

PATIENT

Lily VanGilder

SPECIES

Canine

BREED

German Shepherd x

SEX

Spayed Female

AGE

15 Years 1 Month

WEIGHT

40.2 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dana Kraeutler, CVT

HOSPITAL NAME

Pocono Peak
Veterinary Center

REFERRING VET

Dr. Sammie Thompson

INVOICE

72106

DATE

11/26/25

PRESENTING CLINICAL SIGNS

Pt has recently been standing around home and staring, also stares at water bowl without drinking per O. Notes halitosis. History of elevated renal values. Tense with palpation of abdomen- concern for cranial abdominal mass at PE.

Abnormal PE/Chem/CBC/UA Results: 11/21/25: All WNLs except HCT 26%, HGB: 10.1, RBC: 4.99

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.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. Left kidney measures 5.78 cm. An approximately 1.0 cm cortical cyst is noted in the caudal pole of the left kidney. Right kidney measures 5.01 cm.

Adrenal Glands

The right adrenal gland is normal in size (0.48 cm at cranial pole and 0.41 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.47 cm at cranial pole and 0.45 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

In the area of the spleen is a large, round, mixed, partially cystic mass measuring approximately 12.8+ cm in diameter.

Liver

Liver is relatively normal in size and contour. Parenchyma is mildly heterogenous and coarse with mild likely age-related parenchymal remodeling noted. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic with some echogenic debris noted. 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.



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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

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

There is no apparent pathologic lymphadenopathy noted in these images.

PRIMARY FINDINGS

- The splenic mass could represent a benign process such as extramedullary hematopoiesis, cyst, hematoma, other, although infiltrative neoplasia such as a sarcoma can't be ruled out without tissue sampling. There is no definitive involvement of the liver, but the mass is large and extends right to the edge of the liver, and therefore subtle or minor liver involvement, while thought less likely, can't be definitively ruled out.

SECONDARY FINDINGS

- Age related changes in the kidneys, including a cortical cyst in the left kidney.
- Age related liver changes with mild gallbladder debris.

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 spleen could be considered if patient's coagulation status is appropriate.

Alternatively, or if a cytologic diagnosis is unable to be obtained, especially given patient's reported anemia and the possibility for hemorrhage into the mass, an exploratory laparotomy for planned splenectomy could be considered.



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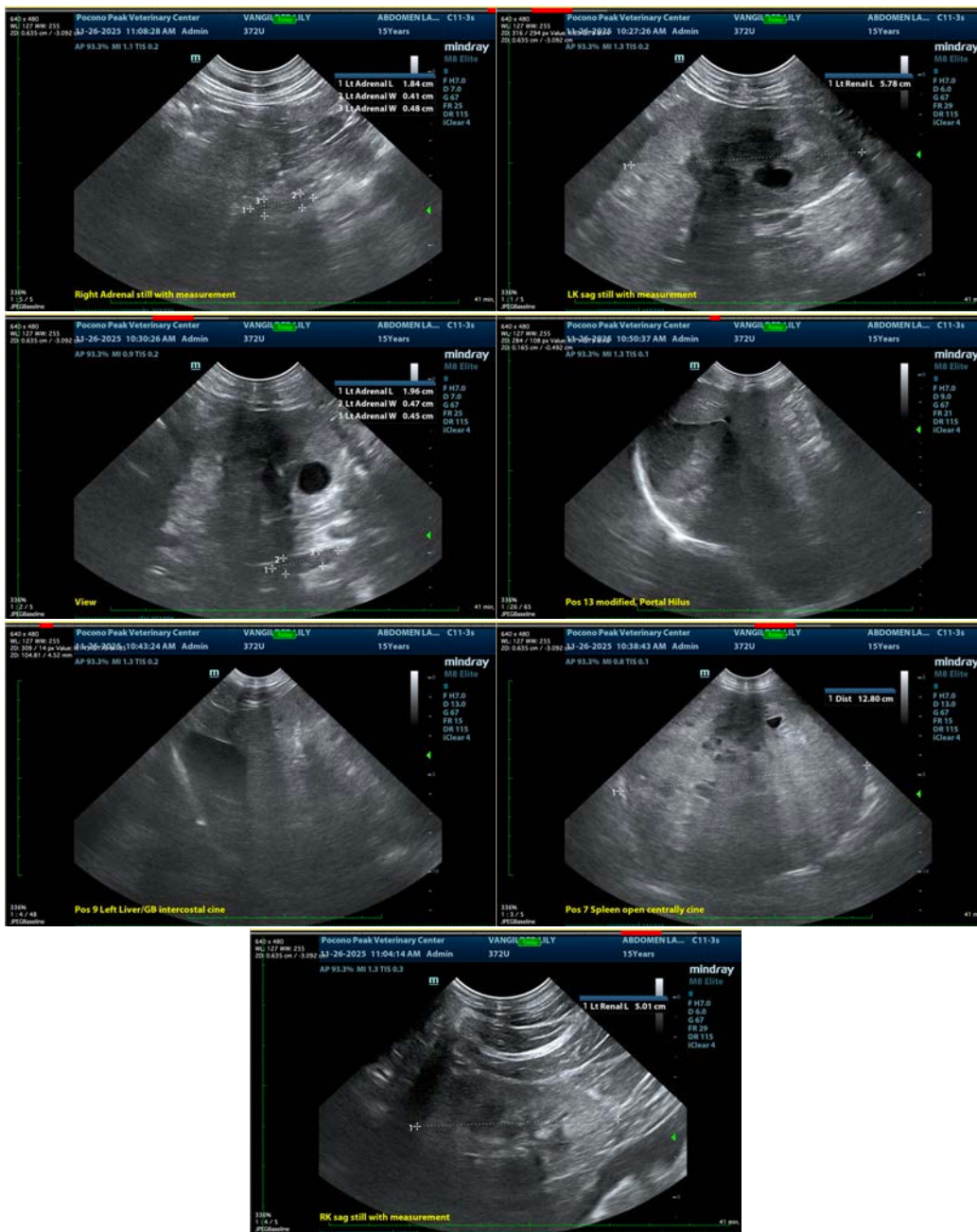
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, DACVI info@sonopath.com