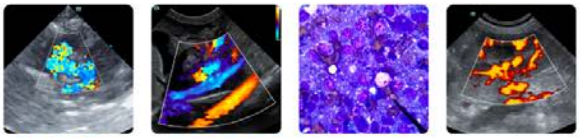


SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Cholo Cherniak

SPECIES

Canine

BREED

Presa Canario

SEX

Intact Male

AGE

8 Years

WEIGHT

100.4 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Dog & Cat Clinic of Niagara

REFERRING VET

Dr. Haidy

INVOICE

72834

DATE

2/10/26

PRESENTING CLINICAL SIGNS

Vomit/diarrhea, inappetence, weight loss. Urine is dark yellow.

Current Medications: Fortiflora

Abnormal PE/Chem/CBC/UA Results: Neutrophils 12.98 Monocytes 1.71 Plateletcrit 0.48 Albumin 21 Lipase 181 rads 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.

The prostate is unable to be visualized in these images.

The right kidney is normal is size (8.65 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.

The left kidney is normal is size (8.7 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 right adrenal gland is normal in size (2.1 cm at cranial pole and 0.68 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is small (flattened contour), measuring 0.50 cm at the cranial pole and 0.49 cm at the caudal pole. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

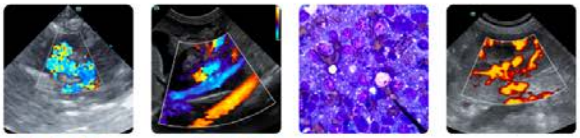
Spleen

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). No focal nodules or masses are observed. Splenic vasculature appears normal.

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.

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.



SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Cholo Cherniak

SPECIES

Canine

BREED

Presa Canario

SEX

Intact Male

AGE

8 Years

WEIGHT

100.4 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Dog & Cat Clinic of Niagara

REFERRING VET

Dr. Haidy

INVOICE

72834

DATE

2/10/26

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with a small to moderate amount of echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

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.

In where I think may be the mid to slightly caudal abdomen, there is an approximately 9.6 cm thick (or in diameter) mildly coarse, largely homogeneous, hypoechoic density of unknown origin or definitive location. In some views it almost appears to have a wall around it, such as could be seen with a density within bowel lumen, although lymph node versus mass of other origin is equally possible based no the ability to differentiate.

Both testicles are visible without evident testicular pathology.

ULTRASONOGRAPHIC FINDINGS

- Suspect mid to caudal abdominal mass/possible lymph node versus other, which is of unknown definitive origin or location, with both benign inflammatory and infiltrative neoplastic differentials being possibilities.

- Flat left adrenal gland – This can be a normal patient variant and/or a sign of exogenous cortisol administration. If exogenous steroids are not being administered, hypoadrenocorticism (either relative or absolute) should be considered.

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 mid to caudal abdominal density could be considered if patient's coagulation status is appropriate.

Additionally or alternatively, given the inability to further identify the density, advanced imaging such as an abdominal contrast CT scan could be considered.

PATIENT

Cholo Cherniak

SPECIES

Canine

BREED

Presa Canario

SEX

Intact Male

AGE

8 Years

WEIGHT

100.4 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Dog & Cat Clinic of Niagara

REFERRING VET

Dr. Haidy

INVOICE

72834

DATE

2/10/26

In the meantime, pending results of above, further hypoalbuminemia workup recommendations include, especially given the flat left adrenal:

A baseline cortisol is recommended. If baseline cortisol is less than 2, a full ACTH stimulation test is recommended to rule out hypoadrenocorticism.

If not recently evaluated, a urinalysis and, if indicated based on urinalysis results, urine culture is recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ratio is recommended.

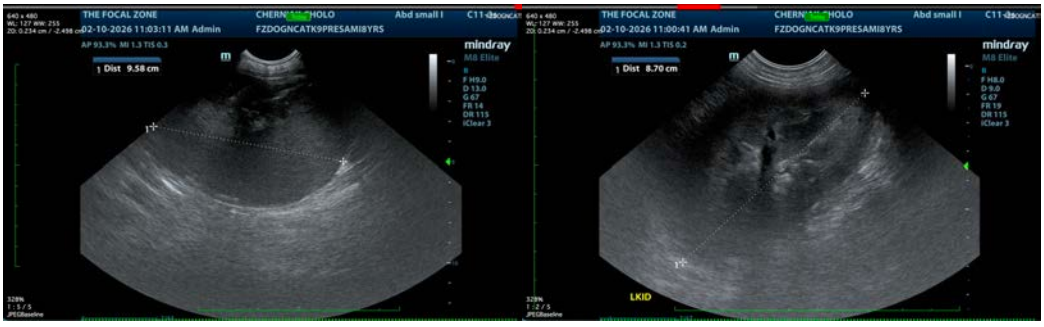
If not recently evaluated, a routine fecal/giardia exam is recommended.

A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

A fecal enteropathogen PCR panel to Texas A&M GI Laboratory could be considered for further evaluation of possible infectious disease. Contact lab for recommendations on how long to discontinue antibiotics (if indicated) prior to obtaining a stool sample for submission.

In the meantime:

- Supportive/symptomatic medical management of clinical signs is recommended, including anti-emetics, gastroprotectants (+/- sucralfate, especially with any history of hematemesis), an appetite stimulant and fluid therapy if indicated, etc.
- Additionally, empirical deworming with a 5-day course of Panacur is recommended.
- A full course of empirical Helicobacter triple therapy could be considerd.
- A probiotic, such a visbiome or proviable, may be helpful.
- Finally, if tolerated, a transition in diet could be considered, based on trial-and-error response with some options to consider including a gastrointestinal biome diet vs a hydrolyzed protein diet (sometimes several trials with different brands are necessary) vs an easy to digest, bland or low-fat diet vs other.



PATIENT

Cholo Cherniak

SPECIES

Canine

BREED

Presa Canario

SEX

Intact Male

AGE

8 Years

WEIGHT

100.4 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Dog & Cat Clinic of Niagara

REFERRING VET

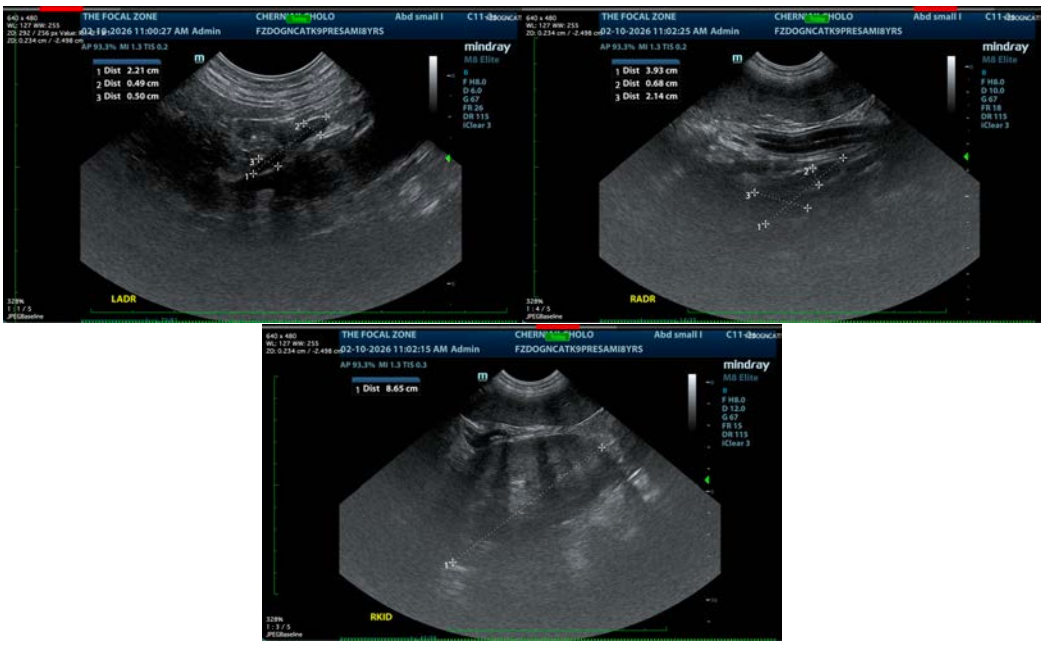
Dr. Haidy

INVOICE

72834

DATE

2/10/26



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