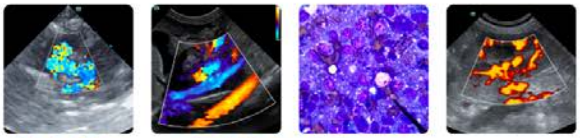


SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Elora Oliver

SPECIES

Canine

BREED

Labradoodle

SEX

Spayed Female

AGE

11 Years

WEIGHT

18.9 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Headon Forest Animal Hospital

REFERRING VET

Dr. Short

INVOICE

72847

DATE

2/10/26

PRESENTING CLINICAL SIGNS

Presented as a new client for ongoing diarrhea. Was just adopted in December 2025(previous breeding dog). On PE can palpate 2 large 5-7cm very firm masses cranial to bladder. No free fluid on POCUS masses appear connected but separate from the bladder wall. UTD on vaccines, trying to obtain medical records from previous vet clinic. Switch from RAW diet to I/D canned. Has been on Gabapentin for dental pain as needs full mouth extractions

Abnormal PE/Chem/CBC/UA Results: Owner stated that bloodwork performed at previous clinic in December 2025 prior to adoption was WNL

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 right kidney is normal is size (5.68 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 (5.7 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 (0.82 cm at cranial pole and 0.36 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.60 cm at cranial pole and 0.53 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

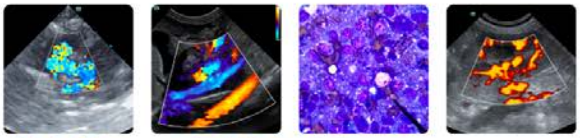
Spleen

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.



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Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with 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. *See other.

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

The uterus between the urinary bladder and colon is quite prominent and demonstrates a thick, irregular, heterogeneous wall.

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

Cranial to the urinary bladder there is either one large, lobulated mass or two separate masses, one of which measures 3.4 cm x 4.3 cm in size, the other measures 2.5 cm x 3.0 cm in size. Both are characterized by mixed heterogeneous appearance and almost a tubular fluid-filled appearance in some images.

ULTRASONOGRAPHIC FINDINGS

- A definitive origin of the caudal abdominal masses is unable to be determine in these images at this time. Having said that, if patient was not reported as a spayed female, I'd be concerned, given the prominent/thick-walled uterus/uterine stump, that these represent possible uterine masses or even intrauterine luminal contents. Other differentials, however, especially in a spayed female include bowel origin, potentially colon versus caudal abdominal small bowel, and/or potentially adjacent lymph node. Differentials include infiltrative neoplasia as well as benign inflammatory disease and can't be differentiated without tissue sampling.

- Concurrent chronic low-grade smoldering pancreatitis can't be ruled out and should be suspected in the face of appropriate clinical signs.

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 caudal abdominal masses are recommended if patient's coagulation status is appropriate. Alternatively, or if a cytologic diagnosis is unable to be obtained, and/or if patient is not truly spayed, an exploratory laparotomy for planned ovariohysterectomy and excisional biopsy/removal of the masses could be considered.

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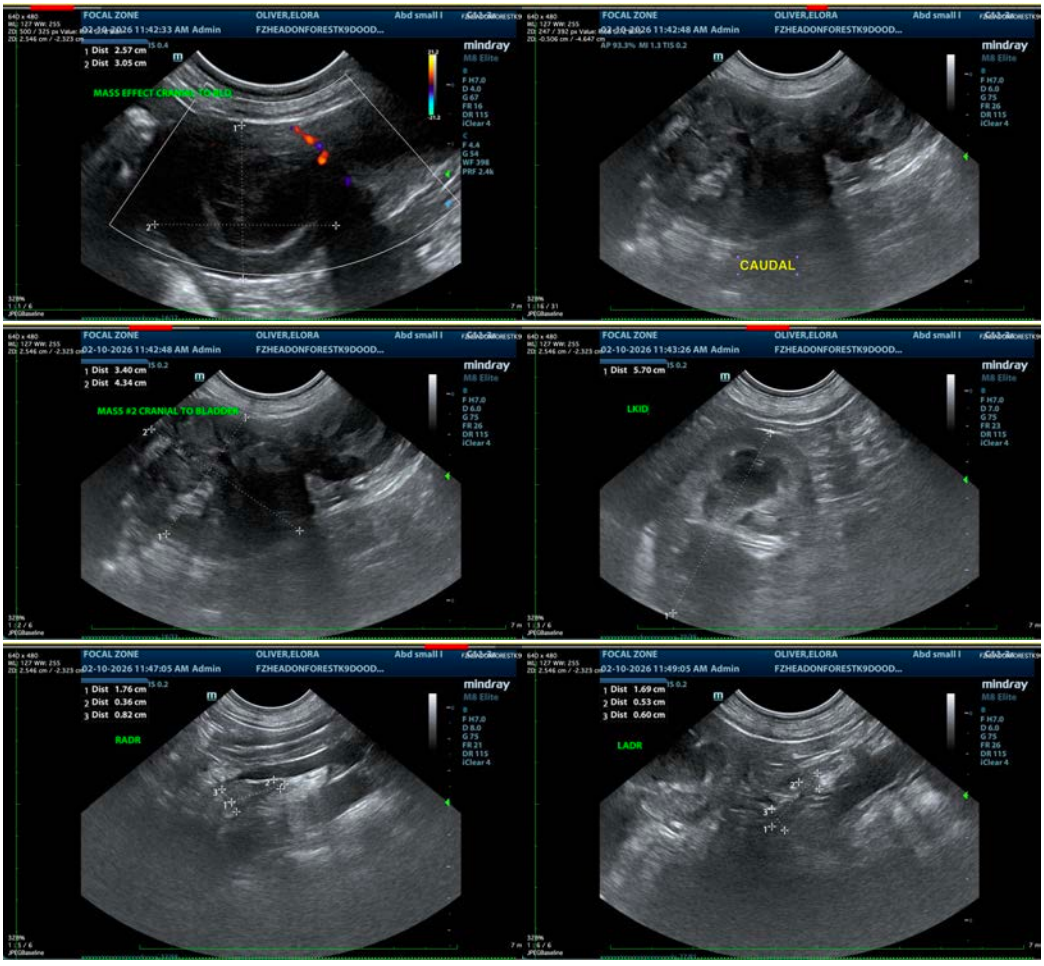
In the meantime, given patient's reported chronic diarrhea, if not recently evaluated, a routine fecal/giardia exam is recommended.

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.

Supportive/symptomatic medical management of clinical signs is recommended, including a probiotic (such as visbiome or proviable), empirical deworming with a 5-day course of Panacur and, if tolerated, a transition in diet, based on trial-and-error response, beginning possibly with a gastrointestinal biome diet vs a hydrolyzed protein diet vs other. Some patients respond to one brand/version of a hydrolyzed protein diet better than another brand, so several brand attempts may be required.



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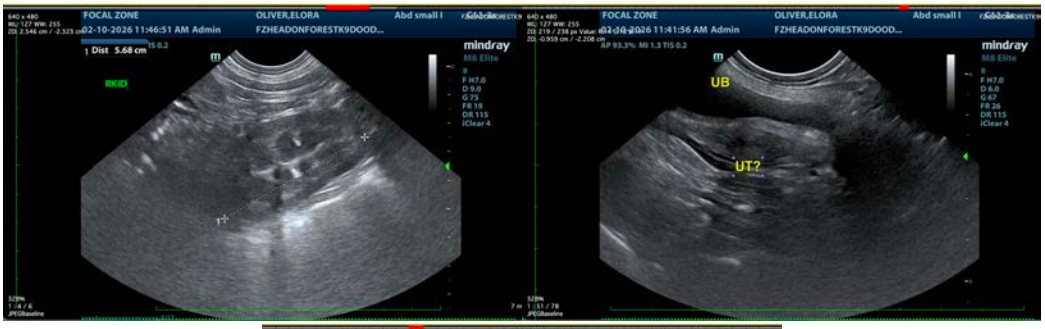

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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