

PATIENT PRESENTING CLINICAL SIGNS

Poppy Lothian History: Lethargic last 24 hours once vomited bile was completely normal day before Current Medications prednisone 10 mg BID, gabapentin 300 mg bid pain.

SPECIES Abnormal PE/Chem/CBC/UA Results: Anemia- Hct =27% poorly regenerating Retic at low end normal Chemistry WNL PLI normal Primary Question to Be Answered in This Exam Presently looking for neoplasia as cause of anemia.
 Canine

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Portuguese Water Dog

Urinary System

SEX 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.
 Spayed Female

AGE Left kidney is normal in size (5.98 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.
 12 Years

WEIGHT Right kidney is normal in size (6.02 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.
 39 Pounds

INTERPRETED BY Adrenal Glands

Beth Johnson, DVM, DACVIM (SAIM) Left adrenal gland is normal in size (0.62 cm at cranial pole and 0.65 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (1.1 cm at cranial pole and 0.5 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

IMAGING PERFORMED BY Spleen

Amanda Stewart 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. **See Free Abdomen section.

HOSPITAL NAME Liver

Tansley Woods VH 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 Free Abdomen section.

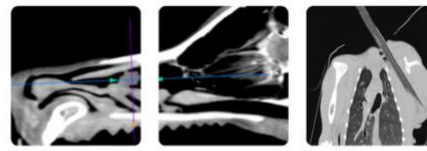
REFERRING VET Gallbladder

Dr. Petrowski 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.

INVOICE Gastrointestinal

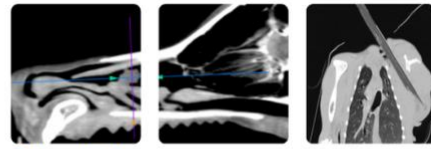
35721 The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with a small to moderate amount of echogenic non-shadowing luminal contents and gas

DATE 12/1/25



PATIENT	consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.
Poppy Lothian	
SPECIES	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 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.
Canine	
BREED	The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.
Portuguese Water Dog	
SEX	<i>Pancreas</i>
Spayed Female	**See Free Abdomen section.
AGE	<i>Free Abdomen</i>
12 Years	There is no free fluid or definitive lymphadenopathy. In the mid to cranial abdomen, is an ill-defined, approximately 8.2 cm x 8.7 cm, largely hypo- to almost anechoic mass, that doesn't appear to have much vascular uptake, at least present in these images at this time. Definitive origination of the mass is unable to be determined.
WEIGHT	ULTRASONOGRAPHIC FINDINGS
39 Pounds	<ul style="list-style-type: none"> Mid to cranial abdominal density/mass could represent a splenic lesion or potentially a caudal liver lesion involving the pancreas, lymph node, or be a free unattached lesion. Differentials include hematoma, abscess, other benign inflammatory lesion, as well as infiltrative neoplasia, such as sarcoma versus other, and can't be differentiated without tissue sampling.
INTERPRETED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Beth Johnson, DVM, DACVIM (SAIM)	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.
IMAGING PERFORMED BY	Sampling of the mass could be considered if patient's coagulation status is appropriate.
Amanda Stewart	Additionally, and/or alternatively, if a cytologic diagnosis is unable to be obtained, or the cytologic diagnosis warrants surgery, an exploratory laparotomy for planned excisional biopsy could be considered. If surgery is pursued, a presurgical planning abdominal CT scan could be considered given the inability to determine the origin of the mass in these images.
HOSPITAL NAME	
Tansley Woods VH	
REFERRING VET	
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PATIENT

Poppy Lothian

SPECIES

Canine

BREED

Portuguese Water Dog

SEX

Spayed Female

AGE

12 Years

WEIGHT

39 Pounds

INTERPRETED BY

Beth Johnson, DVM,
 DACVIM (SAIM)

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

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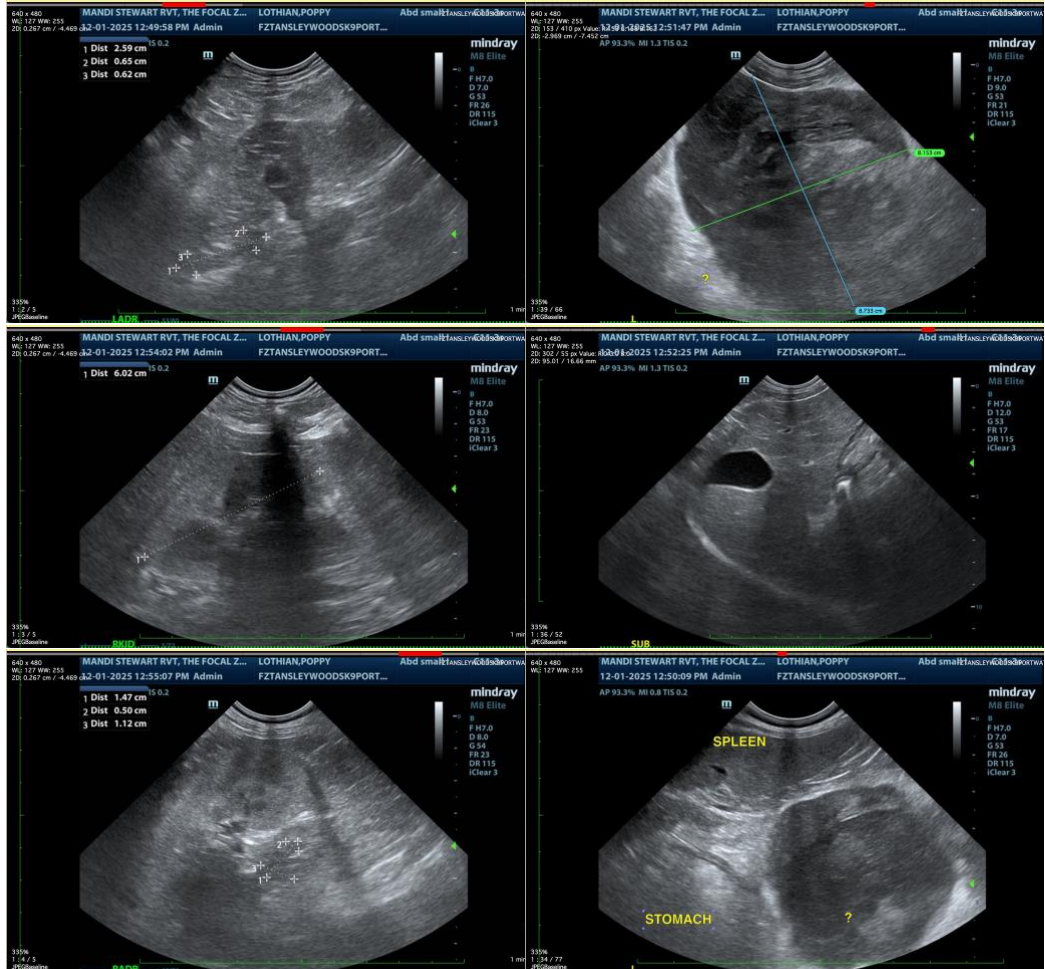
Dr. Petrowski

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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

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