



**PATIENT**

Josie Bollman

**SPECIES**

Canine

**BREED**

Doodle X

**SEX**

Spayed Female

**AGE**

7 Years

**WEIGHT**

25.9 kg

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Dr. Kathleen Massa

**HOSPITAL NAME**

Animal Emergency  
Hospital Volusia

**REFERRING VET**

Dr. Kathleen Massa

**INVOICE**

44304

**DATE**

1/19/23

**PRESENTING CLINICAL SIGNS**

PP for eval of vomiting and diarrhea. P is panc positive but otherwise ok.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is moderately 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 right kidney is normal in size (6.42 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.

The left kidney is normal in size (6.49 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 well 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). No focal nodules or masses are observed. Splenic vasculature appears normal.

\*\*See other.

**Liver**

The liver is subjectively enlarged in size with irregular margins. Parenchyma is mottled by multifocal discrete nodules of varying sizes, "moth eaten". The majority of the nodules have a hyperechoic center with a hypoechoic rim, characteristic of "target lesions". Visible vasculature and biliary tree appear normal without distention or congestion.

The 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.

The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). 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.

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

**Pancreas**



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The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

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**Free Abdomen**

There is no evidence of free peritoneal effusion noted in these images.

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In the mid abdomen, just medial to the spleen, there is a 3.0 cm x 4.0 cm heterogeneous, hypoechoic mass surrounded by enhanced hyperechoic mesenteric fat, most consistent with a mesenteric lymph node. However, attachment to the spleen could not be 100% ruled out.

**SEX**

Spayed Female

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

7 Years

- **Nodular lesion with target lesions** – Most concerning for infiltrative neoplasia such as round cell neoplasia or metastatic neoplasia. Benign disease is possible but considered much less likely, especially given the appearance of target lesions.
- **Aggressive mesenteric lymph nodes** – most consistent with infiltrative round cell or metastatic neoplasia. A benign aggressive inflammatory response cannot be ruled out without tissue sampling +/- culture.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

Three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.

Fine needle aspirates of the liver and the mass medial to the spleen (believed to be a mesenteric lymph node) are recommended if patient's coagulation status is appropriate.

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In the meantime, while awaiting results, supportive/symptomatic medical management of the gastrointestinal signs, including antiemetics, gastroprotectants, and appetite stimulant (if necessary), etc. are recommended.

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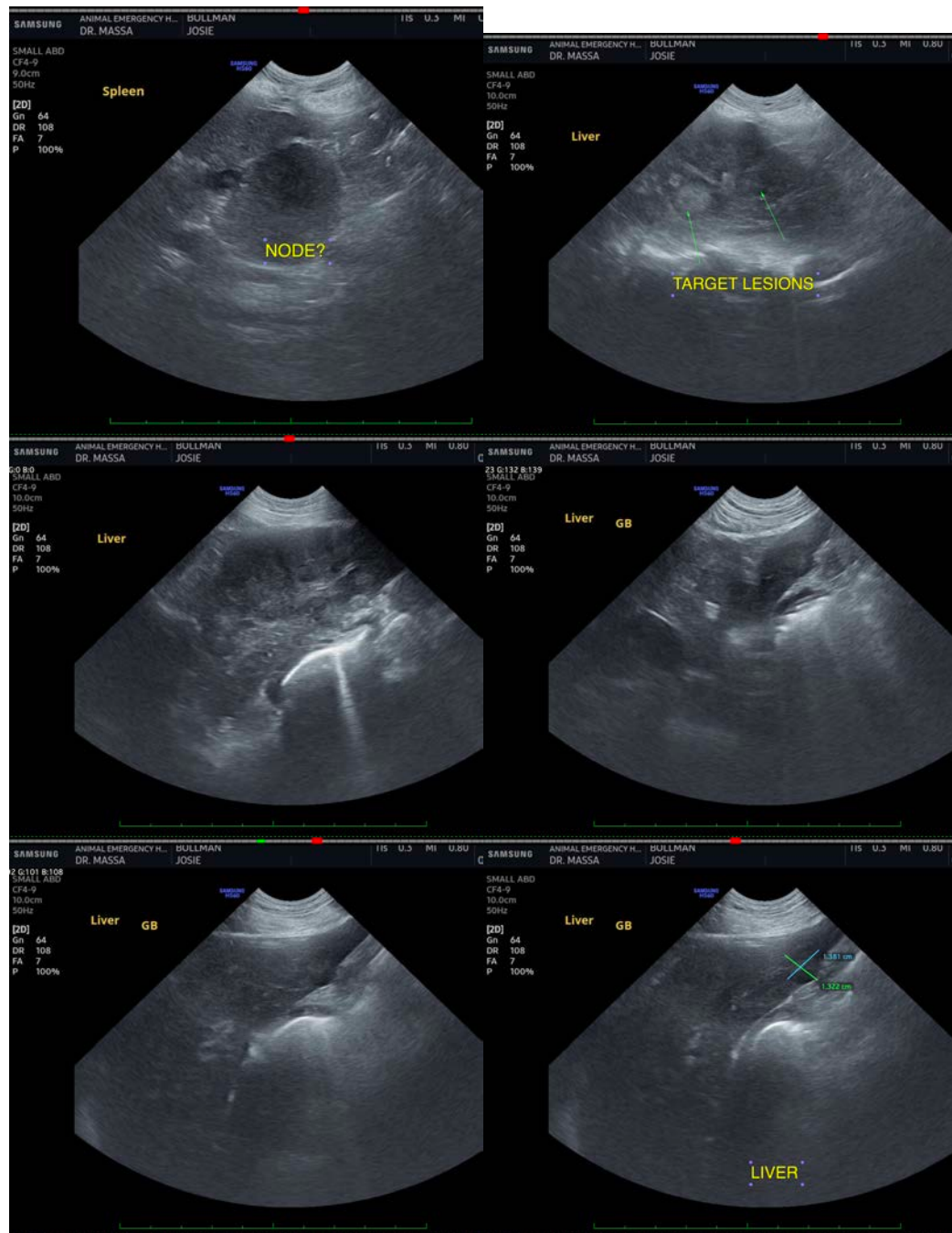
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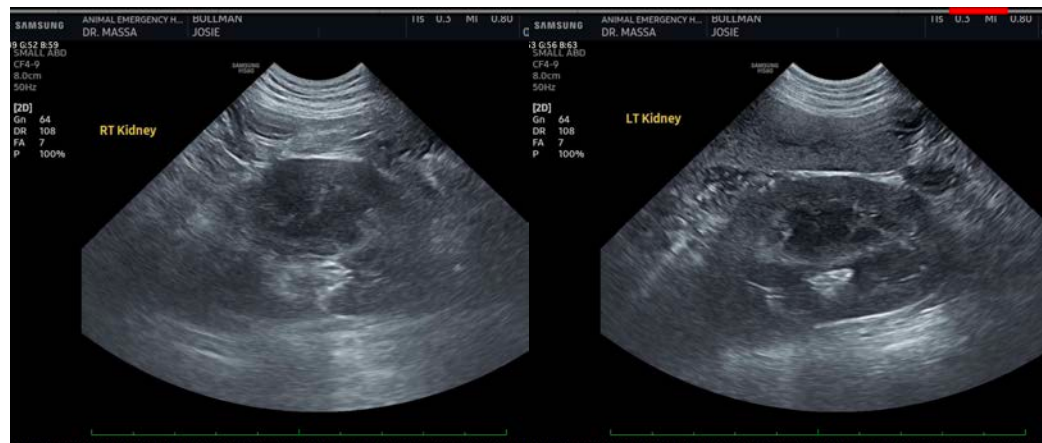
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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**  
Beth.Johnson@sonopath.com