



PATIENT

Bentley Cook

SPECIES

Canine

BREED

Coton de Tulear

SEX

Neutered Male

AGE

15 Years

WEIGHT

10 Pounds

INTERPRETED BY

Gregory M. Kuhlman,
DVM, DACVIM
(SAIM)

IMAGING PERFORMED BY

Julia Bakker, DVM

HOSPITAL NAME

Orange Blossom VI

REFERRING VET

Alexis Kole, DVM

INVOICE

37428

DATE

6/8/26

PRESENTING CLINICAL SIGNS

History of on and off vomiting and watery diarrhea, screening underlying abdominal health.

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. The left kidney measures 3.7 cm in length. The right kidney measures 5.3 cm in length.

Adrenal Glands

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 4.4 mm and the caudal pole measures 4.5 mm.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 4.5 mm and the caudal pole measures 6.2 mm.

Spleen

Within the spleen, there are multiple hyperechoic lesions of variable size, suspected to be benign myelolipomas. Within the head of the spleen, there's an 8.0 mm x 8.5 mm hypoechoic non-capsule-displacing lesion, most likely benign extramedullary hematopoiesis, less likely to be infiltrative neoplasia, such as lymphoma mast cell, and unlikely to be hemangiosarcoma. A second similar mass, measuring 12.6 cm x 11.8 cm, was noted in the body of the spleen, mildly capsule displacing. This is also most likely benign extramedullary hematopoiesis, less likely to be infiltrative neoplasia, such as lymphoma mast cell, and unlikely to be hemangiosarcoma.

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 and biliary tree appear normal without distension or congestion.

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

Gastrointestinal

The stomach is full. Diffusely, the stomach wall is normal and thickness layering. Within the body of the stomach, there is a hypoechoic ovoid lesion that measures 7.6 mm x 5.0 mm. This lesion is pedunculated and appears to be extending from the gastric wall, although this cannot be definitively determined on this exam.

The intestines have normal wall layering and thickness.



PATIENT

The colon contains normal contents with normal wall thickness.

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Pancreas

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

Canine

Free Abdomen

BREED

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

Coton de Tulear

ULTRASONOGRAPHIC FINDINGS

SEX

- Multiple splenic lesions
- Moderate degenerative renal changes
- Full stomach with hypoechoic ovoid lesion that appears to be extending from the gastric wall.

Neutered Male

AGE

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

15 Years

Recommend fine needle aspirates of the splenic lesions to characterize masses further. If cytology is indeterminate as to etiology of splenic lesions, recommend periodic monitoring every 2-3 months to determine if masses are growing in size or number. If it is, consider splenectomy for histopathology.

WEIGHT

10 Pounds

Recommend full staging, monitoring, and managing per International Renal Interest Society guidelines for suspected chronic kidney disease.

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Gregory M. Kuhlman,
DVM, DACVIM
(SAIM)

I recommend fasting patient longer (12 - 24 hours) and rechecking for presence of lesion. If the lesion is present, it may be a benign polyploid lesion, or less likely malignant neoplasia such as adenocarcinoma, leiomyosarcoma, or lymphoma. This lesion may potentially be the cause of the patient's vomiting. If it is confirmed that this lesion remains present after fasting, consider attempting fine needle aspirate via ultrasound guidance to help determine etiology. If unable to obtain aspirate or if aspirate sample is inconclusive, then recommend endoscopy for biopsy and histopathology.

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Julia Bakker, DVM

If full comprehensive lab work, including urinalysis, has not been performed, recommend performing this testing to determine if metabolic cause for patients vomiting and diarrhea may be present.

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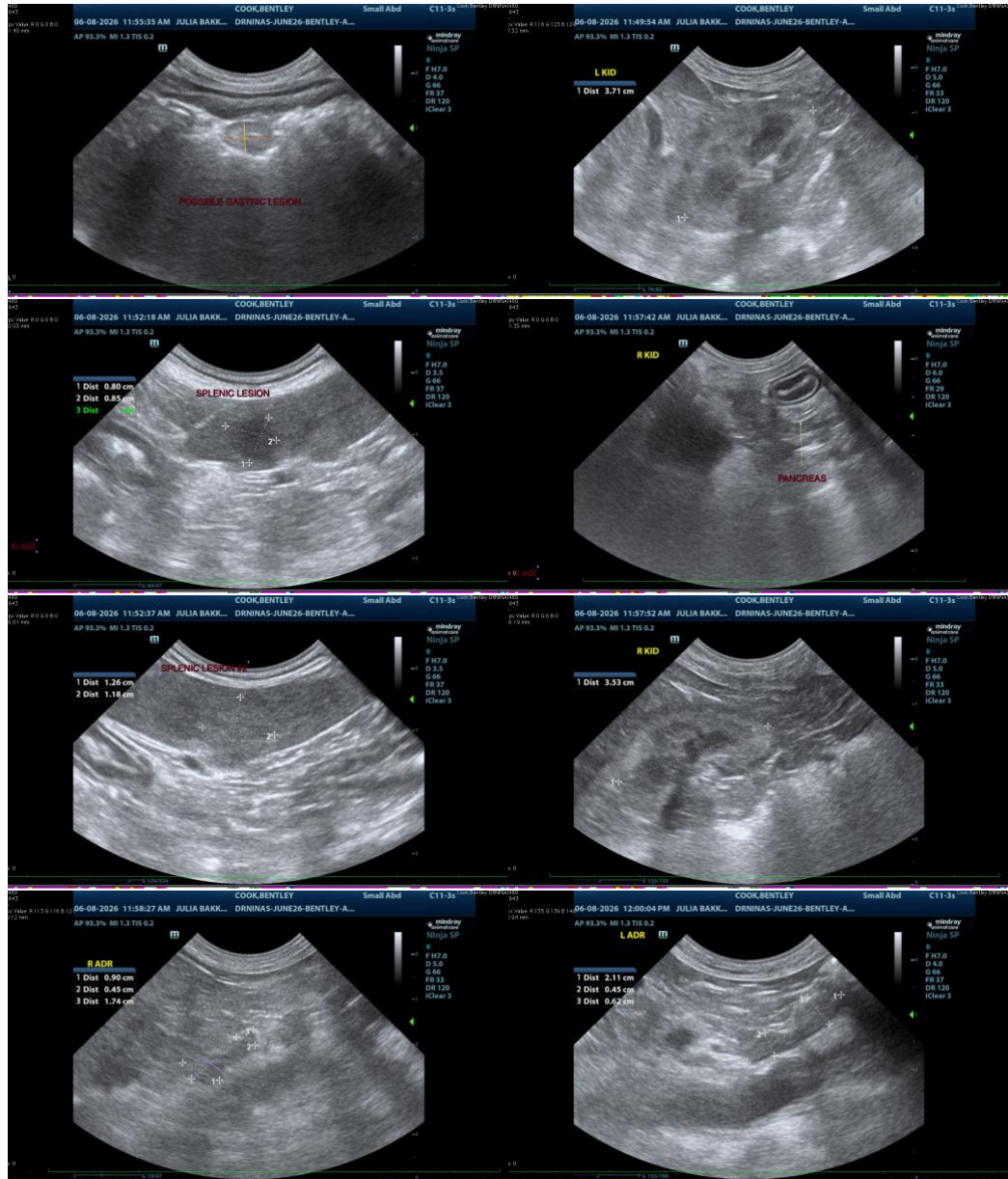
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)



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Veterinary Internal Medicine Specialist

info@SonoPath.com

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