



## PATIENT

Diggy Mooney

## SPECIES

Canine

## BREED

Pit Bull

## SEX

Neutered Male

## AGE

12 Years

## WEIGHT

48 lbs

## INTERPRETED BY

Beth Johnson, DVM  
DACVIM

## IMAGING PERFORMED BY

Julia Bakker, DVM

## HOSPITAL NAME

Orange Blossom  
Veterinary Imaging

## REFERRING VET

Jennifer Destefano,  
DVM

## INVOICE

72419

## DATE

12/9/25

## PRESENTING CLINICAL SIGNS

Patient presented today with inappetence, overall lethargy and lack of water intake. Radiographs suspicious of abdominal mass effect. AUS recommended.

Abnormal PE/Chem/CBC/UA Results: Radiographs and labwork attached

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The 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.

Prostate is mildly enlarged (1.8 cm wide). Parenchyma is diffusely homogenous and relatively hyperechoic. Normal distinct margins and symmetrical bilobed shape are maintained. This finding is likely normal patient variant, especially if patient was neutered as an adult; however, if patient was neutered as a puppy, prostatitis or, less likely, infiltrative neoplasia cannot be ruled out. This finding should be interpreted in combination with clinical signs, urinalysis results, etc. and either further investigated or monitored, as indicated.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. Left kidney measures 5.2 cm. Right kidney measures 5.8 cm.

### *Adrenal Glands*

The right adrenal gland is normal in size (0.70 cm at cranial pole and 0.65 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.55 cm at cranial pole and 0.67 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

### *Spleen*

The spleen contains an approximately 4.7 cm x 5.8 cm mildly heterogeneous/mixed but solid appearing mass extending off the mid medial aspect of the spleen in addition to several other smaller, non-capsule disrupting hypo- to anechoic densities measuring <1.0 cm in size.

### *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.

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 gastric wall is normal in layering and thickness other than some subtle mucosal speckling. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease.

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.

## PRIMARY FINDINGS

- The splenic mass and adjacent nodules could represent a benign process such as nodular hyperplasia, extramedullary hematopoiesis, inflammatory lesions, or infiltrative neoplasia such as round cell neoplasia, even sarcoma versus other, which can't be ruled out without tissue sampling.
- The subtle gastric wall speckling may be an incidental finding, normal patient variant, or could signify some early or emerging underlying gastric inflammation/gastritis with infiltrative neoplasia being considered much less likely. This finding should be interpreted in combination with any clinical history of gastrointestinal signs.

## SECONDARY FINDINGS

- Mild prostatomegaly as described above, which should be interpreted in combination with the parameters discussed above.
- 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.
- Age related kidney changes.



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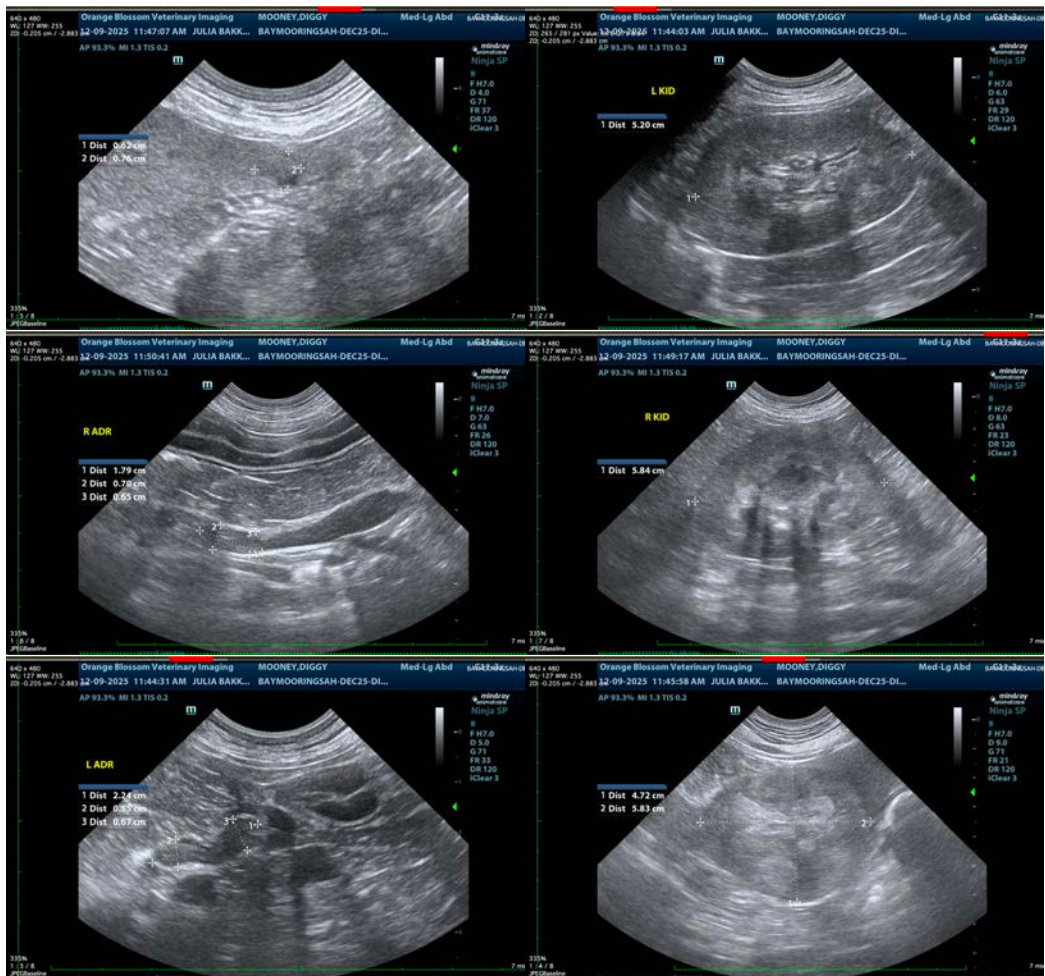
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

If not fully evaluated already, 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 splenic mass are recommended if patient's coagulation status is appropriate, or, if a cytologic diagnosis is unable to be obtained, an exploratory laparotomy for planned splenectomy may be appropriate. Having said that, this finding could be incidental and unrelated to patient's reportedly decreased appetite. Lab work was mentioned in the history but no available in the attachments. Therefore, if not recently evaluated, a full general metabolic health screen to include CBC/Chem panel, electrolytes, coagulation status evaluation, and urinalysis are recommended.





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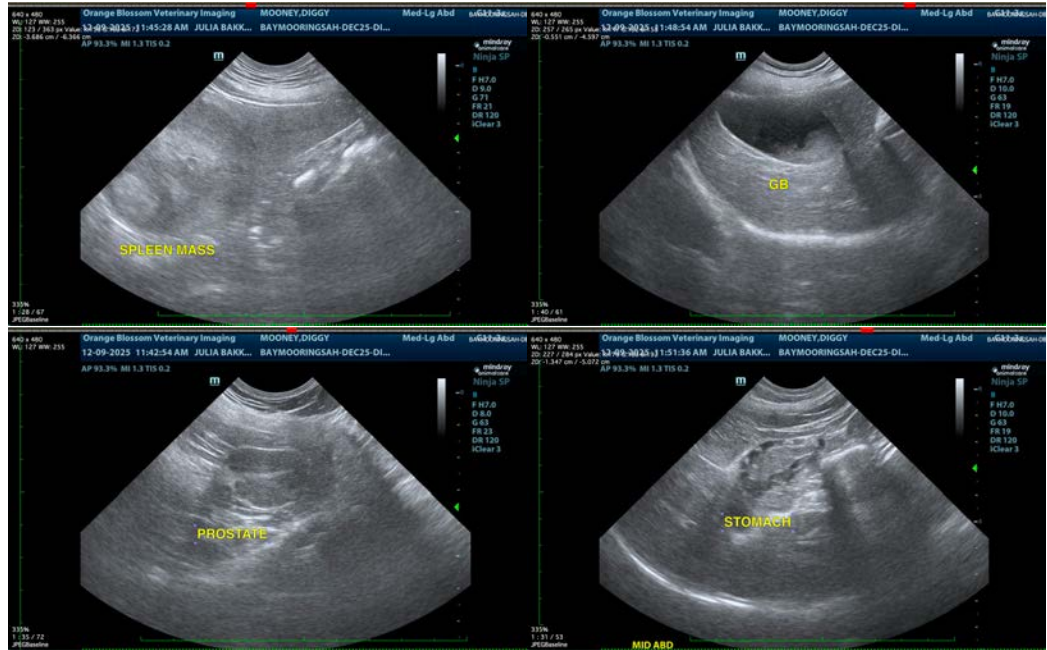
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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