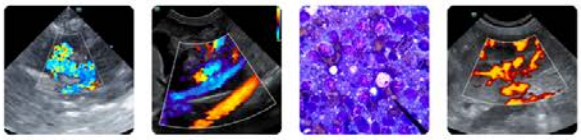


DATE

11/20/25

PATIENT

Cannon Frazier

SPECIES

Canine

BREED

Pit Bull

SEX

Neutered Male

AGE

11/2/17

WEIGHT

114 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

HOSPITAL NAME

Everhart Veterinary Hospital

REFERRING VET

Dr. Kerr

INVOICE

72019

PRESENTING CLINICAL SIGNS

Patient History: Cannon presented to EVH on 11/17/25 for vomiting, lethargy, and hyporexia. Physical exam revealed a slightly distended abdomen and multiple SQ masses, but no other significant findings. No Heart Murmur.

Current Medications: None.
Labwork Results: Labwork attached, reported as: HCT 60%, ALP 18, Cl 108. Radiographs - mild pleural effusion with no obvious pulmonary or cardiac masses. Border effacement of abdominal organs due to ascites and no clear mass appreciated. AFAST - abdominal free fluid in all four windows. Two slightly hypoechoic splenic nodules appreciated but no obvious. large neoplastic lesions was seen. Fluid aspirate - pink/yellow modified transudate.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed by: Andi Parkinson, BS, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is unable to be visualized in these images.

The prostate is unable to be visualized in these images.

The right kidney is normal is size (8.12 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 (7.65 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.

Adrenal Glands

The right adrenal gland is normal in size (0.75 cm at cranial pole and 0.78 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.64 cm at cranial pole and 0.83 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

Spleen is subjectively large in size with normal smooth margins. Parenchyma is normal in echogenicity with a diffusely coarse/heterogenous echotexture. In some views there is a very subtle, approximately 2.4 cm, mildly heterogeneous, iso- to slightly hypoechoic nodule resulting in a mild capsular bulge. 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.

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 stomach is diffusely thick, measuring 2.2 cm thick, with a diffusely hypoechoic wall and less distinct than normal 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.

Free Abdomen

Bi-cavitary free fluid is noted.

There is no apparent pathologic lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- The diffusely thick gastric wall could represent an infiltrative neoplastic process such as round cell neoplasia i.e., lymphoma versus other. Having said that, a benign inflammatory process cannot be ruled out without tissue sampling.
- Similarly, both benign and malignant differentials exist for the splenic changes, including benign congestion caused by sedation if sedated, extramedullary hematopoiesis, lymphoid hyperplasia, etc., as well as infiltrative round cell neoplasia versus other.
- Bi-cavitary free fluid.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

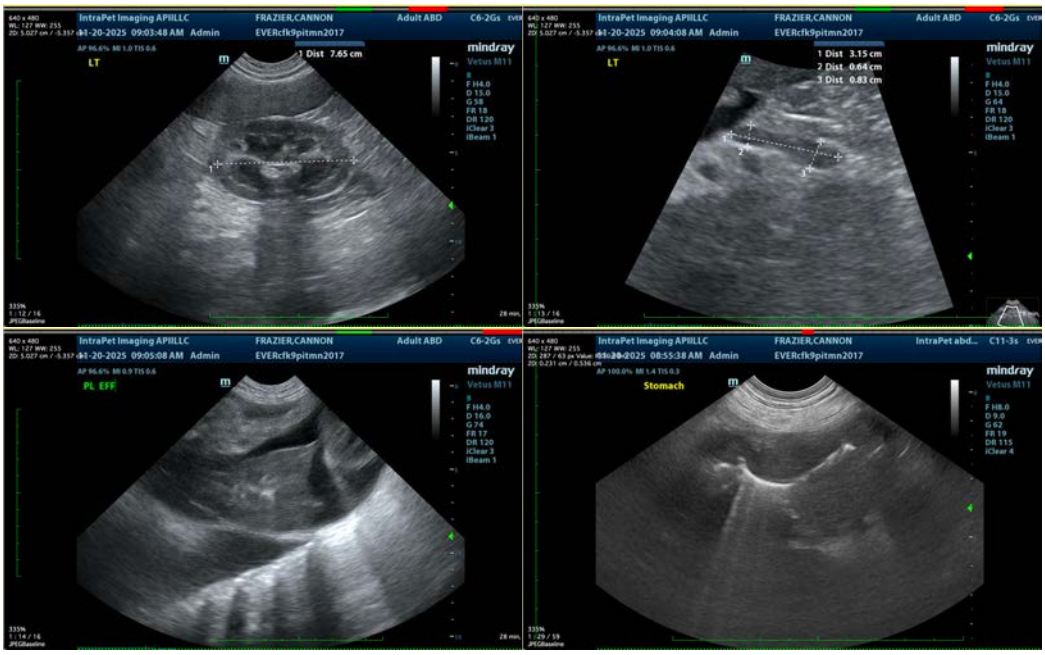
Sampling of the free fluid for analysis and cytology is recommended if not already evaluated.

As is reportedly already pending, fine needle aspirates of the gastric wall are recommended if patient's coagulation status is appropriate.

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.

As is reportedly already in place, an echocardiogram is recommended.

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