



PATIENT

Deacon Brown

SPECIES

Canine

BREED

Golden Retriever

SEX

Intact Male

AGE

10.5 Years

WEIGHT

69.6

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Arms

HOSPITAL NAME

Gilbertsville VH

REFERRING VET

Dr. Conigliario

INVOICE

35730

DATE

12/2/25

PRESENTING CLINICAL SIGNS

History: Presented for 2-week history of progressive ADR. abdominal mass in area of spleen with suspected peritoneal effusion. hepatomegaly suspected. suspect pulmonary nodule in 2 of 3 views of abdomen.

Abnormal PE/Chem/CBC/UA Results: Regenerative anemia hct 24%, retic 400000. WBC 28.2, neut 21714, glob 3.8, alpk 179, anaplasma +. AXR: see above.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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 prostate is unable to be visualized in these images.

Left kidney is normal in size (6.9 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.

Right kidney is normal in size (7.3 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 adrenal glands are unable to be visualized in these images.

Spleen

There is no normal visible spleen, however, in the mid to left abdomen, in the area of the spleen, is an expansive, irregular, 11.6 cm x 10.8 cm, cavitated, largely hypoechoic mass.

Liver

Liver is subjectively enlarged with mildly irregular margins. Parenchyma is moderately heterogenous, characterized by multifocal discrete homogenous hyperechoic nodules and one mixed partially anechoic nodule/mass in the caudal liver, measuring approximately 2.1 cm x 2.3 cm in size. Visible vasculature and biliary tree are normal without distention or congestion.

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.



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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.

Other

The visible heart base (RA) and pericardium are unremarkable without obvious pathology noted in these images at this time. If cardiac function evaluation is desired, a full echocardiogram is recommended.

ULTRASONOGRAPHIC FINDINGS

- The large suspect splenic mass is concerning for infiltrative neoplasia, such as sarcoma versus other. Having said that, a benign hematoma, extramedullary hematopoiesis, even nodular hyperplasia, etc., can't be ruled out without tissue sampling.
- If the suspect splenic mass is neoplastic, the liver nodules, especially the mixed nodule described above, could represent metastatic lesions, although cysts, hematomas, nodular hyperplasia, extramedullary hematopoiesis, and/or unrelated inflammatory lesions can't be ruled out without tissue sampling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

While the mass described above is believed to be spleen, in some images, it lies adjacent to the caudal aspect of the liver, with liver origin thought to be less likely but unable to be definitively ruled out. Therefore, especially in the face of the concurrent liver nodules, as well as the reported suspect pulmonary nodules, advanced imaging, such as a thoracic and abdominal CT scan, could be considered.

Ultimately, however, tissue sampling is necessary to rule out benign versus malignant disease. Fine needle aspirates of the spleen and liver could be considered if patient's coagulation status is appropriate or an exploratory laparotomy could be pursued for planned splenectomy and liver biopsy, if patient's coagulation status is appropriate.

Given the concern for possible pulmonary mets, consultation with a veterinary oncologist may be warranted prior to further guiding decisions.



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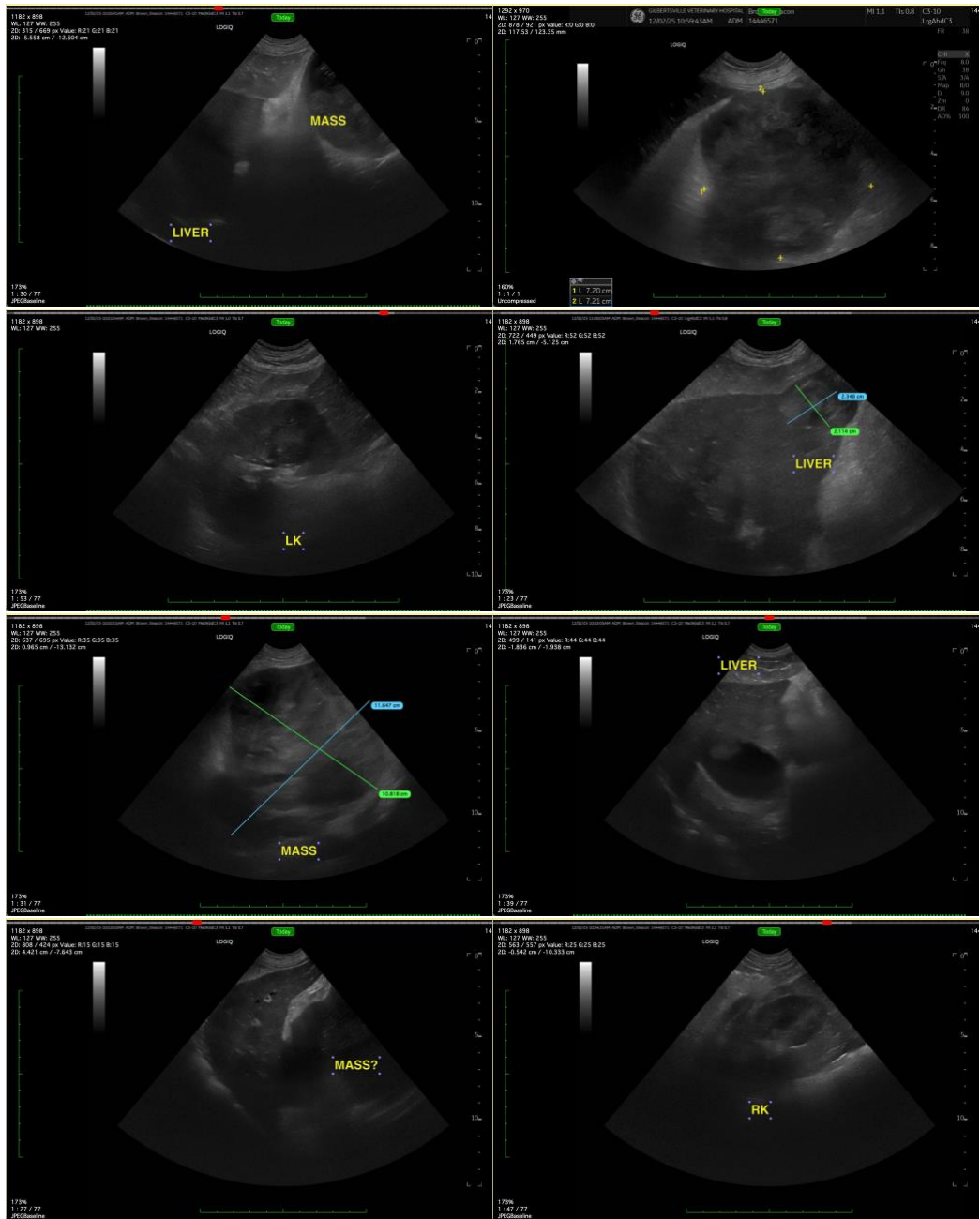
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 DACVIM



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info@sonopath.com

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