



PATIENT

Peaches Carico

SPECIES

Canine

BREED

Cavachon

SEX

Spayed Female

AGE

13 Years

WEIGHT

28 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Julia Bakker, DVM

HOSPITAL NAME

Orange Blossom VI

REFERRING VET

Bruce McLaughlin,
DVM

INVOICE

36821

DATE

12/8/25

PRESENTING CLINICAL SIGNS

History: Patient presents for vomiting through cerenia, bloody stool, inappetence. Radiograph report suspicious of abdominal mass.

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.

Left kidney is normal in size (5.57 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 (5.88 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

Left adrenal gland is normal in size (0.47 cm at cranial pole and 0.64 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (0.4 cm at cranial pole and 0.5 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

The spleen contains multiple heterogenous partially cystic/cavitated masses disrupting the capsule, including an approximately 7.0 cm in diameter mass and a smaller 5.6 cm x 4.8 cm mass.

Liver

The liver is similarly subjectively large in size, characterized by multifocal similar appearing heterogenous cystic/cavitated lesions/nodules/masses with two representative lesions measuring 3.8 cm in diameter, and a second measuring 2.2 cm x 3.3 cm in size.

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.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with primarily fluid as well as some echogenic non-shadowing luminal contents and gas consistent with normal chyme. There is 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 a trace amount of free abdominal fluid noted in these images.

There is no apparent pathologic lymphadenopathy noted in these images.

Other

Cardiac images are non-diagnostic owing to interfering artifact.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The appearance of the splenic masses and similar appearing liver nodules/masses is concerning for infiltrative neoplasia with possible metastatic disease given the multiorgan involvement and free fluid. Having said that, benign processes affecting one or both organs such as extramedullary hematopoiesis, cysts, hematomas, other benign inflammatory changes, etc., while thought less likely can't be ruled out without tissue sampling.

Secondary Findings

- 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.

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.

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

Additional diagnostic and therapeutic recommendations are largely dependent on results of above.



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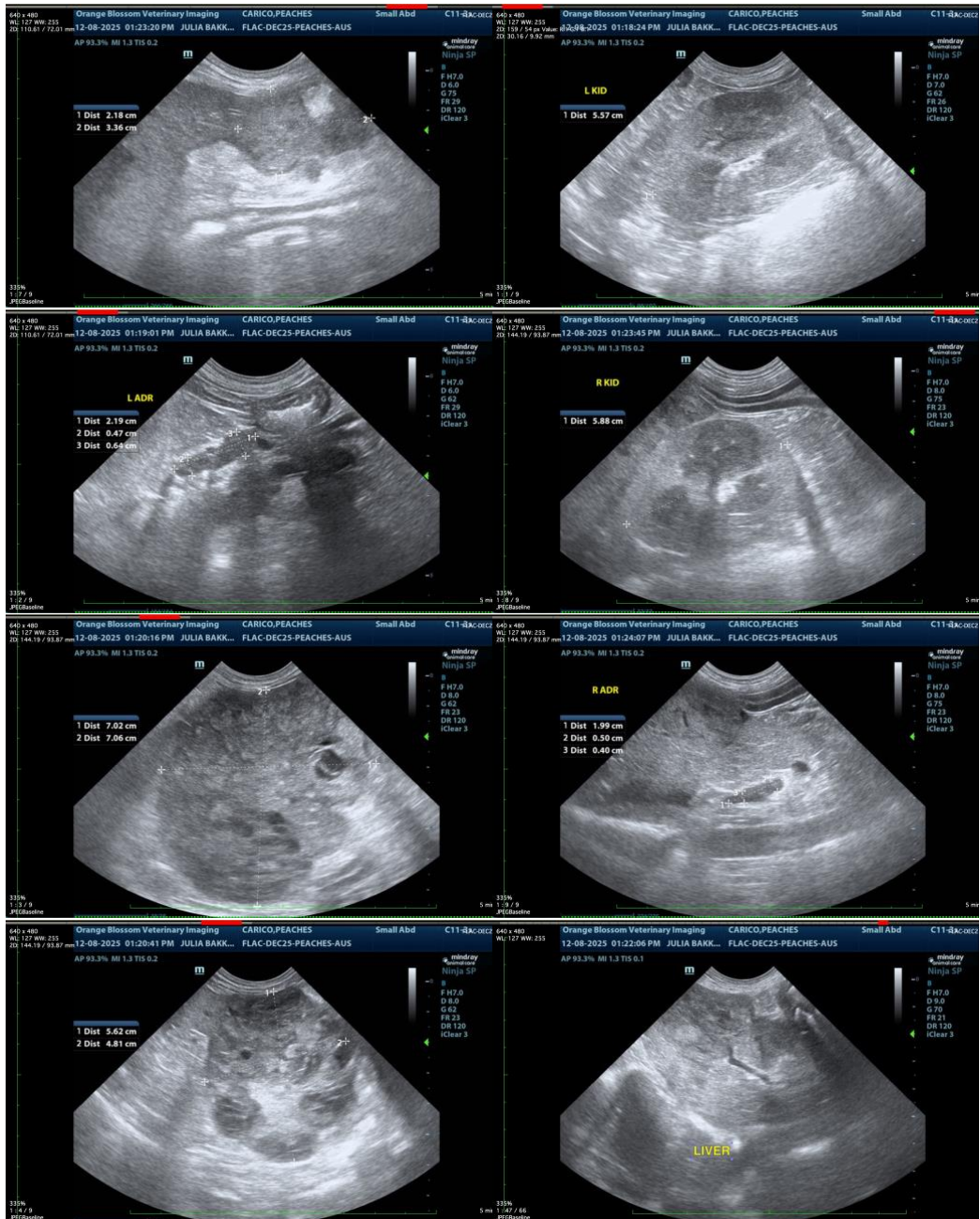
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Having said that, patient's reported presenting complaint of gastrointestinal signs is of unknown relation to these findings and may warrant additional diagnostics pending results of above.

In the meantime, supportive/symptomatic medical management of clinical signs is recommended while considering work up.





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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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