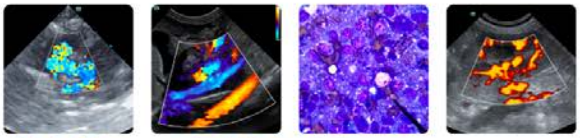

SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Robin Hall

SPECIES

Canine

BREED

Boxer

SEX

Spayed Female

AGE

8 Years

WEIGHT

55.3 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Buck Animal Hospital

REFERRING VET

Dr. Galbraith

INVOICE

72639

DATE

12/17/25

PRESENTING CLINICAL SIGNS

Spleen or liver feels enlarged Pre-op bloodwork shows regenerative anemia Current Medications Cefaseptin

Abnormal PE/Chem/CBC/UA Results: Primary Question to Be Answered in This Exam reason for anemia, enlarged liver of spleen?

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is unable to be well visualized due to the large mass described below.

The right kidney is normal is size (7.86 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 (8.02 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.

Adrenal Glands

The right adrenal gland is unable to be visualized in these images.

The left adrenal gland is normal in size (0.88 cm at cranial pole and 0.77 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

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). No focal nodules or masses are observed. Splenic vasculature appears normal. *See other.

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. *See other.

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 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.

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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.

Beginning in the mid abdomen and extending all the way to the caudal abdomen/pelvis is an approximately 14.6+ cm x 17.0+ cm mixed, heterogeneous, partially cystic mass of unknown origin.

ULTRASONOGRAPHIC FINDINGS

- A large mid to caudal abdominal mass is concerning for infiltrative neoplasia such as sarcoma versus other, although a large benign cyst, hematoma, even abscess can't be ruled out without tissue sampling. The origin of the mass is unable to be determined in these images. Options include potentially spleen, very caudal liver, lymph node, or other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I'm unsure what documents were attached, because the wrong patient's documents appear to be attached. The attachment is for a cat with a similar name. So if not already evaluated, a full general metabolic health screen is recommended to include CBC/Chem panel, electrolytes, and urinalysis.

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

Additionally, and/or alternatively, prior to sampling advanced imaging such as an abdominal contrast CT scan could be considered to try to further identify the origin of the mass.

Ultimately, an exploratory laparotomy for planned removal of the mass will likely be recommended, and a CT scan may help surgical staging/planning.

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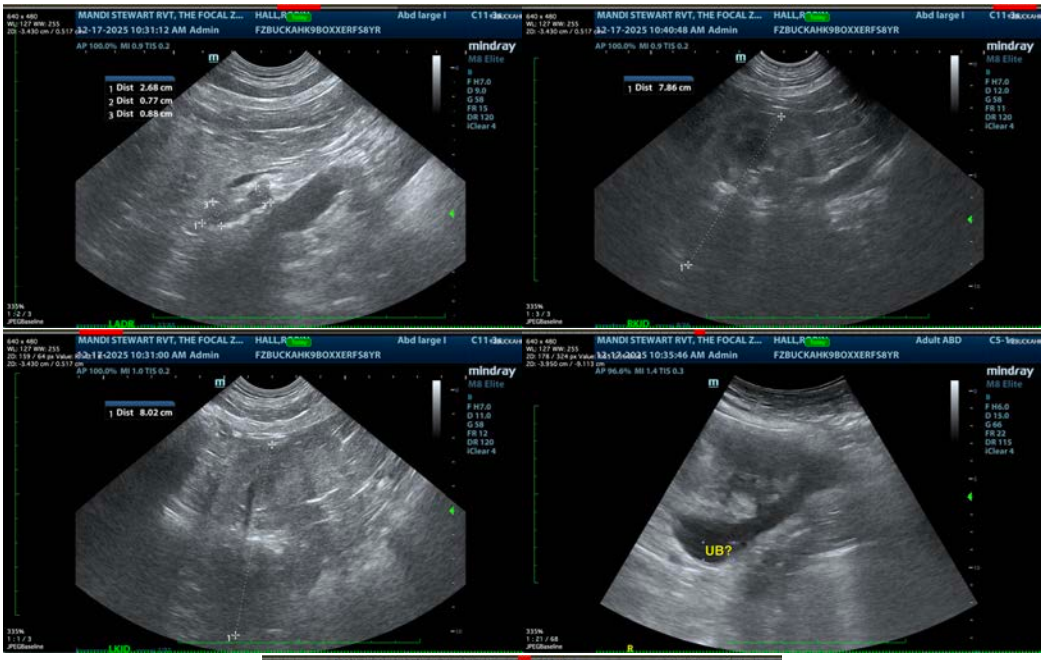

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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