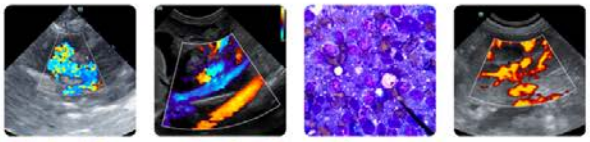


PATIENT

Tia Schmautz

SPECIES

Canine

BREED

Pug x

SEX

Spayed Female

AGE

13 Years

WEIGHT

14.0 kg

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Carlie Koltek, RVT

HOSPITAL NAME

Tuxedo Animal Hospital

REFERRING VET

Dr. Atkinson

INVOICE

75616

DATE

6/2/26

PRESENTING CLINICAL SIGNS

Presented May 30th for vomiting 1-2/day (food and bile), still eating and drinking. Painful on abdominal palpation. BW revealed increased liver values, hyperproteinemia. Owner declined AUS and hosp, so went home on buprenorphine, clavamox, cerenia and SQF. Recheck at rDVM on June 1st, still vomiting, decreased water intake, trembling. No PU/PD prior to clinical signs. Placed on NaCl 0.9% IV, continued cerenia, ampicillin, metronidazole, dexamethasone. Gabapetin for joint pain. June 2nd - slightly perkier but appetite and thirst decreased further. DDx: Primary hepatic neoplasia, toxic hepatopathy, infectious hepatitis, immune-mediated hepatitis

Abnormal PE/Chem/CBC/UA Results: PE: BAR, T: 38.8 P: 100 R: pant MMM/CRT: pink, slightly tacky - Has lost 0.50kg in past 12 months -Sclera slightly icteric May 30, 2026: CBC: Retic HGB 19.8pg 22.3 29.6 smear: Mild toxic change, reactive lymphocytes CHEM: Sodium 141mmol/L (144-160) Potassium 3.4mmol/L (3.5-5.8) Chloride 104mmol/L (109-122) TP 86g/L (52-82) ALT- couldn't read even with highest dilution ALP > 2,000U/L (23-212) GGT 27U/L (0- 11) TBIL 46µmol/L (0- 15) CHOL > 13.42 mmol/L 2.84-8.26) June 2, 2026: ALT 2322U/L (10-125) ALKP 2314U/L (23-212)

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. Left kidney measures 4.9 cm. Right kidney measures 4.9 cm.

Adrenal Glands

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The caudal pole measures 6.3 mm. The cranial pole is not seen.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 5.1 mm and the caudal pole measures 8.6 mm.

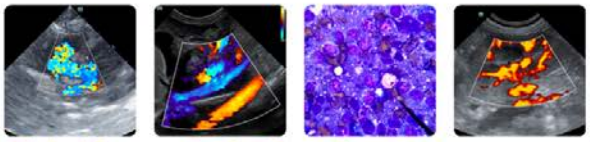
Spleen

The spleen is diffusely enlarged and hypoechoic in echogenicity. The spleen measures 1.9 cm in width.

Liver

The liver is diffusely enlarged and hypoechoic with rounded margins.

The gallbladder presents normal size with anechoic contents. Normal gallbladder wall. No evidence of bile duct distention or obstruction. Common bile duct measures 3.0 mm in width. No evidence of a gallbladder mucocele.



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Gastrointestinal

The visible gastric wall appears normal in layering and thickness. The stomach was moderately gas filled. The small intestines appear normal in layering in thickness. Colon contains normal contents with normal wall thickness.

Pancreas

The observed pancreas appears appropriately isoechoic to surrounding omental fat. The capsule is mildly irregular in shape. Parenchyma is mildly heterogenous and coarse. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

Near the pylorus there is an enlarged mesenteric lymph node measuring 6.7 mm in diameter. The lymph node is hypoechoic and rounded, possibly reactive. However, a neoplastic cause cannot be ruled out.

No free abdominal fluid is seen.

ULTRASONOGRAPHIC FINDINGS

-
-

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the liver is consistent with possible infiltrative disease such as lymphoma or mast cell disease, possibly plasma cell tumor, less likely an infectious etiology, but it is possible. Consider Leptospirosis as a possibility. If patient is not vaccinated for this disease, recommend testing for Leptospirosis. Otherwise, recommend a fine needle aspirate of the liver with submission for cytology to rule out infiltrative neoplasia.

Given the appearance of the spleen, there is also concern for possible infiltrative neoplasia such as lymphoma, mast cell, plasma cell tumor. Infectious etiology is unlikely. Recommend a fine needle aspirate of the spleen with submission for cytology to rule out infiltrative neoplasia.

If possible, consider a fine needle aspirate of the enlarged mesenteric lymph node near the pylorus, or any other enlarged lymph nodes, to rule out neoplastic cause, as neoplasia such as lymphoma, mast cell, or metastatic neoplasia may be the cause of the enlarged lymph nodes.

The patient's clinical signs and markedly elevated liver values are most likely attributed to the cause of the enlarged hypoechoic liver and enlarged hypoechoic spleen. Prognosis is guarded pending results of liver and splenic aspirates.

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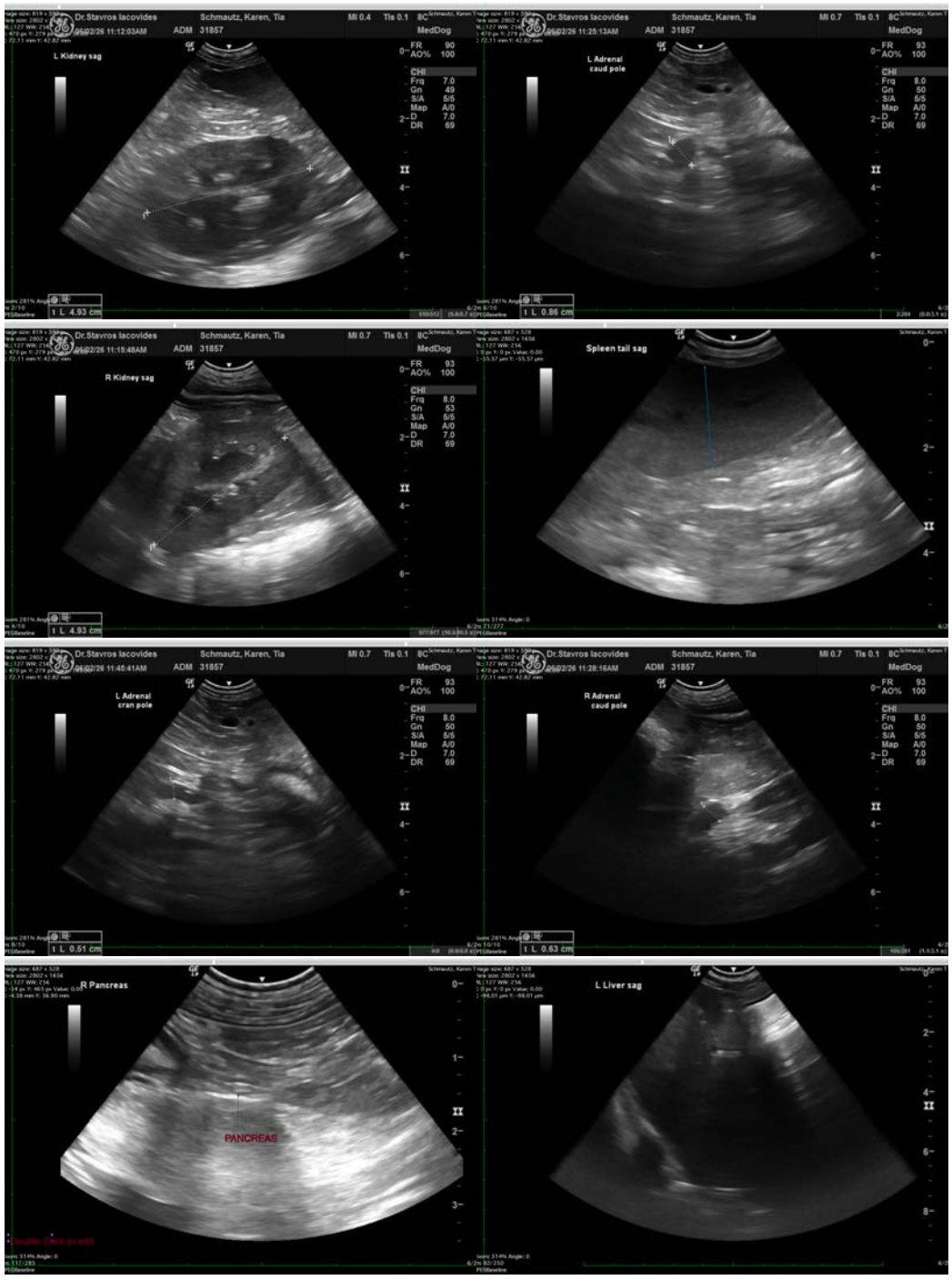

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com