



PATIENT

Grimm Benner

SPECIES

Canine

BREED

Terrier x

SEX

Neutered Male

AGE

12 Years

WEIGHT

19.6 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Jenny Wenrich, DVM

HOSPITAL NAME

Straley Vet Associates

REFERRING VET

Jenny Wenrich, DVM

INVOICE

72179

DATE

1/13/26

PRESENTING CLINICAL SIGNS

Chronic intermittent anorexia, 1 lb weight loss in 1 month, episodes of staring into space/disorientation
Abnormal PE/Chem/CBC/UA Results: CBC, Chemistry, UA unremarkable, painful in cranial abdomen on palpation

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The prostate is unable to be visualized in these images.

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 4.7 cm. Right kidney measures 4.8 cm.

Adrenal Glands

The adrenal glands are unable to be visualized in these images.

Spleen

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). Near the mid to caudal aspect of the medial part of the spleen, an approximately 1.2 cm in diameter non-capsule disrupting, hypo- to anechoic nodule is noted. Splenic vasculature appears normal.

Liver

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

Liver is subjectively enlarged with mildly irregular margins. Parenchyma is moderately heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. In some views there appears to be a slightly more discrete but largely ill-defined area measuring approximately 3.6 cm x 3.1 cm in size that is slightly more hyperechoic than the surrounding areas. This may not be a true discrete change from the other diffuse changes but could represent an early or emerging mass versus pockets of fibrosis or other inflammatory change versus other. Visible vasculature and biliary tree appear normal without distension or congestion

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.



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The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

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The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

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Pancreas

The pancreas that is observed appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

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Free Abdomen

There is no visible free peritoneal effusion noted in these images.

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There is no apparent pathologic lymphadenopathy noted in these images.

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PRIMARY FINDINGS

- Hypo to anechoic splenic nodule – likely represents a benign lesion such as a cyst, hematoma, nodular hyperplasia, extramedullary hematopoiesis, etc., however while considered less likely, infiltrative neoplasia can mimic benign lesions, and cannot be ruled out.
- Moderately heterogenous liver – These changes are most consistent with benign processes such as nodular hyperplasia, steroid (vacuolar) hepatopathy, extramedullary hematopoiesis or possibly chronic inflammatory disease and less commonly infiltrative round cell or metastatic neoplasia. As described above, in some views there appears to be a slightly more focal hyperechoic area with the same differentials as listed above.

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SECONDARY FINDINGS

- Age related kidney changes.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes described above are subtle/mild and trend largely in appearance toward benign, without a definitive ultrasonographically visible intraabdominal explanation for patient's reported anorexia.

Having said that, further investigation could be considered via fine needle aspirates of both the splenic nodule and the liver if patient's coagulation status is appropriate.

Otherwise, especially given patient's reported concurrent possible neurologic signs, further evaluation for possible pain (dental, orthopedic, other), upper respiratory disease or oropharyngeal disease, cardiac disease and/or neurologic disease vs other as possible causes for decreased appetite and/or unintentional weight loss is also recommended.

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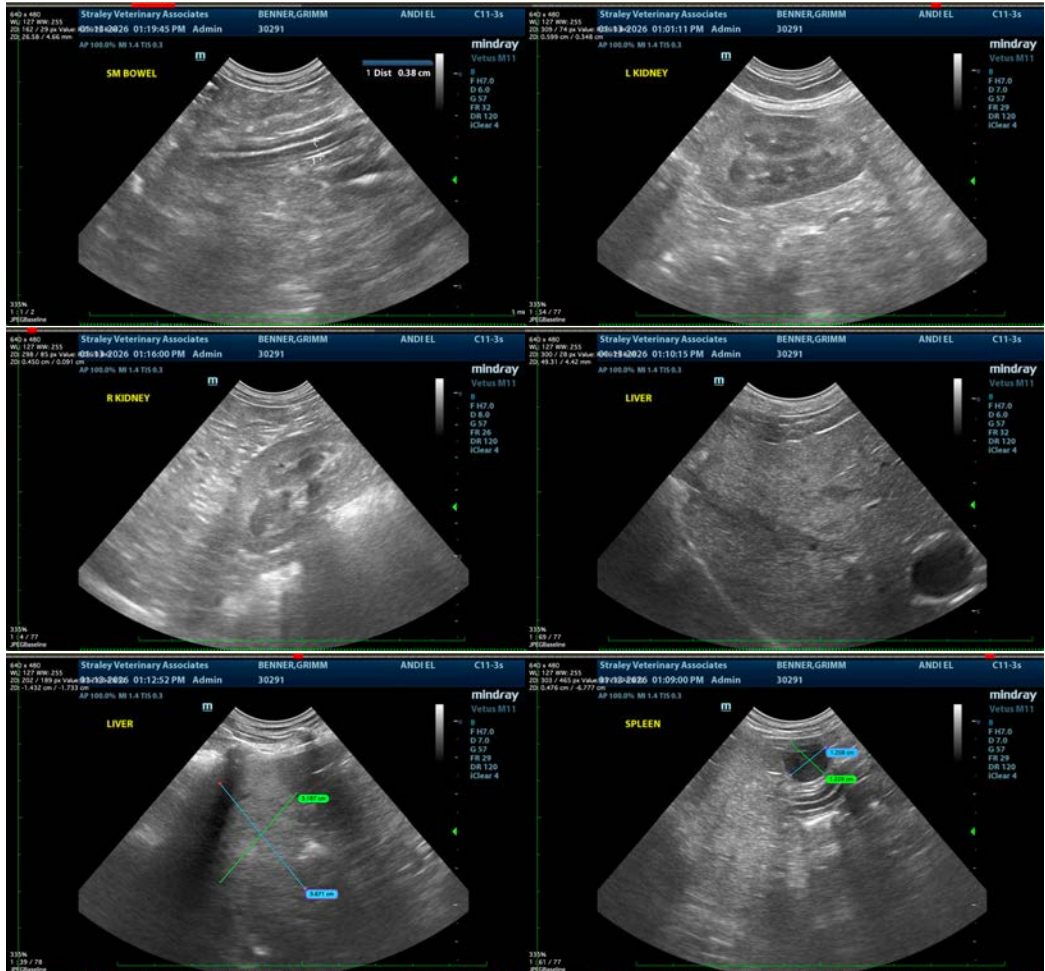
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM, DACVIM
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