



PATIENT

Elsa Bingham

PRESENTING CLINICAL SIGNS

P presented for US due to elevated TP, Glob, ALKP. No clinical signs

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: TP 7.8, Glob 4.3, ALKP 1364, Free Catch Urinalysis: usg 1.017, Leu 500, Bld 250, WBC >50, Rods suspect

BREED

Great Pyrenees x

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Spayed Female

Urinary bladder is mildly under distended with primarily anechoic contents and occasional echogenic non-shadowing debris. The under distended state could be partially contributing subjectively to the thick irregular appearance of the wall. Apical urinary bladder wall is diffusely thick (0.84 cm). Mucosa is hyperechoic and irregular. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface.

AGE

10 Years

The right kidney is normal is size (8.48 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.

WEIGHT

146 lbs

The left kidney is normal is size (7.71 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. Moderate pyelectasia is present measuring 0.60 cm at the transverse view. There is no evidence of mineral or infarcts observed.

INTERPRETED BY

Beth Johnson, DVM
 DACVIM

Adrenal Glands

The right adrenal gland is normal in size (0.68 cm at cranial pole and 0.77 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

IMAGING PERFORMED BY

Kathleen Byrnes

The left adrenal gland is normal in size (0.63 cm at cranial pole and 0.74 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

HOSPITAL NAME

Stewart's Mountain
 View Animal Hospital

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), except for a mildly heterogeneous, primarily hypo- to anechoic mass measuring 3.0 cm x 3.3 cm in size off what appears to be the medial caudal aspect. Splenic vasculature appears normal.

REFERRING VET

Dr. Stewart

Liver

Liver is subjectively enlarged with mildly irregular margins. Parenchyma is mildly heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. Visible vasculature and biliary tree appear normal without distension or congestion

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Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.



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Gastrointestinal

The visible stomach wall is normal in thickness and layering. The stomach is mildly distended with an echogenic interface with acoustic shadow that could represent non-visibly obstructive foreign material. Gas and ingesta, however, can't be ruled out, and should be suspected if patient's feeding history matches. There is no evidence of overdistention or obstruction in these images at this time.

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen 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.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

Pancreas is prominent (enlarged) in size and mildly irregular in shape with a slightly undulating contour. Parenchyma is coarse in echotexture and heterogenous to hypoechoic in echogenicity.

Free Abdomen

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

There is no apparent pathologic lymphadenopathy noted in these images.

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.

PRIMARY FINDINGS

- Differentials for the splenic mass include benign lesion such as cyst, hematoma, nodular hyperplasia, extramedullary hematopoiesis, etc., as well as infiltrative neoplasia, which can mimic benign lesions and can't be ruled out without tissue sampling.
- Mildly heterogenous liver - These changes are most consistent with benign processes such as nodular hyperplasia, steroid (vacuolar) hepatopathy, extramedullary hematopoiesis or possibly chronic inflammatory disease and less commonly infiltrative round cell or metastatic neoplasia.
- Mild gallbladder debris - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.
- Chronic low-grade smoldering pancreatitis can't be ruled out and should be suspected in the face of appropriate clinical signs.

SECONDARY FINDINGS

- Moderate pyelectasia in the left kidney.



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- Mild chronic cystitis - Urinary bladder wall changes are most consistent with chronic cystitis. Infiltrative neoplasia cannot be ruled out but is considered less likely give the location and diffuse nature of the changes.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

BREED

A urine culture is recommended if not recently evaluated.

Great Pyrenees x

An additional 12-24 hours of fasting could be considered prior to rechecking the stomach for more definitively identified foreign material versus normal ingesta and gas.

SEX

Spayed Female

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.

AGE

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Fine needle aspirates of the splenic mass and liver could be considered if patient's coagulation status is appropriate.

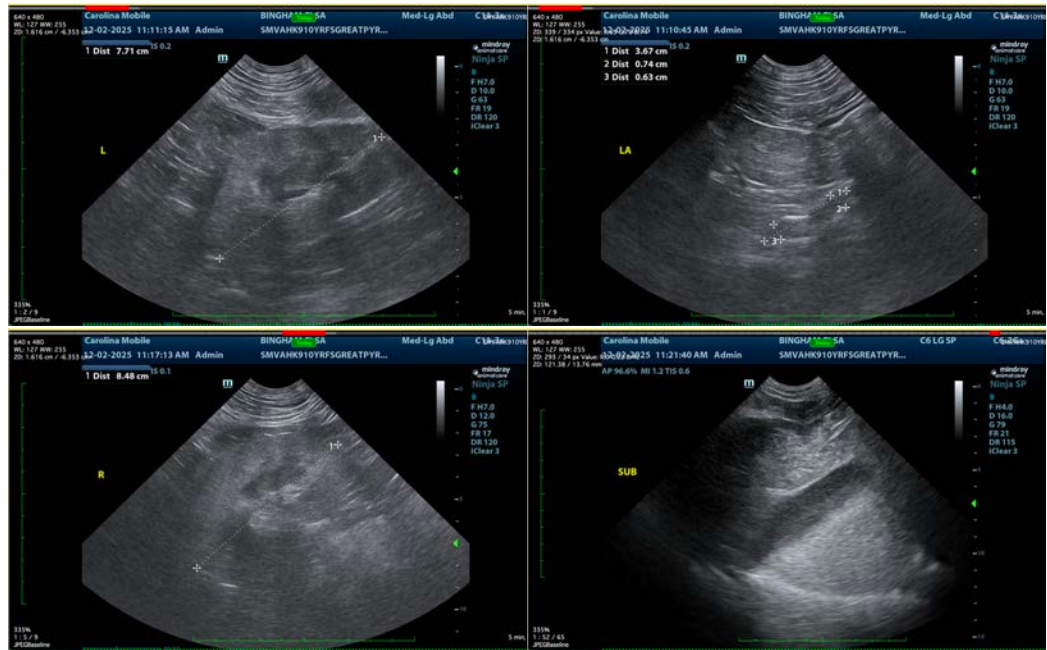
WEIGHT

146 lbs

Other than supportive/symptomatic medical management of clinical signs, further diagnostic and treatment recommendations are largely dependent on results of the above.

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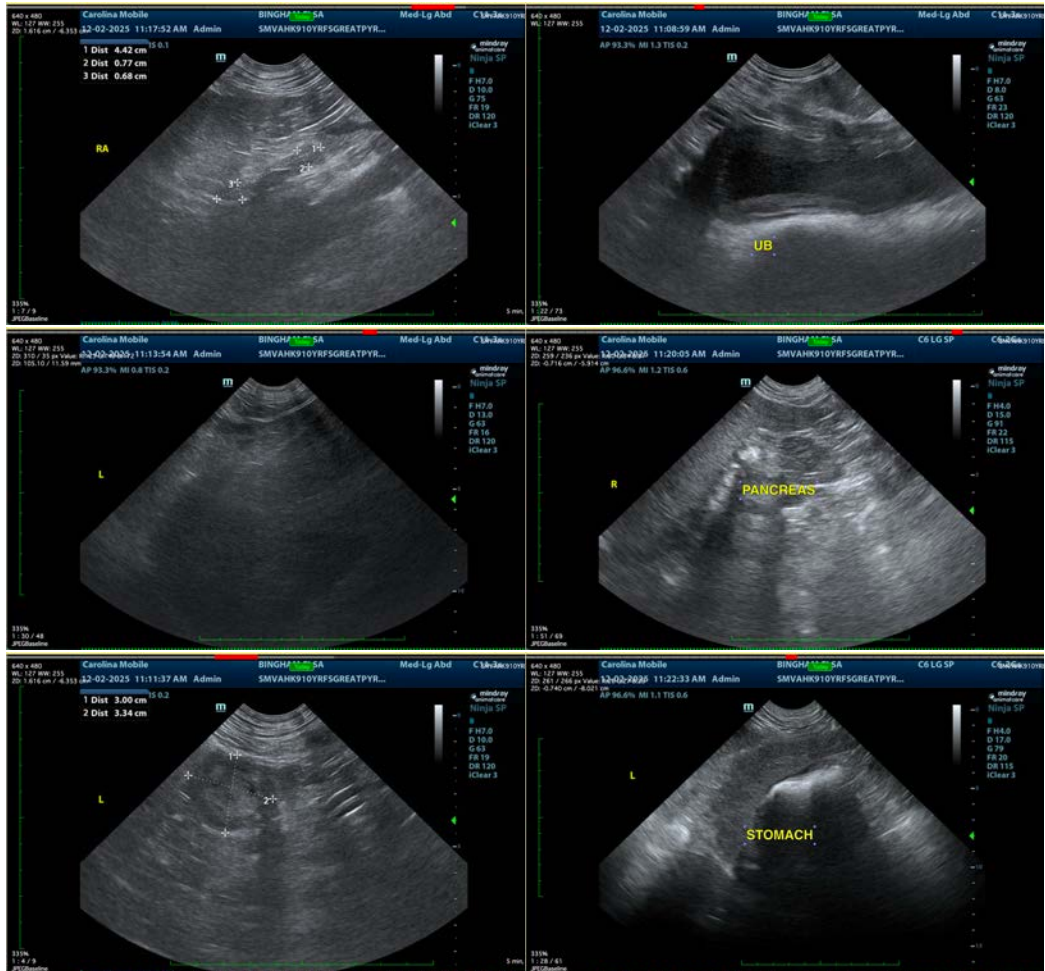
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
 info@sonopath.com