



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Sprite Roswell	No clinical signs, but mass noted incidentally during cystocentesis for senior bloodwork Abnormal PE/Chem/CBC/UA Results: Chemistry wnl, CBC - mild, regenerative anemia, USG. 1004
<b>SPECIES</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Canine	<b>Urinary System</b>
<b>BREED</b>	The urinary bladder is moderately 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.
Mixed	The prostate is unable to be well visualized in these images.
<b>SEX</b>	The right kidney is normal in size (7.4 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.
Neutered male	
<b>AGE</b>	The left kidney is normal in size (6.3 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.
11 Years	<b>Adrenal Glands</b>
<b>WEIGHT</b>	The adrenal glands are unable to be well visualized in these images.
50.2 Pounds	<b>Spleen</b>
<b>INTERPRETED BY</b>	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.
Beth Johnson, DVM DACVIM	<b>Liver</b>
<b>IMAGING PERFORMED BY</b>	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.
Dr. Amanda Favis	
<b>HOSPITAL NAME</b>	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.
Ruidoso AC	<b>Gastrointestinal</b>
<b>REFERRING VET</b>	The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.
Dr. Amanda Favis	
<b>INVOICE</b>	The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). 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.
43592	
<b>DATE</b>	The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.
12/20/22	



**PATIENT**

Sprite Roswell

**Pancreas**

The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

**SPECIES**

Canine

**Free Abdomen**

There is no evidence of free peritoneal effusion noted in these images.

**BREED**

Mixed

In the caudal abdomen, cranial and ventral to the urinary bladder, there is a heterogeneous, partially cavitated 6.0 cm x 3.5 cm mass. Additionally, there is a 7.0 cm x 2.5 cm similar appearing heterogeneous structure near the aortic bifurcation, consistent with a heterogeneous medial iliac lymph node.

**SEX**

Neutered male

- **Heterogeneous caudal abdominal mass and aggressive medial iliac lymph nodes** – The top differential for these findings is infiltrative neoplasia such as sarcoma versus round cell neoplasia versus other. Benign lesions such as hematomas, abscesses, etc. is possible but considered less likely, given the multifocal nature.

**AGE**

11 Years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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.

**WEIGHT**

50.2 Pounds

A fine needle aspirate of the mass and enlarged lymph node is recommended if they can safely be reached and patient's coagulation status is appropriate. Alternatively, given the possibility of hemangiosarcoma in this area and risk for hemorrhage, an exploratory laparotomy for planned mass and lymph node removal could be considered. If surgery is elected, a pre-surgical planning abdominal CT scan may be helpful.

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

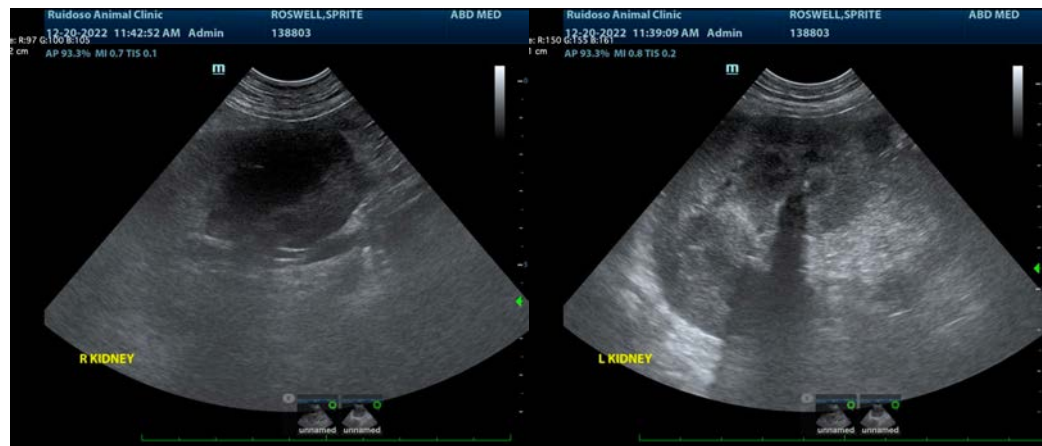
Dr. Amanda Favis

**HOSPITAL NAME**

Ruidoso AC

**REFERRING VET**

Dr. Amanda Favis



**INVOICE**

43592

**DATE**

12/20/22



**PATIENT**

Sprite Roswell

**SPECIES**

Canine

**BREED**

Mixed

**SEX**

Neutered male

**AGE**

11 Years

**WEIGHT**

50.2 Pounds

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Dr. Amanda Favis

**HOSPITAL NAME**

Ruidoso AC

**REFERRING VET**

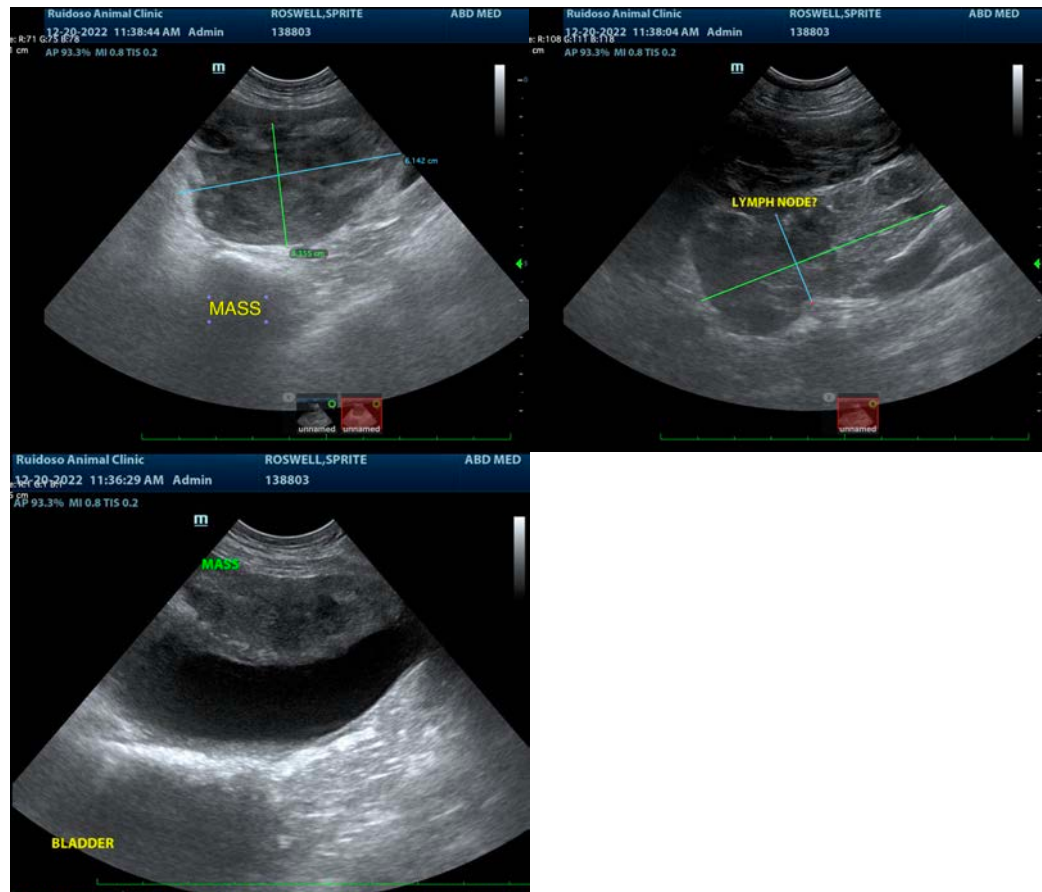
Dr. Amanda Favis

**INVOICE**

43592

**DATE**

12/20/22



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**  
Beth.Johnson@sonopath.com