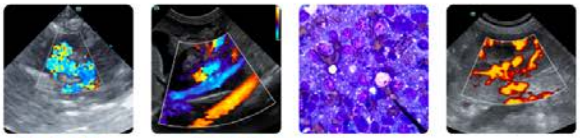


SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Dodge Maher

SPECIES

Canine

BREED

Mastiff x

SEX

Intact Male

AGE

10 Years

WEIGHT

34.5 kg

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Yates Veterinary Hospital

REFERRING VET

Dr. Merkel

INVOICE

75728

DATE

6/5/26

PRESENTING CLINICAL SIGNS

Having urinary accidents in the house +/- hematuria, stranguria starting May 15. UA May 19 showed low USG otherwise unremarkable. PE May 26 where clients note hematuria/stranguria resolved but still having urinary accidents. Also noting pu/pd and weight loss "for some time". PE shows mildly enlarged (though symmetric) prostate, and BCS of 4/9 otherwise unremarkable. BW performed the same day shows mild non-regenerative anemia, early hepatic changes and subtle decrease to BUN, hypocalcemia and hypoalbuminemia. Pet transitioned to gastro diet and appetite has returned but urinary accidents persist. Current Medications: Gaba/traz for the purpose of AUS only

Abnormal PE/Chem/CBC/UA Results: RBC 5.4 5.8 - 8.9 x10^12/L Hematocrit 0.38 0.41 - 0.60 L/L Hemoglobin 124 146 - 217 g/L Monocytes 1.09 0.14 - 0.74 x10^9/L Urea (BUN) 2.6 3.2 - 11.0 mmol/L Calcium 2.1 2.2 - 2.8 mmol/L Albumin 25 27 - 39 g/L ALT 191 18 - 121 U/L AST 66 16 - 55 U/L Urine: Specific Gravity 1.005 Leukocyte Esterase 100Leu/µL White Blood Cells 3 /HPF Red Blood Cells 6 /HPF Squamous Epithelial Cells <1 /HPF Non-Squamous Epithelial Cells 1 - 2 /HPF Note: when performing image review, suspect Sedivue confusing semen for rod shaped bacteria. No evidence of bacteriuria See attached Primary Question to Be Answered in This Exam Potential cause for urinary accidents - prostate related vs uroliths vs other. Potential imaging of adrenals to r/o obvious mass/change

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with a moderate amount of echogenic non-shadowing debris, most consistent with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can present with echogenic debris. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The prostate appears normal for an intact male dog, measuring 5.9 cm in width. It is symmetrical with uniform echogenicity. No obvious evidence of masses. There is a small hypoechoic cyst in what appears to be the left hemisphere of the prostate measuring 2.3 mm in width, appears benign. Prostatic disease is not highly suspected as the cause of the patient's urinary incontinence.

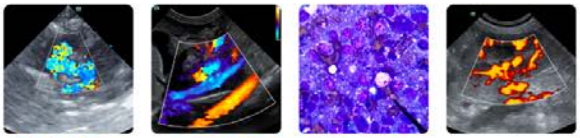
The right kidney is not completely seen due to gas shadowing in the area of the right kidney. The visible right kidney appears normal in size and architecture.

The left kidney presents normal size (7.9 cm) with normal shape and architecture. Normal corticomedullary distinction. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted. A 4.9 mm hypoechoic benign cortical cyst was noted in the cranial pole, clinically insignificant. No pyelectasia or ureteral dilation.

Adrenal Glands

The right adrenal gland is not seen.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 4.2 mm and the caudal pole measures 5.6 mm.



SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Dodge Maher

SPECIES

Canine

BREED

Mastiff x

SEX

Intact Male

AGE

10 Years

WEIGHT

34.5 kg

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Yates Veterinary Hospital

REFERRING VET

Dr. Merkel

INVOICE

75728

DATE

6/5/26

Spleen

Diffusely, the spleen is hypoechoic and has rounded margins. Throughout the splenic parenchyma there are multifocal to coalescing hypoechoic lesions present, some of which are capsule displacing. The appearance of the spleen is highly concerning for neoplastic disease such as lymphoma or mast cell disease, possibly histiocytic sarcoma. The spleen has normal blood flow. Splenic torsion is not suspected.

Liver

The liver is diffusely enlarged and hypoechoic. It has the same multifocal to coalescing hypoechoic lesions present throughout its parenchyma as the spleen.

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. Diffusely, the stomach is markedly distended with hypoechoic fluid that contains echogenic material. No obvious mechanical obstruction seen. 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.

Free Abdomen

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

The testicles appear normal.

No pericardial effusion seen in the cardiac image provided.

ULTRASONOGRAPHIC FINDINGS

- Urinary bladder debris.
- Small prostatic cyst.
- Left kidney non-obstructive mineralization and cortical cyst.
- Hypoechoic splenic lesions.
- Enlarged liver with hypoechoic lesions.
- Gastric fluid.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend fine needle aspirate of one or several of the hypoechoic lesions within the spleen and liver and submitting for cytology. If cytology is inconclusive, consider splenectomy for histopathology. Metastatic neoplasia is a possibility. An unlikely differential for the changes seen within the spleen and liver would be bartonellosis. If aspirate samples are inconclusive, recommend testing the patient for bartonellosis. Samples can be submitted to North Carolina State University.

This patient may have severe functional gastritis, possibly due to patient's splenic disease, although given the amount of fluid and gas present throughout the stomach there may be a mechanical

PATIENT

Dodge Maher

SPECIES

Canine

BREED

Mastiff x

SEX

Intact Male

AGE

10 Years

WEIGHT

34.5 kg

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Yates Veterinary Hospital

REFERRING VET

Dr. Merkel

INVOICE

75728

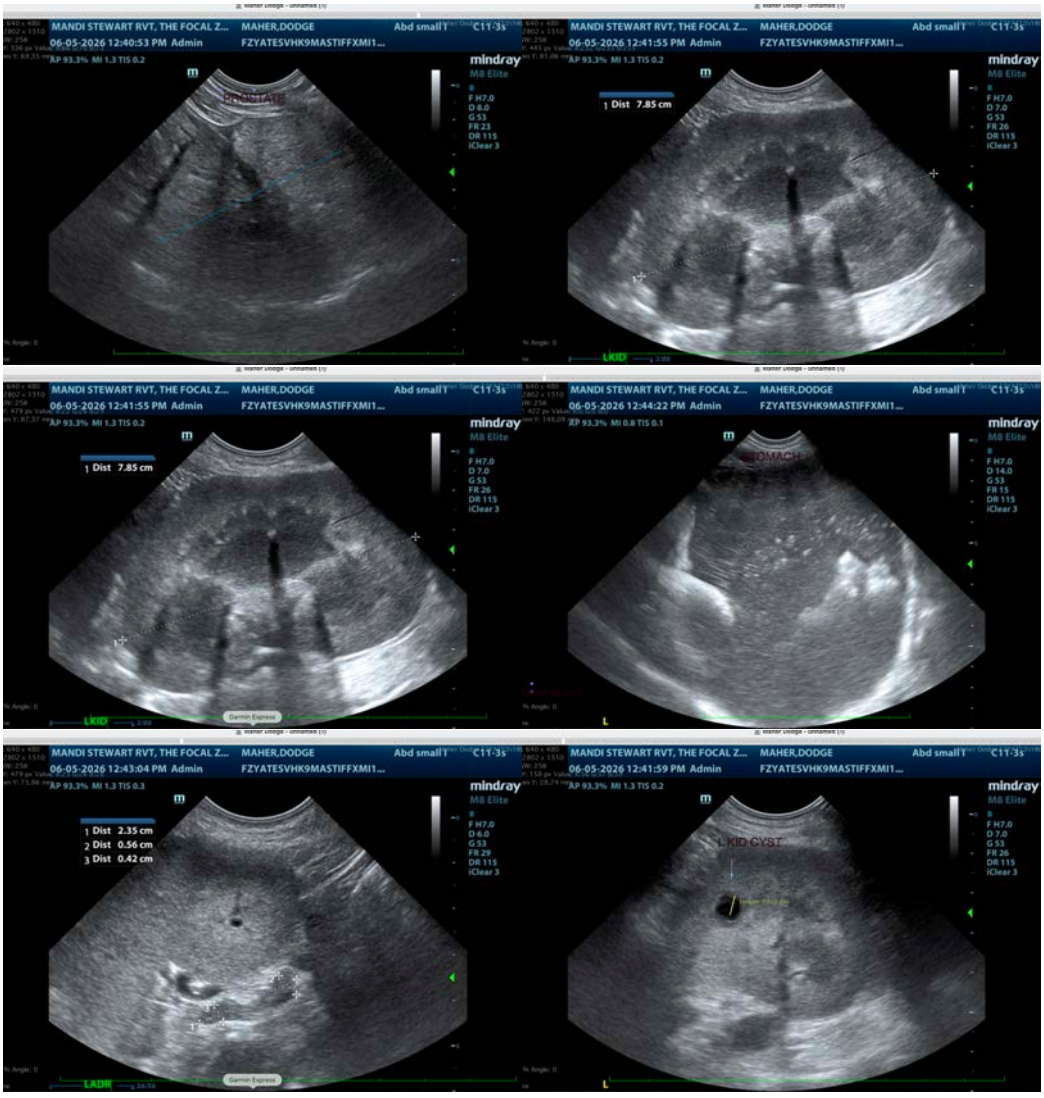
DATE

6/5/26

obstruction not seen on this exam. Consider fasting the patient for 12-24 hours and reevaluating the stomach via ultrasound.

The patient's clinical signs and lab work abnormalities are most likely attributed to the suspected neoplastic disease seen within the spleen and liver.

If not already performed, recommend 3-view chest radiographs to evaluate for pulmonary metastatic disease.



PATIENT

Dodge Maher

SPECIES

Canine

BREED

Mastiff x

SEX

Intact Male

AGE

10 Years

WEIGHT

34.5 kg

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Yates Veterinary Hospital

REFERRING VET

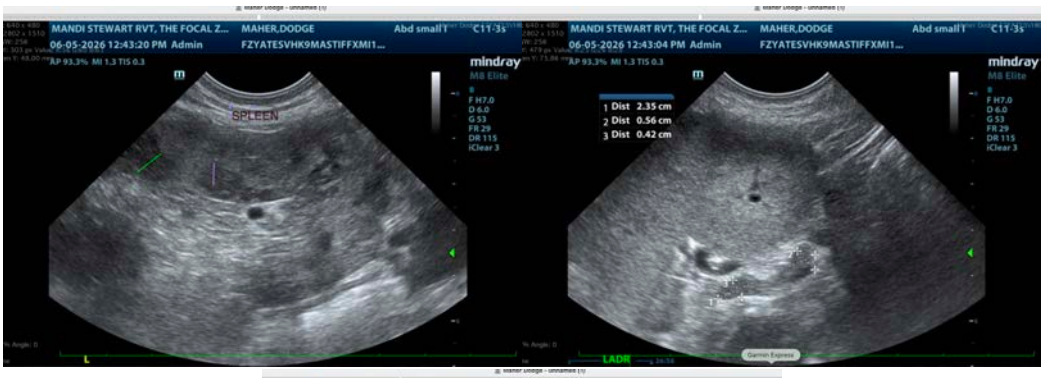
Dr. Merkel

INVOICE

75728

DATE

6/5/26



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