



PATIENT	PRESENTING CLINICAL SIGNS
Abbie Corbosiero	Large mass mid abdomen on rads
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Canine	<i>Urinary System</i>
BREED	The urinary bladder is adequately mildly under distended, resulting in a subjectively thick, irregular appearance of the wall diffusely. However, extending from the apex of the urinary bladder is an approximately 1.7 cm thick x 1.0-1.6 cm long, echogenic, pedunculated density extending into the urinary bladder from the apical wall. Contents are otherwise primarily anechoic. No cystoliths are observed.
Lab x	
SEX	The right kidney is normal is size (6.44 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.
Spayed Female	
AGE	The left kidney is normal is size (6.08 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.
11 Years	
WEIGHT	<i>Adrenal Glands</i>
75 lbs	The right adrenal gland is normal in size (0.92 cm at cranial pole and 0.48 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.
INTERPRETED BY	The left adrenal gland is normal in size (0.67 cm at cranial pole and 0.78 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.
Beth Johnson, DVM DACVIM	
IMAGING PERFORMED BY	<i>Spleen</i>
Kerri Becker	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.
HOSPITAL NAME	*See other.
All Creatures Great & Small Denville	<i>Liver</i>
REFERRING VET	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. *See other.
Dr. Potenzone	
INVOICE	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.
71898	
DATE	<i>Gastrointestinal</i>
11/18/25	The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with a small to moderate amount of echogenic non-shadowing luminal contents and gas



PATIENT

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SPECIES

Canine

BREED

Lab x

SEX

Spayed Female

AGE

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DACVIM

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HOSPITAL NAME

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consistent with normal ingesta. There is 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.

Free Abdomen

In the mid abdomen, taking up a large portion of the abdomen, and visible from the left and right, extending from cranial to the urinary bladder to caudal to the liver is a mixed, heterogeneous, irregular, hypoechoic mass measuring at least 9.5 cm x 7.3 cm in size. The mass is unable to be definitively attached to a specific organ in these images, but top differentials appear to potentially be liver +/- spleen, lymph node, even pancreas versus other.

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

The visible heart base (RA) and pericardium are unremarkable without obvious pathology noted in these images at this time. If cardiac function evaluation is desired, a full echocardiogram is recommended.

PRIMARY FINDINGS

- Large, mid abdominal mass of unknown origin – The mass could be coming from the liver or spleen, or even pancreas, lymph node, other as described above. Differentials include a malignant neoplastic mass versus a benign inflammatory lesion versus other and can't be further differentiated without additional information.
- The urinary bladder wall changes could represent a benign inflammatory process i.e., cystitis/polypoid cystitis. However, infiltrative neoplasia can't be ruled out without additional information.

SECONDARY FINDINGS

- Mild 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.



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urinalysis and, if indicated based on urinalysis results, urine culture is recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ratio is recommended.

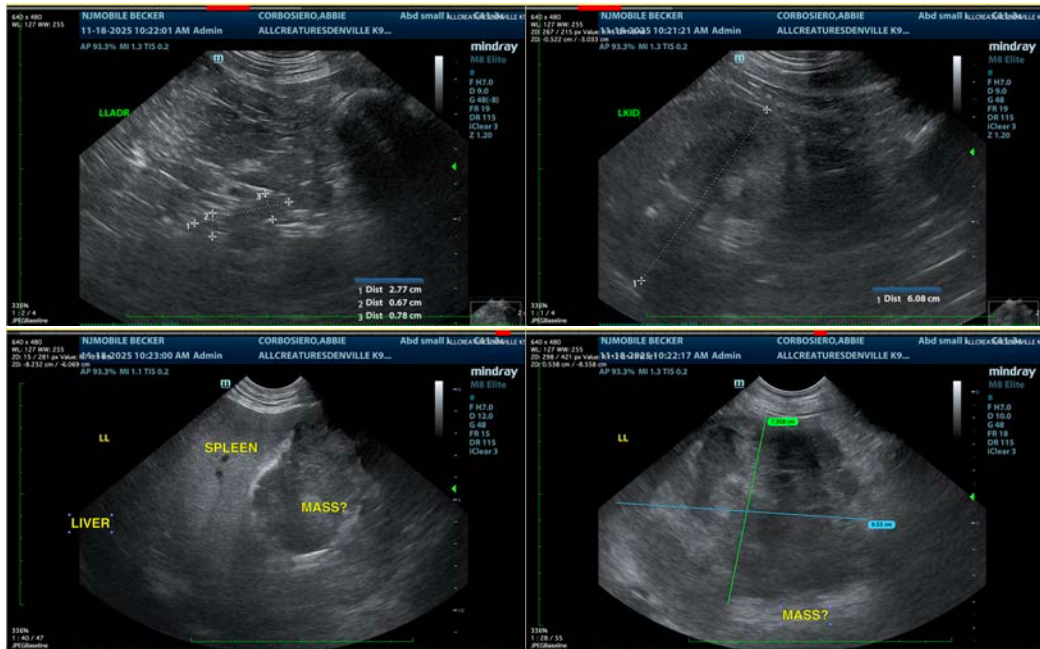
Submission of urine to look for BRAF gene mutation is recommended.

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 mid abdominal mass could be considered if patient's coagulation status is appropriate.

If a cytologic diagnosis is unable to be obtained and/or the diagnosis warrants surgery, a pre-surgical planning or further diagnostic abdominal contrast CT scan may be helpful.

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





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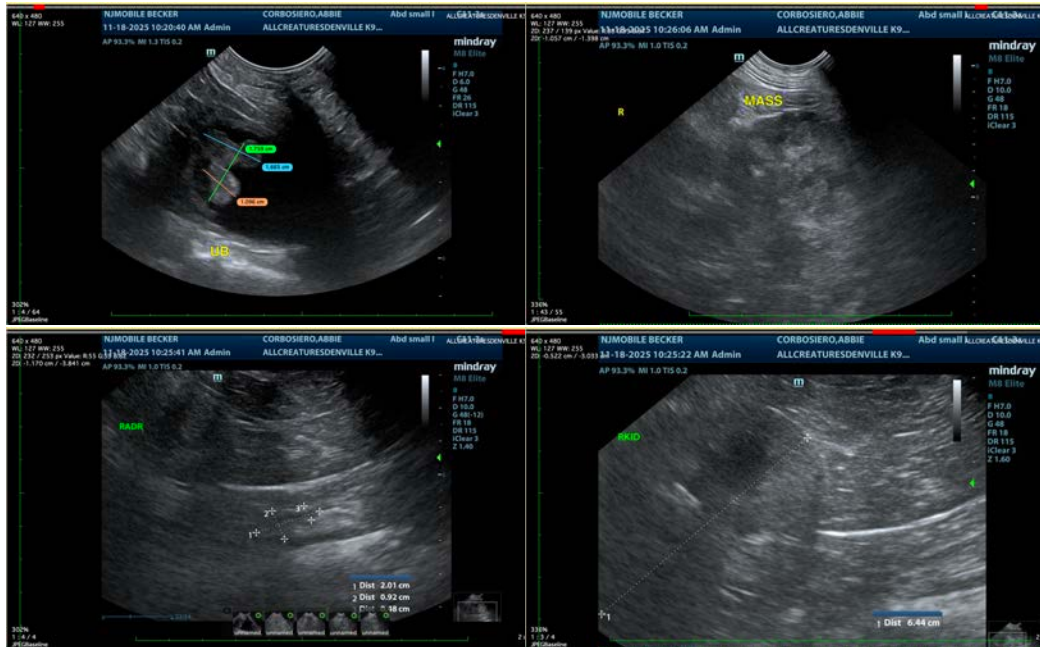
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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