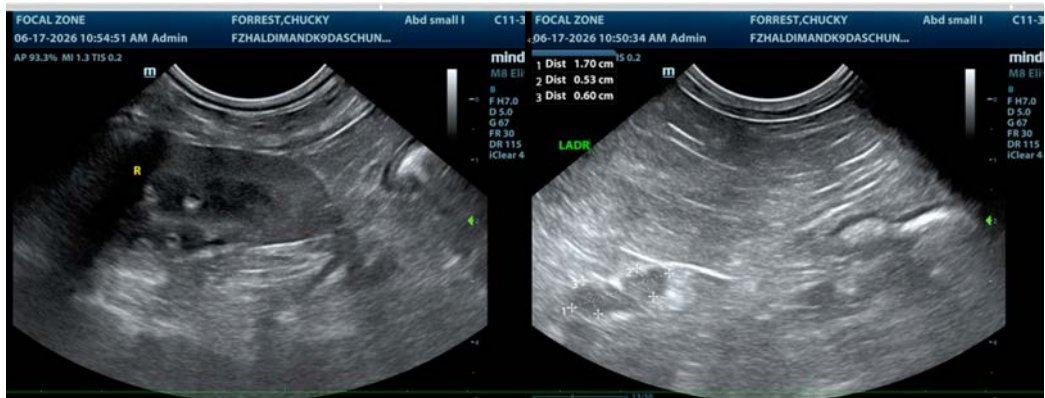
- Chronic kidney disease changes in the right kidney.
- Suspect liver mass, possibility of splenic origin.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The right kidney appears to be showing signs of chronic kidney disease, cause unknown. Recommend full staging, monitoring and managing per IRIS guidelines as indicated.

Recommend fine needle aspirate of the suspect hepatic mass to determine if tissue of origin and diagnosis can be determined from cytology. If a cytologic diagnosis cannot be determined, then recommend CT scan of the abdomen as pre-surgical planning to determine feasibility of surgical resection of the mass and submit mass for histopathology. If CT is going to be performed, recommend CT of the chest as well to screen for pulmonary metastatic disease. If CT scan is not going to be performed, recommend 3-view chest radiographs for the same reason. I suspect the mass is malignant neoplasia such as either hepatocellular carcinoma or possibly a cholangiocarcinoma, or possibly hepatic or splenic hemangiosarcoma. Benign etiology for this mass seems unlikely.

The pancreas appears normal on this exam. The mildly elevated spec cPLI is most likely a reactive process caused by the pancreas reacting to the presence of the large mid abdominal mass, but primary pancreatitis is not suspected.





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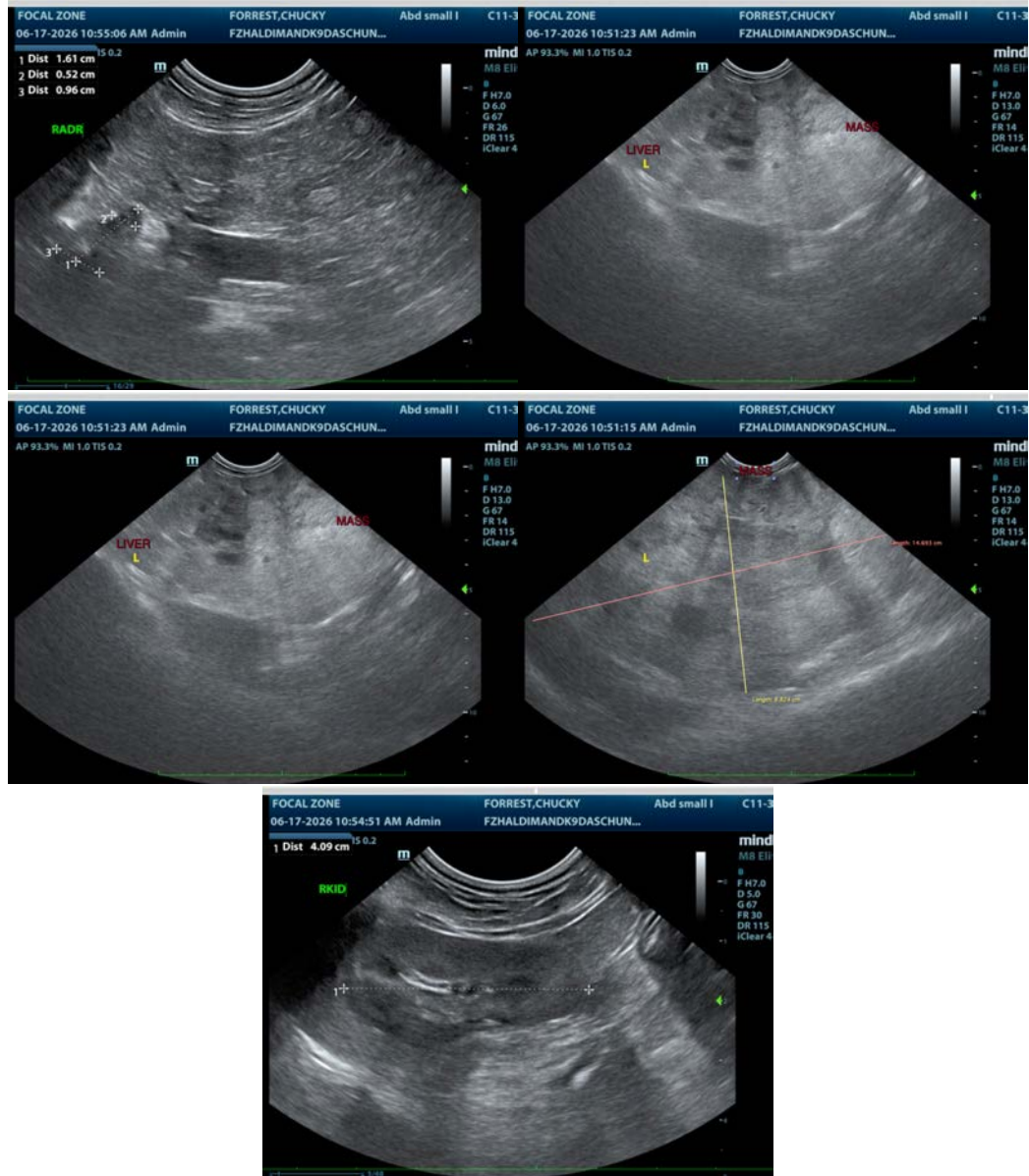
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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