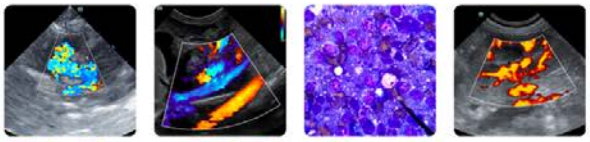


PATIENT

Bentley Mosebrook

SPECIES

Canine

BREED

Boxer x

SEX

Neutered Male

AGE

6 Years 10 Months

WEIGHT

74.1 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Kristen Carpenter

HOSPITAL NAME

Pennridge Animal Hospital

REFERRING VET

Dr. Beth Mehaffey

INVOICE

71977

DATE

11/19/25

PRESENTING CLINICAL SIGNS

Hx: Patient presented 11/18/25 for rapid onset abdominal effusion with no other clinical concerns. O noted abdominal distension at home but patient had no other clinical signs other than being more vocal and clingy with the owner. Bloodwork: HCT 45%, platelets 404,000, BG 100, Na:k ratio 26, TP 4.2 (L), Alb 2.1 (L), Glob 2.1 (L), ALT 144 (H), CPL normal. Rads: Thorax NSF, cardiac silhouette WNL , pulm vasculature normal. VHS 10.3. AFAST no obvious pericardial or pleural effusion. Abd - severe reduced serosal detail. Patient presented today for therapeutic tap and AUS. PCV recheck - PCV 52%, TS 5.0. Patient was given Buprenorphine and we removed 2.8 L of fluid for better US visualization and stabilized with IVF therapy. Effusion: serososanguineous to red, SG: 1.024, TP 3, approx 5 nucleated cell per HPF on a line prep. Fluid is on hold for cytology and culture.

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.

Prostate is normal in size, echotexture and echogenicity for a neutered male.

The right kidney is normal is size (7.07 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 (6.75 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 left adrenal gland is normal in size (0.52 cm at cranial pole and 0.62 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

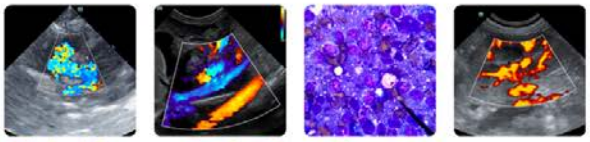
*See other regarding right adrenal gland.

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). In the mid medial aspect of the spleen, an approximately 1.2 cm x 0.90 cm homogeneous, slightly hypoechoic, non-capsule disrupting nodule is noted. Splenic vasculature appears normal.

Liver

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.



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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, visualization is partially inhibited by gas.

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 other.

Free Abdomen

There is a very large amount of free fluid noted in these images.

Medial iliac lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

In the right cranial abdomen, there is an approximately 2.6 cm x 6.0 cm irregular, coarse, hypoechoic density or densities that are unable to be definitively identified. In some views there appears to potentially be some intraluminal caval tissue.

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

- The right cranial abdominal pathology is unable to be definitively identified, but in some views appears to be a prominent irregular pancreatic tissue or pancreatic mass, although right adrenal gland mass with concurrent vascular invasion versus thrombus versus other is also a possibility. Lymphadenopathy in the area is also a differential.

- The large amount of 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.

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- Hypo to 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.

SECONDARY FINDINGS

- Very mild reactive medial iliac lymph nodes – infiltrative neoplastic disease cannot be ruled out but is considered less likely.

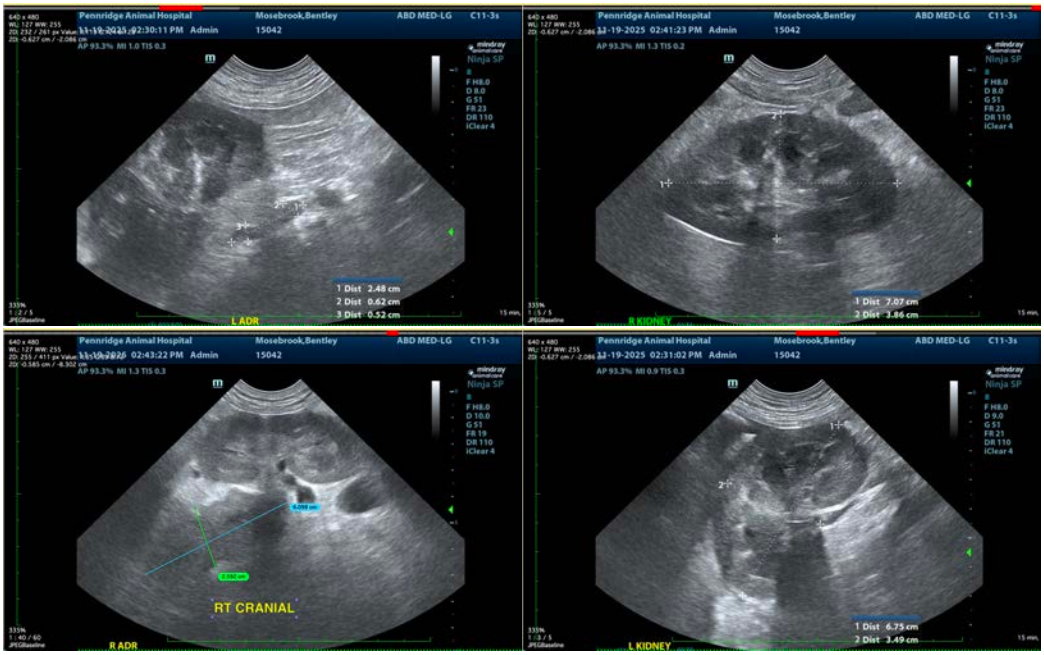
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If not recently evaluated, full fluid analysis and cytology on the free abdominal fluid is recommended.

Advanced imaging, especially of the right cranial abdomen such as an abdominal contrast CT scan is recommended.

If pursued, prior to anesthesia, further cardiac evaluation including an ECG and echocardiogram could also be considered.

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



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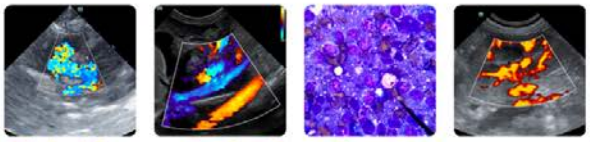

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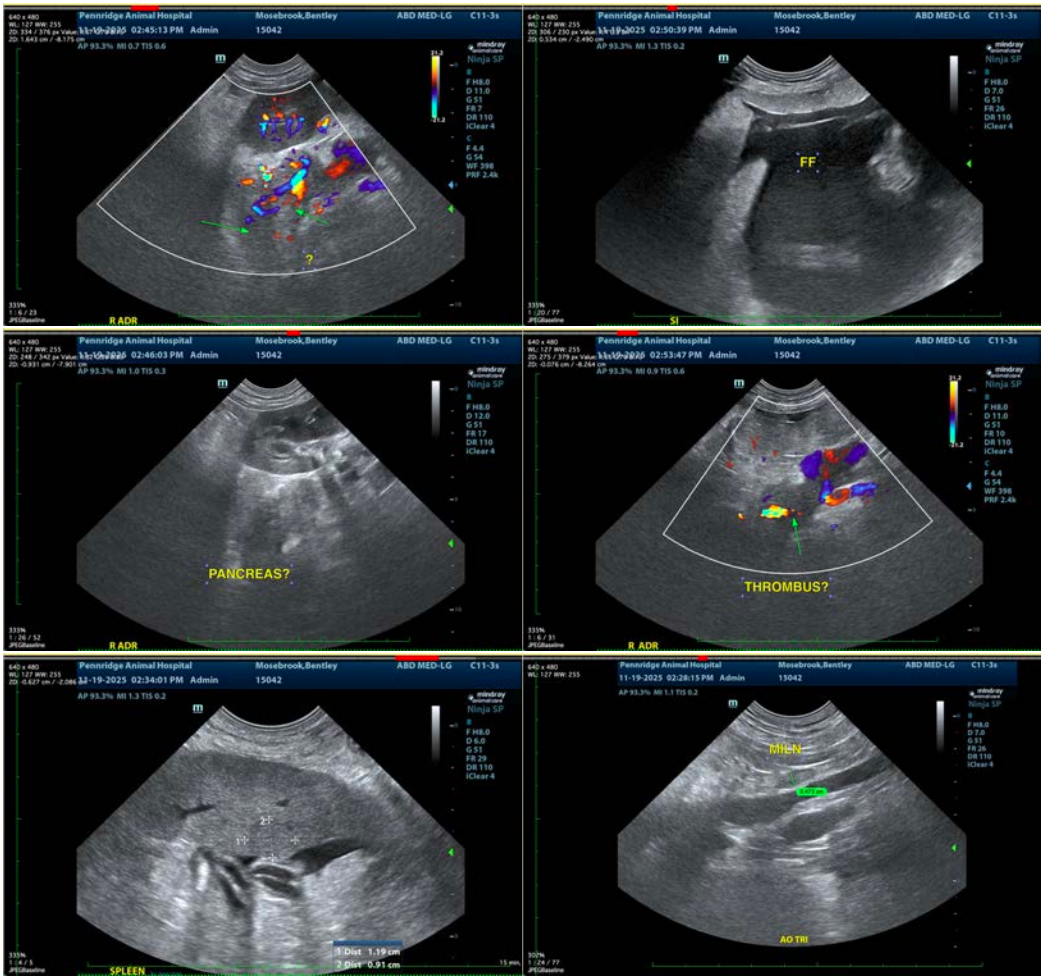

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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