

**PATIENT PRESENTING CLINICAL SIGNS**

Cooper Shelton Anorexia, arthritis, vomiting for several days, ADR, lethargy, methocarbamol, tramadol, cerenia.

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Canine **Urinary System**

Urinary bladder is moderately distended with anechoic contents. It has normal uniform wall thickness (< 0.2 cm). No masses or cystoliths are observed.

**BREED**

The prostate is normal for a neutered dog.

Soft Coated Wheaton Terrier

**SEX**

Left kidney is normal in size (5.55 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

Neutered Male

Right kidney is normal in size (6.96 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted. A 1.0 cm cortical cyst was noted on the caudal pole.

**AGE**

2011

**Adrenal Glands**

**WEIGHT**

Left adrenal gland is normal in size (2.73 x 0.45 cm at cranial pole and 0.77 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.

46 lbs

Right adrenal gland is unable to be visualized in these images.

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**Spleen**

The normal splenic echotexture is completely disrupted by mixed heterogenous cavitated masses with the largest being on the head of the spleen measuring 6.0 cm and a second near the tail of the spleen measured 3.0 cm. No visible normal splenic parenchyma is present.

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
ARDMS/RVT

**Liver**

**HOSPITAL NAME**

Mill Pond

Liver is subjectively normal in size. Margins are sharp and smooth. It has normal homogenous echotexture and normal echogenicity. An 8.5 cm, homogenous, hypoechoic mass was noted off of the right caudal liver. There is suspicion for a similar appearing mass on the left side. However, two different views of the same mass cannot be definitively ruled out. Gallbladder is mildly distended with anechoic contents. The wall is smooth without visible thickening. There is no evidence of common bile duct dilation.

**REFERRING VET**

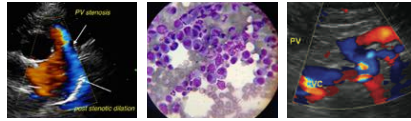
Dr. Thayer

**INVOICE**

96121

**DATE**

2/17/22



**PATIENT** *Gastrointestinal*

Cooper Shelton The visible gastric wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm). The stomach is empty.

**SPECIES** The small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). There are no luminal contents noted within small intestines.

Canine Colon is normal in wall thickness (< 0.2 cm) and layering.

**BREED**

Soft Coated Wheaton Terrier

*Pancreas*

Pancreas has normal homogenous echotexture and is normal in echogenicity and smooth margination. There is no evidence of peripancreatic inflammation.

**SEX**

Neutered Male

*Free Abdomen*

**AGE**

2011

Lymph nodes are normal with no observed enlargement. A scant amount of anechoic free fluid was noted.

**WEIGHT**

46 lbs

*Heart*

Rapid view of the heart revealed no evidence of pathology.

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**ULTRASONOGRAPHIC FINDINGS**

Mixed, cavitated splenic masses. Most concerning for sarcoma such as hemangiosarcoma. Benign splenic nodules can appear aggressive and mimic malignancy. However, a benign lesion is considered much less likely especially given the concurrent liver mass. Differentials for which include metastatic disease such as metastatic hemangiosarcoma versus second infiltrative neoplasia such as hepatocellular carcinoma or round cell neoplasia.

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Rebekah Jakum, CVT  
ARDMS/RVT

Non-obstructive nephrolith in the right kidney. Right renal cortical cyst.

**HOSPITAL NAME**

Mill Pond

No pericardial effusion or heart based tumors are noted in these images.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**REFERRING VET**

Dr. Thayer

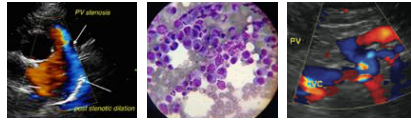
Recommendations for this patient include three view thoracic radiographs if not recently evaluated to further assess cardiopulmonary status and look for other evidence of metastatic disease followed by FNA of the liver mass if the patient's coagulation status is appropriate +/- splenic mass knowing that the risk of hemorrhage exists due to the cavitated nature of the splenic mass. A surgical splenectomy is warranted to reduce the change of a future hemoabdomen at which time the liver mass can also be excised for histiopath.

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**PATIENT**

Cooper Shelton

**SPECIES**

Canine

**BREED**

Soft Coated Wheaten  
Terrier

**SEX**

Neutered Male

**AGE**

2011

**WEIGHT**

46 lbs

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**HOSPITAL NAME**

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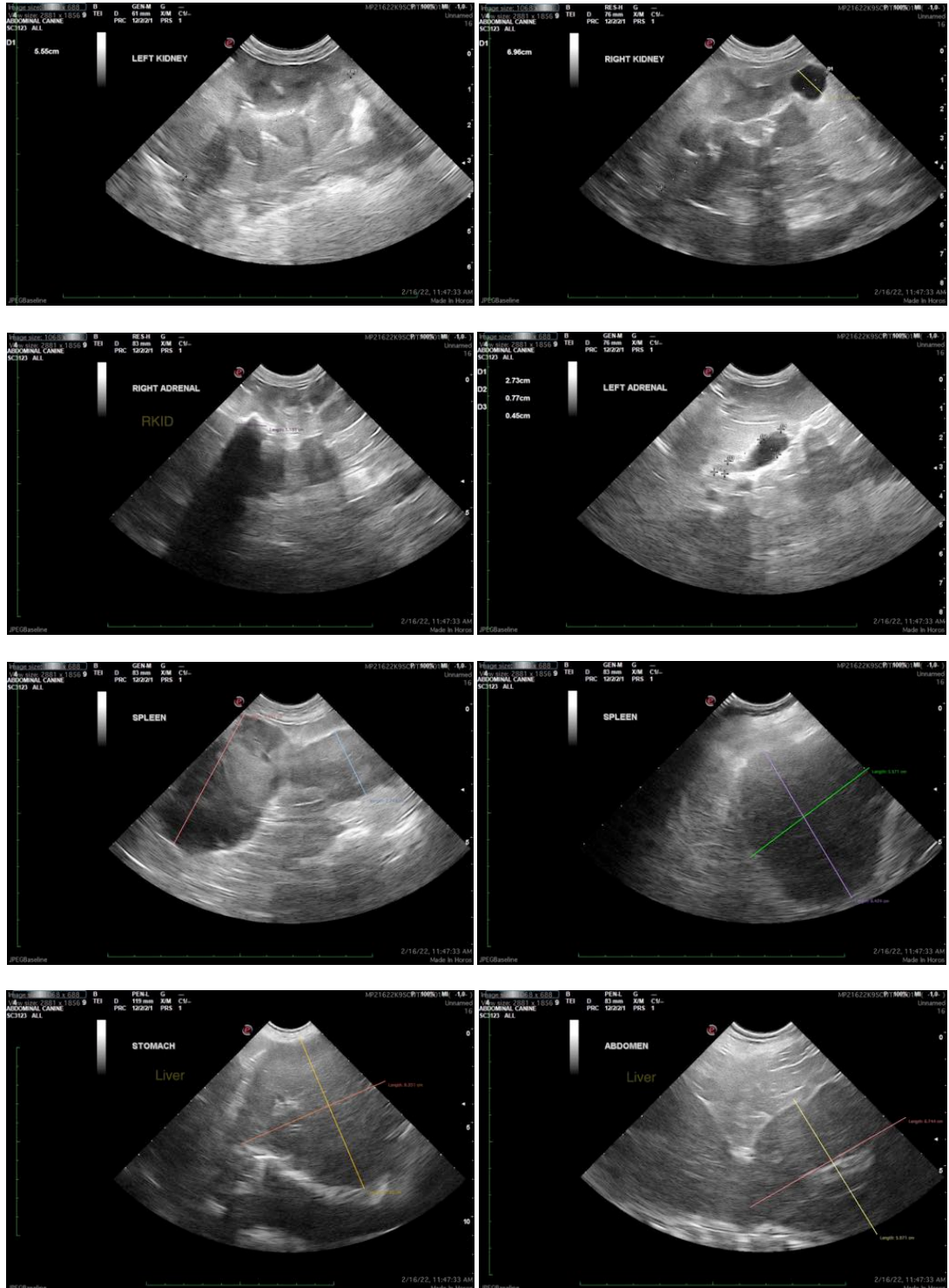
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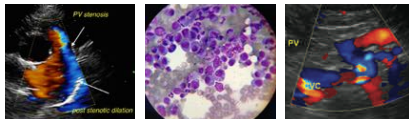
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



**PATIENT**

can be of any further assistance please contact me.

Cooper Shelton

**SPECIES**

**Beth Johnson, DVM DACVIM**

Beth.Johnson@SonoPath.com

Canine

**BREED**

Soft Coated Wheaton  
Terrier

**SEX**

Neutered Male

**AGE**

2011

**WEIGHT**

46 lbs

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