



## PATIENT

Blizzard Linfitt

## SPECIES

Canine

## BREED

French Bulldog

## SEX

Neutered Male

## AGE

11 Years

## WEIGHT

16 kg

## INTERPRETED BY

Greg Kuhlman, DVM,  
DACVIM (SAIM)

## IMAGING PERFORMED BY

Dr. Iacovides

## HOSPITAL NAME

Tuxedo Animal  
Hospital

## REFERRING VET

Dr. Mooi

## INVOICE

75615

## DATE

6/2/26

## PRESENTING CLINICAL SIGNS

3/24/2026 Presenting Concerns: Presented for evaluation of a bloated appearance and a hard-feeling abdomen as noted by the owner's father. The owner also reports that Blizzard has been urinating in the house overnight and had one episode of defecating in the house. -owner reports he grunts when picked up and seems painful. Appetite. No v/d. Current meds Meloxicam as needed.

Abnormal PE/Chem/CBC/UA Results: PE: abdomen tense on palpation 3/24. Was normal on palpation 4/24 Abdominal rads: There is a questionable mineral opacity in the region of the sublumbar lymph nodes, with potential ventral displacement of the colon. No discrete mass effect is identified. mineralization of some lumbar discs hip dysplasia with advanced DJD CBC-wnl Chem- Low Na/k 27(potassium high normal) slt hi AnionG renal wel within normal

## 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.

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. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted. Left kidney measures 6.2 cm. Right kidney measures 5.3 cm.

### Adrenal Glands

A definitive right adrenal gland is not identified on this exam.

The left adrenal gland is enlarged. The cranial pole measures 2.1 cm in width, and the caudal pole measures 1.94 cm in width.

### Spleen

The spleen is overall normal. In the body of the spleen there is a 3.1 mm in diameter non-capsule displacing, ill-defined, hypoechoic lesion. Adjacent to the head of the spleen there is a 3.2 cm in diameter heterochoic, round mass lesion present that may be associated with the spleen. This lesion appears non-cavitated at this time.

In the area of the spleen there is a scant pocket of free fluid present, no cause seen.

### Liver

Liver is subjectively enlarged (swollen contour) without disruption of architecture. It has a normal homogenous echotexture. Parenchyma is diffusely hyperechoic characterized by less prominent than normal portal vein walls and increased echogenicity relative to the spleen and falciform fat. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.



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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.

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### **Gastrointestinal**

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.

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If clinical signs are consistent (vomiting, etc.), recommendations include supportive medical care, 24 hours fasting and re-image.

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

### **Pancreas**

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

## WEIGHT

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### **Free Abdomen**

There are no enlarged abdominal lymph nodes seen on this exam.

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DACVIM (SAIM)

## ULTRASONOGRAPHIC FINDINGS

- Age related renal changes with mineralization.
- Enlarged left adrenal gland.
- Hypoechoic lesion in the body of the spleen and a heterochoic mass lesion adjacent to the head of the spleen.
- Scant free fluid in the area of the spleen.
- Hyperechoic hepatomegaly.
- Gallbladder debris.
- Full stomach.

## IMAGING PERFORMED BY

Dr. Iacovides

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The ill-defined hypoechoic lesion in the spleen is consistent with benign extramedullary hematopoiesis, less likely due to neoplasia. Recommend a fine needle aspirate with submission for cytology to rule out neoplasia.

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The mass adjacent to the head of the spleen appears to most likely to be neoplastic in origin and associated with the spleen. Consider hemangiosarcoma or other malignant neoplasia, less likely but possibly a hemangioma. Another differential would be an enlarged lymph node, but this seems unlikely. If possible, recommend a fine needle aspirate of the mass lesion adjacent to the head of the spleen with submission for cytology to help determine tissue of origin.

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If possible, also recommend an ultrasound guided aspirate of the free fluid in the area of the spleen to submit for fluid analysis and cytology.



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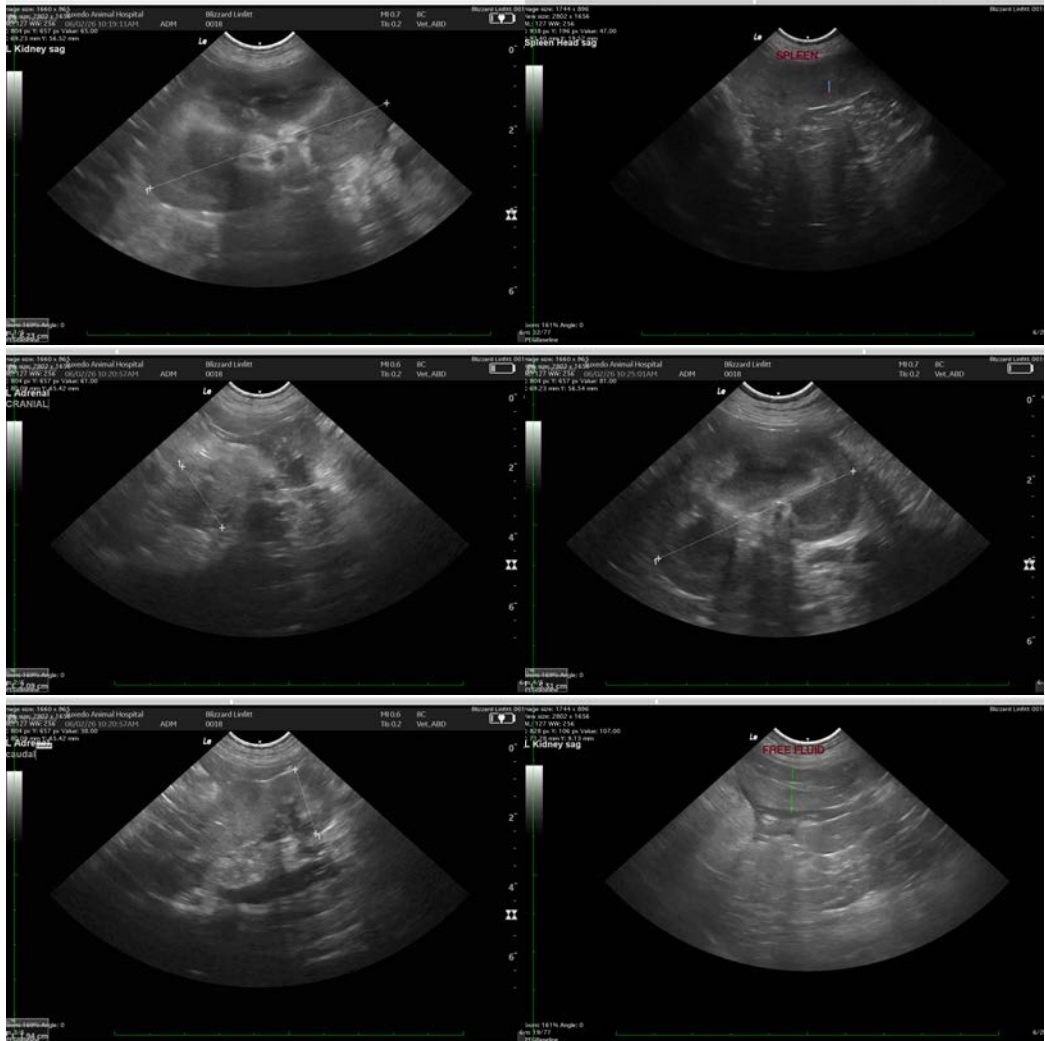
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Given that the left adrenal gland is markedly enlarged and >2.0 cm, there is concern it may be enlarged due to malignant neoplasia such as adrenal carcinoma, less likely adrenal hypertrophy.

Given the number of changes seen on this ultrasound, it would be recommended that CT scan be performed to further evaluate the changes seen on this ultrasound. Prognosis is currently guarded pending results of recommended diagnostics.



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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