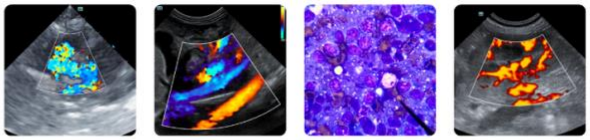


PATIENT
Rosie Asadorian

SPECIES
Canine

BREED
Mini Doodle

SEX
Spayed Female

AGE
9 Years

WEIGHT
43 Pounds

INTERPRETED BY
Beth Johnson, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY
Julia Bakker, DVM

HOSPITAL NAME
Orange Blossom VI

REFERRING VET
Kristie Johns, DVM

INVOICE
35541

DATE
1/22/26

PRESENTING CLINICAL SIGNS

- Patient presents to ER for inappetence and lethargy
- CBC - mild stress leukogram (neutrophilia 13 k/uL)
- Chemistry with electrolytes - hyperbilirubinemia (1.3 mg/dL), hypercholesterolemia (357 mg/dL)
- AFAST - large irregular tumor on the right side of the abdominal cavity with a scant amount of peritoneal effusion within; not in a location amenable to abdominocentesis
- Radiographs - within normal limits
- Scheduled AUS today to further define possible mass

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.

Left kidney is normal in size (4.96 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 (6.2 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. **See Free Abdomen section.

Adrenal Glands

Left adrenal gland is normal in size (0.84 cm at cranial pole and 0.58 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

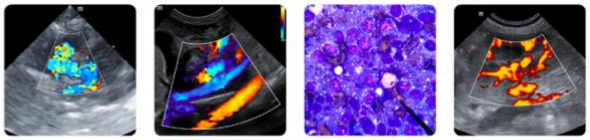
Right adrenal gland is normal in size (0.66 cm at cranial pole and 0.4 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

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). Multifocal well-demarcated hyperechoic homogenous nodules are noted. Splenic vasculature appears normal. Additionally, an approximately 0.7 cm x 1.1 cm non-capsule-disrupting hypo- to anechoic density was noted in the mid 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



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homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion. **See Free Abdomen section.

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

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.

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.

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. **See Free Abdomen section.

Free Abdomen

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

There is no apparent pathologic lymphadenopathy noted in these images.

In the right cranial abdomen, in some views, appearing to originate from the kidney, but in other views, less consistently so, and possibly just adjacent to the right kidney, is an irregular, homogenous, hypoechoic mass, measuring approximately 3.2 cm x 4.1 cm in size, surrounded by enhanced hyperechoic fat. Additionally in the area, is a less distinct, more subtle, approximately 7.0 cm x 4.7 cm homogenous isoechoic mass, potentially of fat consistency.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The right cranial abdominal mass is of unknown origin. It could represent a kidney mass, or potentially, an adrenal mass, pancreas, liver, lymph node, other. Infiltrative neoplasia is a possibility, although other benign differentials including abscess, inflammatory lesion, etc., can't be ruled out without tissue sampling. The more isoechoic mass in the area appears consistent with fat density.

Secondary Findings

- Hyperechoic splenic nodules- most consistent with benign myelolipomas. Other differentials such as fibrosis or calcification caused by old hematomas or infarcts, chronic inflammation,

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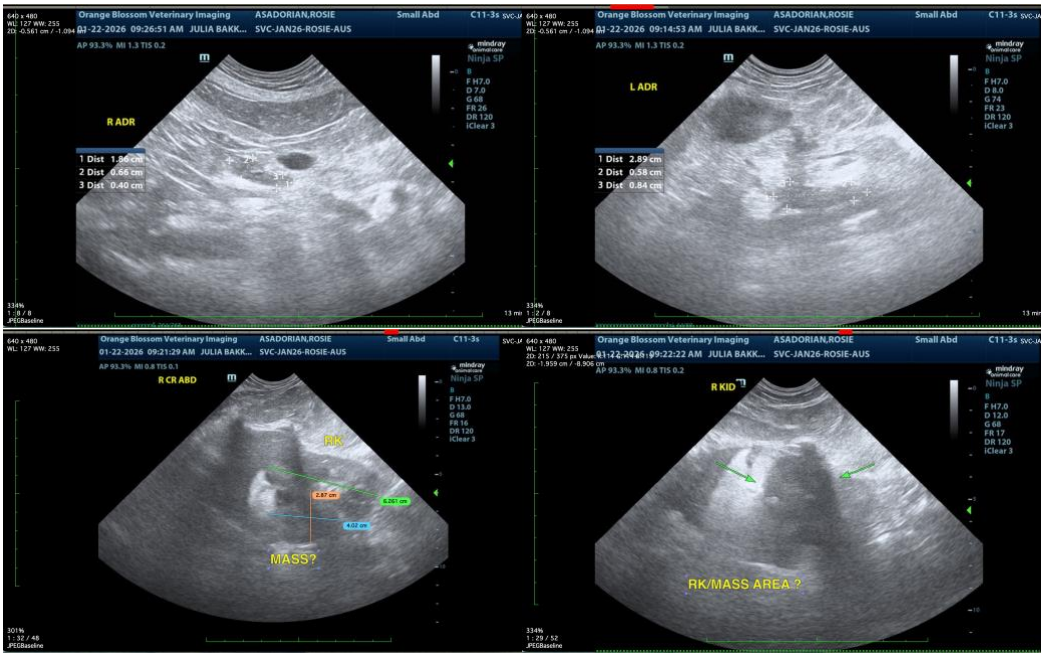
granulomatous disease or metastatic disease cannot be ruled out, but are considered less likely.

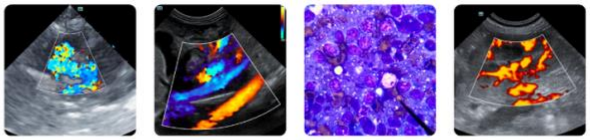
- Hypo- to anechoic splenic nodules- likely represent benign lesions such as cysts, hematomas, nodular hyperplasia, extramedullary hematopoiesis, etc., however while considered less likely, infiltrative neoplasia can mimic benign lesions and cannot be ruled out.
- Moderate gallbladder debris- Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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 right cranial hypoechoic mass are recommended if patient's coagulation status is appropriate +/- additional aspirates of the suspect lipoma or fat density mass in the area. If a cytologic diagnosis is unable to be obtained, or if the cytologic diagnosis warrants surgery, or if more information is elected prior to sampling, advanced imaging, such as abdominal contrast CT scan may be helpful.





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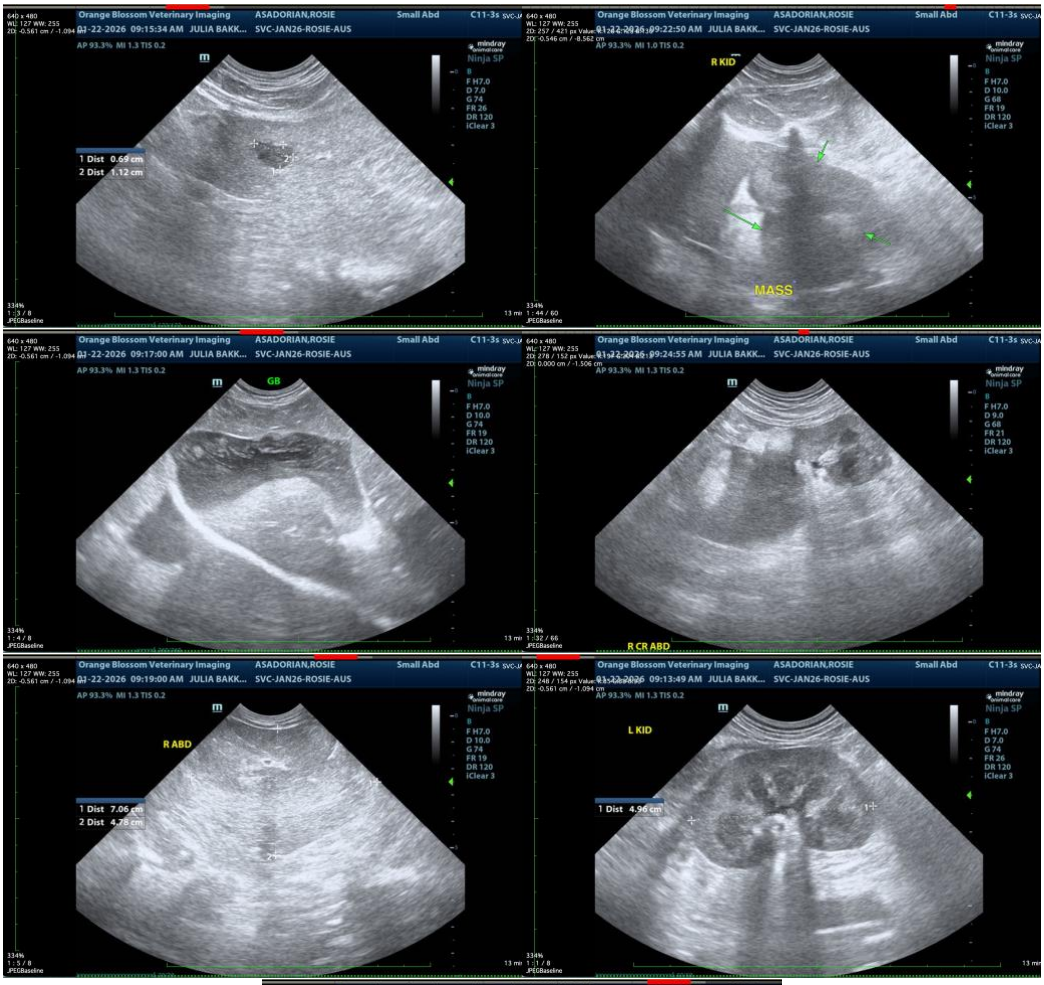

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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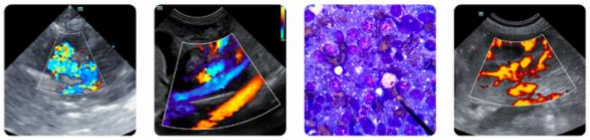

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Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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