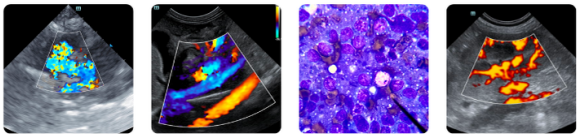

SonoPath www.thefocalzone.com
info@thefocalzone.com 289.808.2608

PATIENT

Tooli Bao

SPECIES

Canine

BREED

Golden Retriever

SEX

Spayed Female

AGE

10 years

WEIGHT

27.4 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Parkside AH

REFERRING VET

Dr. Zak

INVOICE

10933

DATE

12/16/2025

PRESENTING CLINICAL SIGNS

Findings: Eating off/on, Lethargic Pale MM Wavy abd AFAST free fluid Abdomencentesis bloody fluid Current Medications Gabapentin.

Abnormal PE/Chem/CBC/UA Results: N/A Primary Question to Be Answered in This Exam R/O Neoplasia (Spleen, Liver,..)

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.

The right kidney is normal is size (6.31 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 (6.81 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 (1.1 cm at cranial pole and 0.62 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.5 cm at cranial pole and 0.45 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

The spleen contains an approximately 2.4 cm mildly heterogenous, mildly cystic, otherwise largely isoechoic nodule/mass near the tail of the spleen. Otherwise, the spleen is largely normal in appearance, shape, and architecture.

Liver

The liver is subjectively enlarged in size with mildly irregular margins. Parenchyma is mottled by multifocal mixed heterogenous, some cystic nodules/masses of varying sizes. Including an approximately 6.4 cm x 7.1 cm mass in the mid to caudal liver. As well as multiple smaller, similar appearing lesions. The 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

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The visible stomach wall is normal in thickness and layering. The stomach is moderately distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. If patient was appropriately fasted, delayed gastric emptying could be considered. Non-shadowing foreign material is considered less likely but cannot be definitively ruled out.

If clinical signs are consistent (vomiting, etc.), recommendations include supportive medical care, 24 hours fasting and re-image.

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. There is no evidence of obstruction or foreign material noted.

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 a moderate amount of free fluid.

There is no apparent pathologic lymphadenopathy noted in these images.

In the provided heart images, there is an approximately 4.5 cm in diameter, very subtle, possible tissue density near the heart base/possible right atrial area. Having said this, there is artifact in the images and normal heart with slightly hazy appearance to the fluid versus tissue density, can't be ruled out.

ULTRASONOGRAPHIC FINDINGS

- Multiple heterogenous liver masses as well as the splenic lesion +/- the heart-based density when combined with free fluid is concerning for infiltrative and potentially metastatic neoplasia. Having said that, benign processes effecting one or the other of the organs, including cysts, hematomas, extramedullary hematopoiesis, etc., can't be ruled out without tissue sampling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If not recently evaluated, a general metabolic health screen (CBC, chemistry panel with electrolytes and urinalysis) 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.

A full echocardiogram is recommended.

Sampling of the free abdominal fluid is recommended if patient's coagulation status is appropriate for analysis +/- cytology, and to determine definitively whether the patient has a hemoabdomen. Additionally, fine needle aspirates of the liver and spleen could be considered if patient's coagulation

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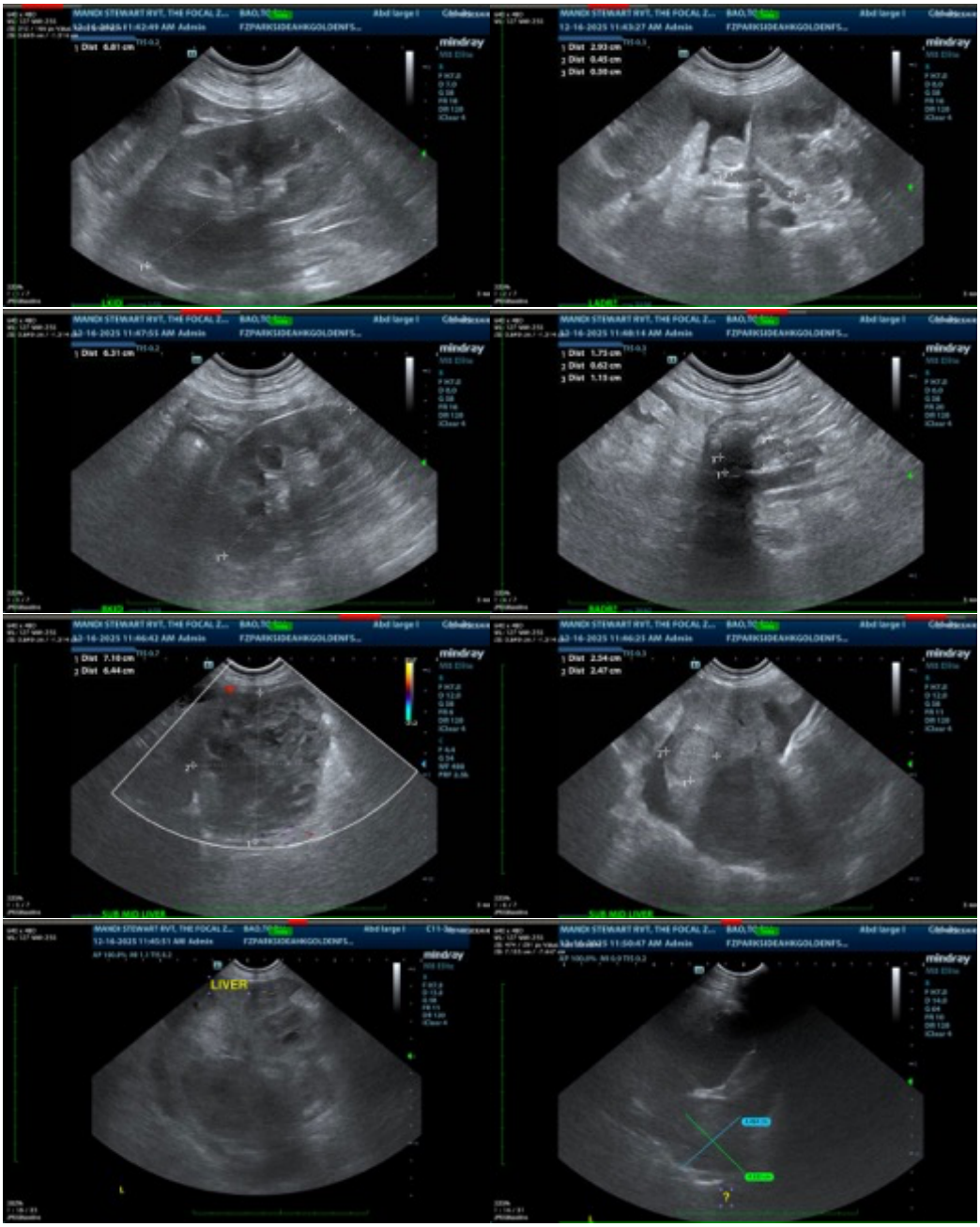
status is appropriate. Ultimately, pending diagnosis, whether patient has a hemoadbomen, owner wishes attending clinician recommendations, etc., an exploratory laparotomy for a diagnosis or potentially to find and remove any hemorrhaging, pathology may be indicated. However, based on appearance alone, if all of the lesions described above are the same disease process, then full excision of the pathology is likely not possible.



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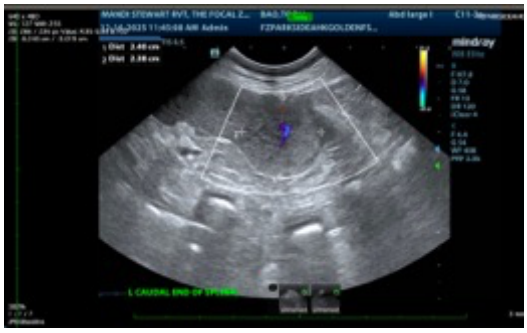

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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