



## PATIENT

Rowdy Graham

## SPECIES

Canine

## BREED

Golden Retriever

## SEX

Neutered Male

## AGE

10 Years

## WEIGHT

98 pounds

## INTERPRETED BY

Beth Johnson, DVM  
DACVIM

## IMAGING PERFORMED BY

Tiffany Boomer

## HOSPITAL NAME

Moyock Animal  
Hospital

## REFERRING VET

Dr. Tracy Eure

## INVOICE

13146

## DATE

01/14/26

## PRESENTING CLINICAL SIGNS

CAME IN 1/13 FOR ADR. BAR UPON PRESENTATION BUT O NOTES THAT P FELL OVER LAST NIGHT, DID NOT WANT TO MOVE AND THEN DID NOT WANT TO EAT AT ALL AFTER THAT. UPON REFLECTION, IT DOES SOUND LIKE P HAS BEEN "SLOWING DOWN" AND A BIT MORE LETHARGIC LATELY. TODAY 1/14 - P DOING WELL (HAD 2 DOSES GABA)

Abnormal PE/Chem/CBC/UA Results: CBC - MULTIPLE ABNORMAL NUMBERS, CHEM - ELECTROLYTE IMBALANCE AND SLIGHTLY LOW TOTAL PROTEIN. NO METZ SEEN ON CHEST XRAY.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

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.

Left kidney is normal in size (6.2 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Right kidney is normal in size (6.5 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

### Adrenal Glands

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

### Spleen

The spleen contains an approximately 4.1 cm x 5.1 cm mildly heterogeneous hypoechoic capsule disrupting mass off of the mid medial spleen.

### Liver

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.

Gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

### Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with very echogenic reverberation artifact from intraluminal gas. There is no evidence of obstruction, foreign material or infiltrative disease; however, complete visualization of far wall is partially inhibited by gas. 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 mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta/chyme. There is no evidence of obstruction, foreign material or infiltrative disease.

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

**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.

**Free Abdomen**

There is a moderate amount of anechoic free fluid in these images.

There is no apparent pathologic lymphadenopathy noted in these images.

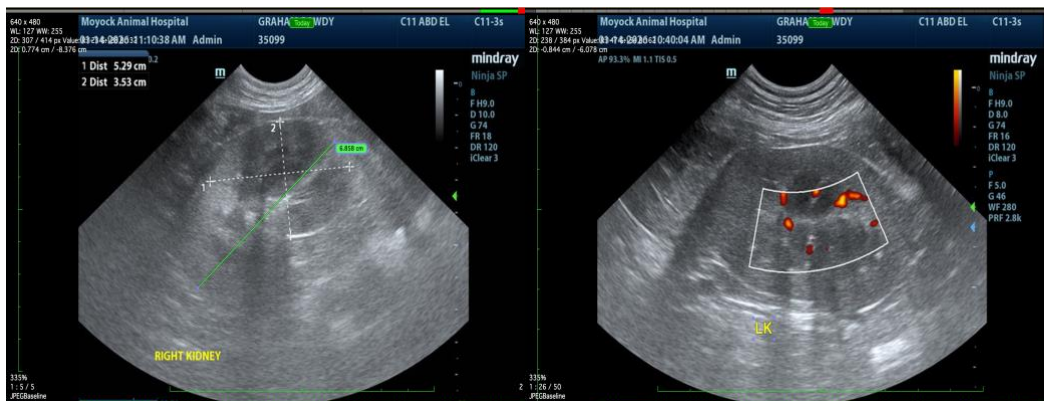
Cardiac images are non-diagnostic owing to interfering artifact.

**ULTRASONOGRAPHIC FINDINGS**

- The splenic mass is concerning for infiltrative neoplasia such as sarcoma versus other especially given the concurrent free fluid. Having said that, a benign process such as extramedullary hematopoiesis, nodular hyperplasia, etc. can't be ruled out without tissue sampling.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Fine needle aspirates of the splenic mass could be considered if patient's coagulation status is appropriate. Alternatively, however, or if a cytologic diagnosis is unable to be obtained, or the free fluid is hemorrhage and removing the mass is necessary to stop the hemorrhage, an exploratory laparotomy for planned splenectomy could be considered.





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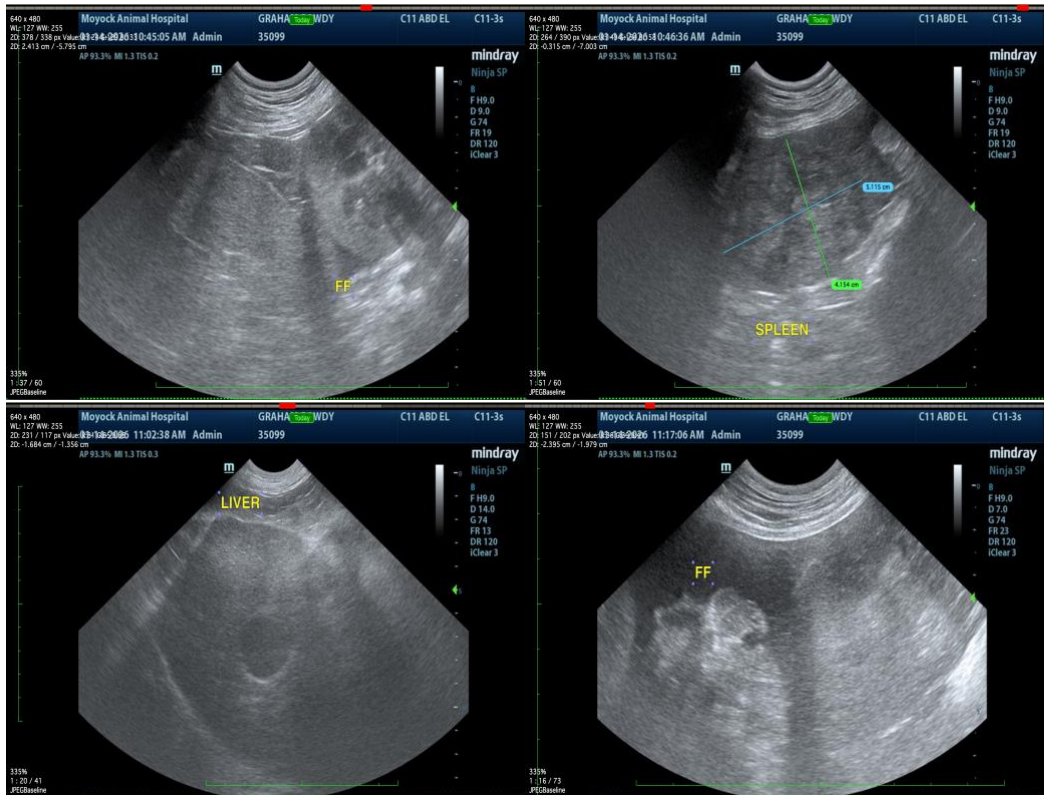
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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**

info@sonopath.com