



**PATIENT**

Poppy Forrester

**SPECIES**

Canine

**BREED**

Doodle

**SEX**

Spayed Female

**AGE**

13 Years

**WEIGHT**

10 kg

**INTERPRETED BY**

Beth Johnson, DVM  
 DACVIM

**IMAGING PERFORMED BY**

Amanda Stewart

**HOSPITAL NAME**

Buck Animal Hospital

**REFERRING VET**

Dr. Allan

**INVOICE**

73036

**DATE**

2/18/26

**PRESENTING CLINICAL SIGNS**

Known liver mass, first seizure this morning. Current Medications: Diazepam PRN

Abnormal PE/Chem/CBC/UA Results: Values ALT 303 U/L 10 - 125 HIGH ALKP > 2000 U/L 23 - 212 HIGH GGT 185 U/L 0 - 11 HIGH LIPA 5108 U/L 200 - 1800 HIGH MONO 1.40 x10<sup>9</sup>/L 0.16 - 1.12 HIGH NEU 14.53 x10<sup>9</sup>/L 2.95 - 11.64 HIGH WBC 18.22 x10<sup>9</sup>/L 5.05 - 16.76 HIGH RBC 5.00 x10<sup>12</sup>/L 5.65 - 8.87 LOW 6.21 x10<sup>12</sup>/L HCT 29.1 % 37.3 - 61.7 LOW 37.7 % HGB 10.6 g/dL 13.1 - 20.5 LOW 13.7 g/dL MCV 58.2 fL 61.6 - 73.5 LOW Primary Question to Be Answered in This Exam r/o metastasis, mass characteristics

**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 (4.16 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 (4.42 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 (0.86 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 (0.64 cm at cranial pole and 0.62 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, except for the previously described mass in the mid to right very caudal liver, which measures 6.7 cm x 5.6 cm with a heterogeneous, iso- to hypoechoic appearance and some cavitations in today's images. 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 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.

***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 appears to be a small pocket of free fluid adjacent to the mass described above.

There is no apparent pathologic lymphadenopathy noted in these images.

**ULTRASONOGRAPHIC FINDINGS**

- Differentials for the liver mass are unchanged, with both infiltrative neoplastic disease as well as benign inflammatory hepatoma/adenoma, other processes being unable to be differentiated without tissue sampling.
- Small pocket of free fluid adjacent to the mass.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

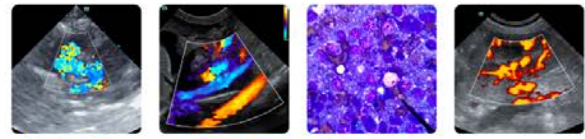
The mass appears mildly progressive in size and subjectively progressive in appearance, largely characterized by cavitations in these images that weren't noted previously. Further recommendations depend in large part on previous diagnostics, etc.

Having said that, 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.

If not already sampled, fine needle aspirates of the liver mass are recommended if patient's coagulation status is appropriate.

Alternatively, or if cytologic diagnosis is unable to be obtained, an exploratory laparotomy for planned excisional biopsy/liver lobectomy could be considered.

If surgery is pursued, a pre-surgical planning abdominal CT scan may be helpful.



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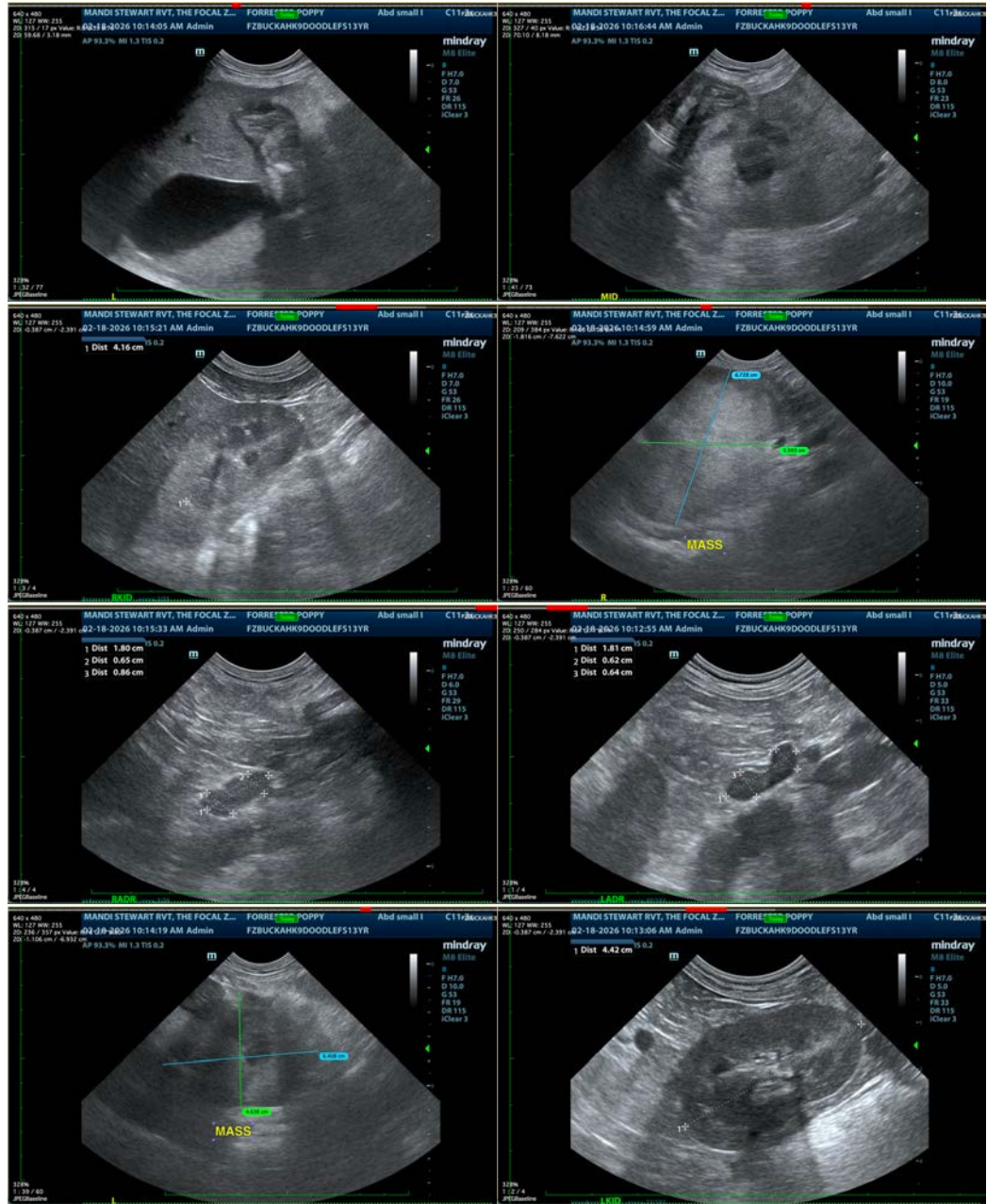
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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