



PATIENT

Finn Mattson

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered Male

AGE

~4 Years 8 Months

WEIGHT

60.5 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Brittney Beigel, DVM

HOSPITAL NAME

Bayside Animal
Medical Center

REFERRING VET

Allyson Delozier, VMD

INVOICE

73039

DATE

2/18/26

PRESENTING CLINICAL SIGNS

BW: anemia, azotemia. Radiographs: mild potential loss of detail on V/D in cranial L quadrant; severe spondylosis, elbow arthritic changes, 1 caudal L small lesion in thorax/chest (unclear/ill defined but potential emerging metastatic lesion). O opts for US to screen for neoplasia. P was fasted for US exam. No sedation needed

Abnormal PE/Chem/CBC/UA Results: Attached; 4dx-- negx3, e.canis positive (previously tx w/ doxycycline)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is only mildly distended (empty). Urinary bladder wall is unable to be fully assessed for pathology without further distension. No visible masses or definitive cystoliths are observed. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface. In the face of urinary signs and/or suspected urinary bladder pathology, reassessment after complete filling is recommended.

Prostate is normal in size, echotexture and echogenicity for a neutered male. Visible contents are anechoic. There is a punctate mineral density within the intraprostatic urethral lumen.

Kidneys are bilaterally irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. No mineral is observed. Moderate pyelectasia is present bilaterally. Specific measurements are difficult to give, as the machine was measuring in pixels, but the pyelectasia appears to measure approximately 0.50 cm in the transverse view in the left kidney and 0.50 cm in the sagittal view in the right kidney. Left kidney is normal in size at 6.67 cm. Right kidney is normal in size at 6.61 cm.

Adrenal Glands

The right adrenal gland is normal in size (0.45 cm at cranial pole and 0.46 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.48 cm at cranial pole and 0.42 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

The spleen is subjectively mildly large with normal shape and smooth capsular contour. Parenchyma, however, is mottled by multifocal discrete homogeneous, hypo- to anechoic nodules/densities of varying sizes. 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 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 is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta/chyme. There is 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.

ULTRASONOGRAPHIC FINDINGS

- Mild bilateral chronic kidney disease changes with moderate bilateral pyelectasia.
- Coarse splenomegaly – can be associated with congestion caused by sedation (if sedated) but can also be associated with diffuse infiltrative disease. Both benign conditions such as extramedullary hematopoiesis, lymphoid hyperplasia, as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered.
- Small, non-visibly obstructive urethrolith is suspected.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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.

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

Especially given the thoracic radiograph results, fine needle aspirates of the spleen are recommended if patient's coagulation status is appropriate.

Pending results of above, additional infectious disease testing include testing for Leptospirosis could also be considered.



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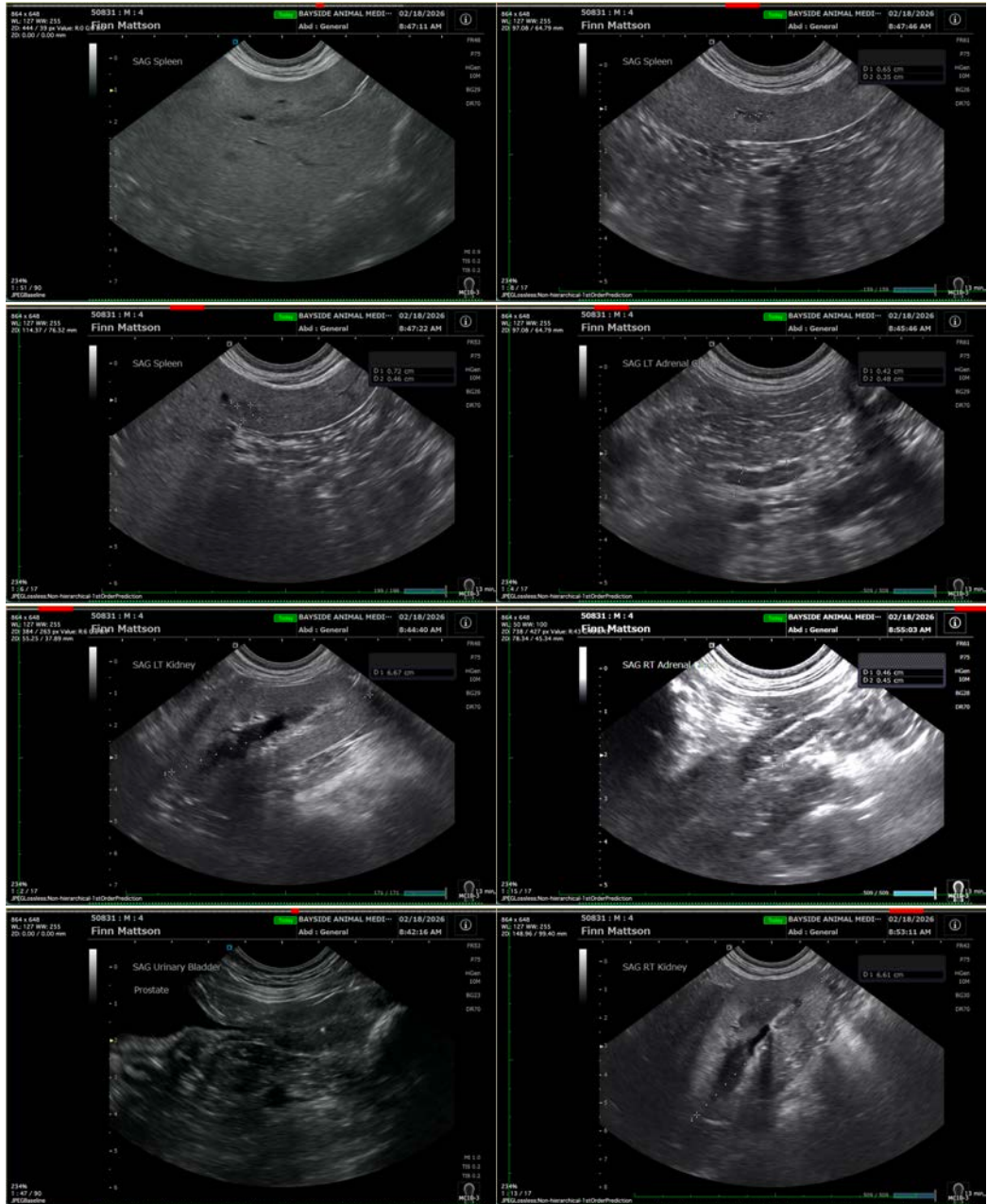
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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