



## PATIENT

Archie Travenski

## SPECIES

Canine

## BREED

Golden Retriever

## SEX

Neutered Male

## AGE

13 Years

## WEIGHT

60.4 lbs

## INTERPRETED BY

Beth Johnson, DVM  
DACVIM

## IMAGING PERFORMED BY

Dr. Jaime Uren

## HOSPITAL NAME

TotalBond Veterinary  
Hospital

## REFERRING VET

Dr. Jaime Uren

## INVOICE

72573

## DATE

1/29/26

## PRESENTING CLINICAL SIGNS

Ultrasound for elevated liver enzymes (on 1/19/26 ALT was 192, AST 69, ALP 813, and GGT 120). Patient eating, drinking well and doing well overall at home, although muscle atrophy and mild weight loss noted. Pt also has approx 2 cm cutaneous mass on ventral abdomen (lateral to prepuce) that was FNA'd on 1/19/26 and was consistent with epithelial neoplasia with atypia - concerning for carcinoma.

Ultrasound guided FNA of liver performed today - results pending.

Abnormal PE/Chem/CBC/UA Results: 1/19/26: CBC: Hct 35.0 low, Hgb 10.5 low, MCV 48 low, MCH 14.4 low, MCHC 30 low, retics 58, retic hgb 14.9 low, platelets 576 high chem: phosphorous 6.4 high, potassium 5.8 high, chloride 104 low, AG 27 high, TP 8.2 high, globulin 5.3 high, ALT 192 high, AT 69 high, ALP 813 high, TBili 1.2 high, unconjugated bili 1.0 high, conjugated bili 0.2 high, cholesterol 623, lipase 252 high, CK 255 high, GGT 120 high hemolysis 4+, lipemia 4+ Rechecked lab work in house on 1/29/26: TP 8.9 high, Globulin 6.3 high, ALT 369, ALP 1653, GGT 109, Cholesterol 358

## 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 area of the prostate is examined without evident prostatic pathology.

The right kidney is normal is size (6.65 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 is size (6.37 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 areas of the adrenal glands are examined without evident adrenal gland pathology.

### 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), except for an anechoic density measuring 0.70 cm x 1.1 cm in size, which is not capsule disrupting in the mid spleen. Splenic vasculature appears normal.

### Liver

The liver contains a 6.5 cm x 7.7 cm mildly heterogeneous, largely iso- to hypoechoic but partially cystic mass in the mid caudal area. The remaining more cranial liver is normal in appearance.

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.



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## Gastrointestinal

The visible stomach wall is normal in thickness and layering. The stomach is moderately distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. If patient was appropriately fasted, delayed gastric emptying could be considered. Non-shadowing foreign material is considered less likely but cannot be definitively ruled out.

If clinical signs are consistent (vomiting, etc.), recommendations include supportive medical care, 24 hours fasting and re-image.

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen 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 scant/trace amount of anechoic free fluid adjacent to the liver mass.

There is no apparent pathologic lymphadenopathy noted in these images.

## ULTRASONOGRAPHIC FINDINGS

- The liver mass could represent infiltrative neoplasia including primary hepatocellular carcinoma, sarcoma, round cell neoplasia, or, given patient's history, a metastatic lesion, although benign hepatoma/adenoma, nodular hyperplasia, chronic inflammatory change versus other can't be ruled out without tissue sampling.
- The scant/trace free fluid is of unknown origin. Differentials (unless already ruled out) could include increased hydrostatic pressure (cardiac disease and/or vascular or lymph blockage), decreased oncotic pressure (low albumin), vasculitis, paraneoplastic fluid, rupture/leakage of/from an organ (GI, GB, UB, other), blood (hemoabdomen), other.
- 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.

## 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.



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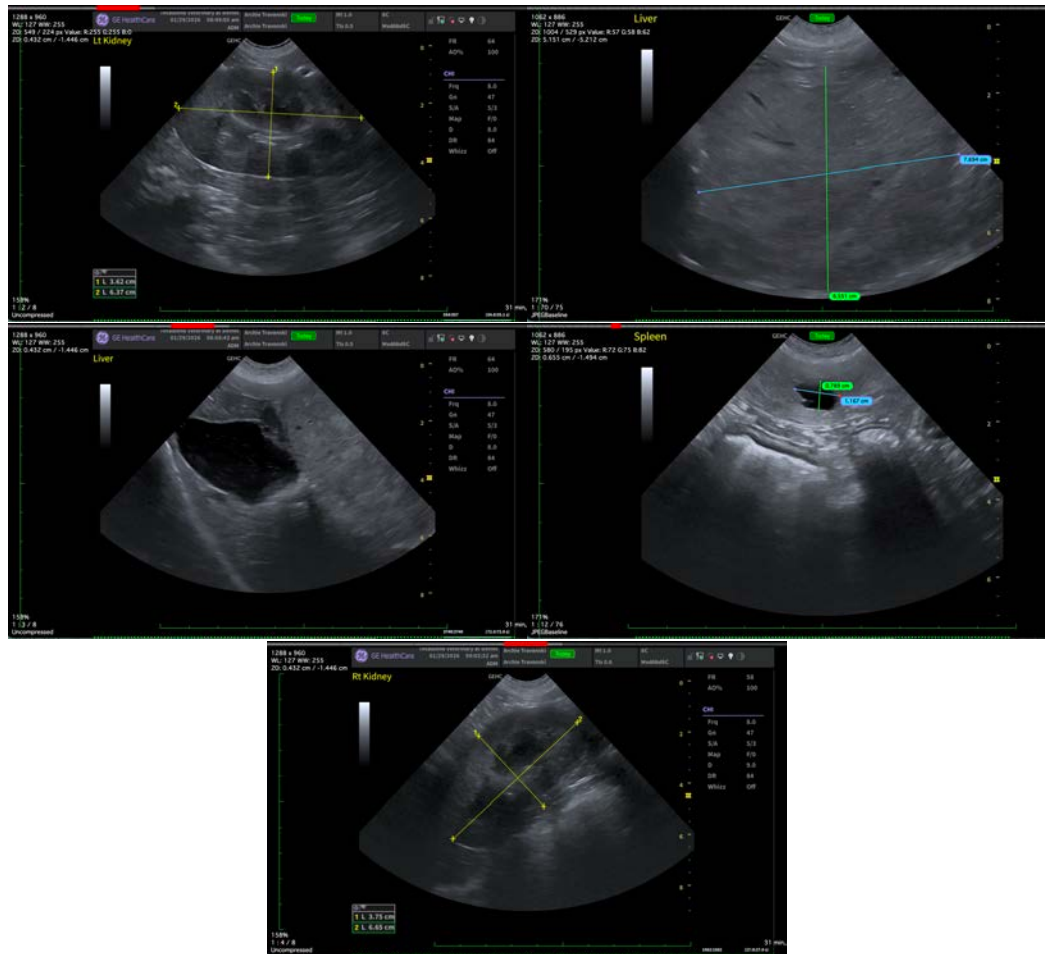
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Fine needle aspirates of the liver mass +/- the splenic nodule are recommended if patient's coagulation status is appropriate.

Other than supportive/symptomatic medical management of clinical signs, further treatment recommendations are largely dependent on results of the above.



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