



## PATIENT

Josie Hoffman

## SPECIES

Canine

## BREED

Beagle Mix

## SEX

Spayed Female

## AGE

9 Years

## WEIGHT

24.7 lbs

## INTERPRETED BY

Greg Kuhlman, DVM,  
DACVIM (SAIM)

## IMAGING PERFORMED BY

Danielle Shemanski,  
DVM, MA

## HOSPITAL NAME

Western New York  
Veterinary Services

## REFERRING VET

Ken Bedell, DVM

## INVOICE

16284

## DATE

06/03/26

## PRESENTING CLINICAL SIGNS

RDVM REASON FOR REFERRAL: Patient was presented for an abdominal ultrasound because of fever of unknown origin and for being non-responsive to antibiotics. Additional concerns include loss of cranial abdominal detail and a swollen hepatic margin noted on imaging. Brief Patient History: Patient presented on 6/1 for lethargy and anorexia of 5 days' duration. Initial evaluation revealed leukocytosis, high fever, and dehydration. The patient initially showed improvement with IV fluids, meloxicam, and antibiotics. CLINICAL SIGNS: Inappetence, lethargy, no V/D. MEDICATIONS: Josie had 0.25ml of butorphanol IV today for scan. Cerenia injection, Amoxi 250 po bid, Metronidazole 250bid, Meloxican 24#dose sid

Abnormal PE/Chem/CBC/UA Results: June 2, 2026 Lima Veterinary Center CBC: RBC 4.84 M/uL LOW HCT 31.1% LOW HGB 10.9 g/dL LOW WBC 30.66 K/uL HIGH NEU 26.78 K/uL HIGH MONO 1.65 K/uL HIGH BASO 0.10 K/uL HIGH MPV 14.7 fL HIGH PDW 19.7 fL HIGH Blood Chem BUN 6 mg/dL LOW Glob 4.7 g/dL HIGH ALKP U/L HIGH June 01, 2026 Lima Veterinary Center CBC WBC 24.16 K/uL HIGH NEU 24.05 K/uL HIGH MONO 1.59 K/uL HIGH MPV 14.9 fL HIGH Blood chem TP 8.4 g/dL HIGH Glob 5.6 g/dL HIGH ALKP 313 U/L HIGH Snap 4Dx: All negative

## 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. The left kidney measures 6.4 cm. The right kidney measures 7.3 cm. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted. Mild right renal pelvic dilation was present measuring 1.6 mm width possibly due to pyelonephritis. Normal right kidney blood flow is evident.

### Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 6.8 mm and the caudal pole measures 6.3 mm.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 5.8 mm and the caudal pole measures 4.7 mm.

### Spleen

Within the head of the spleen, there is a round non-capsule displacing isoechoic lesion that measures 9.0 mm in width, most likely benign extramedullary hematopoiesis, less likely infiltrative neoplasia. Remainder of the spleen besides the lesion is normal and has normal blood flow.

### 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



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and biliary tree appear normal without distension or congestion. In what appears to be the right middle liver lobe, the caudal margins are scalloped. No cause for this is seen.

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

### **Gastrointestinal**

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

There was some concern for possible enteritis. However, on the images provided, the small bowel is normal in thickness and measures 2.8 mm width and has normal layering. No evidence of enteritis is seen on the images provided.

### **Pancreas**

The visible pancreas presented mildly diffusely hypoechoic with no surrounding hyperechoic fat. The appearance of the pancreas may be suggestive of mild pancreatitis.

### **Free Abdomen**

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

On the cardiac images provided, no pericardial effusion is seen. NO obvious right atrial mass is seen.

## **ULTRASONOGRAPHIC FINDINGS**

- Suspect mild pancreatitis.
- Age-related renal changes.
- Splenic lesion.
- Hepatic remodeling.

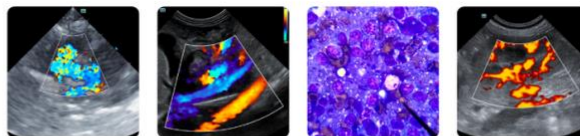
## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

If not already performed, recommend cPLI to screen patient for clinically significant pancreatitis. If urine culture has not been performed, recommend urine culture. Recommend FNA of the splenic lesion with submission for cytology to rule out neoplasia.

The appearance of both kidneys is suggestive of possible chronic kidney disease. Recommend full staging, monitoring and managing per IRIS guidelines.

Given the appearance of the liver, recommend ruling out possibility of infiltrative neoplasia such as lymphoma, less likely an infectious disease such as leptospirosis. The patient is reported to be vaccinated for leptospirosis. However, this does not rule out the possibility of it causing chronic hepatitis. Recommend screening patient for leptospirosis or starting an antibiotic such as doxycycline to treat for the possibility of leptospirosis.

Ultimately, no cause for the patient's clinical signs and lab work changes were definitively identified on this scan. Another disease to consider testing for if all else is ruled out would be potentially Bartonellosis. Prognosis is open pending results of recommended diagnostics.



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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](mailto:info@SonoPath.com)