



PATIENT

Violet Watkins

SPECIES

Canine

BREED

Shih Tzu

SEX

Intact Female

AGE

13 Years

WEIGHT

13 lbs

INTERPRETED BY

Beth Johnson, DVM
 DACVIM

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Beamsville Animal
 Hospital

REFERRING VET

Dr. Hagar

INVOICE

73302

DATE

2/26/26

PRESENTING CLINICAL SIGNS

One week ago had bloody diarrhea.ennis ball sized reducible, non painful mass in lower left ventral abdomen quadrant, palpable "loop like" structure within the sac. 2024 was seen and treated for Pyometra and has been fine since then. Last estrus cycle a few months ago. Temp 38.1C, HR 128, RR 24. Has been on Metronidazole finishing on Feb 26th and Biome for food

Abnormal PE/Chem/CBC/UA Results: Please see attached lab results and radiographs

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.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. Left kidney measured 4.34 cm. Right kidney measured 4.05 cm.

Adrenal Glands

The right adrenal gland is normal in size (1.0 cm at cranial pole and 0.50 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 0.60 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), except for an approximately 1.0 cm x 1.4 cm expansive but non disruptive hypo- to anechoic nodule near the cranial aspect of the spleen. 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.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The stomach is moderately distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. If patient was appropriately fasted,



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delayed gastric emptying could be considered. Non-shadowing foreign material is considered less likely but cannot be definitively ruled out.

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If clinical signs are consistent (vomiting, etc.), recommendations include supportive medical care, 24 hours fasting and re-image.
 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.

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The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

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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.

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Free Abdomen

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

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There is no apparent pathologic lymphadenopathy noted in these images.

The uterus and both ovaries are visualized without evident pathology noted.

IMAGING PERFORMED BY

Crystal Hill

In images labeled "left groin subq" there is an approximately 1.4 cm x 0.90 cm mildly heterogeneous, primarily solid hypoechoic density. Directly adjacent to that area there appears to potentially be a bowel loop characterized by a bowel-like wall and luminal shadowing contents, but a break in body wall is unable to be appreciated to determine if this is a bowel loop adjacent to the nodule described above outside of the body wall, or scanning of normal bowel in a normal location within the abdomen under the subcutaneous lump.

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PRIMARY FINDINGS

- Hypo to anechoic splenic nodule – likely represents a benign lesion such as a cyst, hematoma, nodular hyperplasia, extramedullary hematopoiesis, etc., however while considered less likely, infiltrative neoplasia can mimic benign lesions and cannot be ruled out.
- The subcutaneous density appears solid and could represent benign or malignant change. Whether there is bowel loop within a hernia is unable to be definitively determined.

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SECONDARY FINDINGS

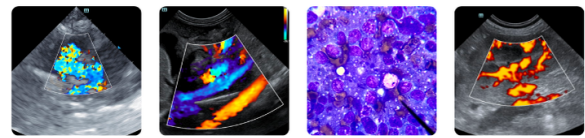
- Age related kidney changes.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If there is concern for a reduceable hernia that contains bowel, additional imaging potentially while holding the structure outside the body wall combined with repeat imaging after it is reduced could be considered to help more definitively identify the structure being palpated. Alternatively, contrast



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radiography could be considered.

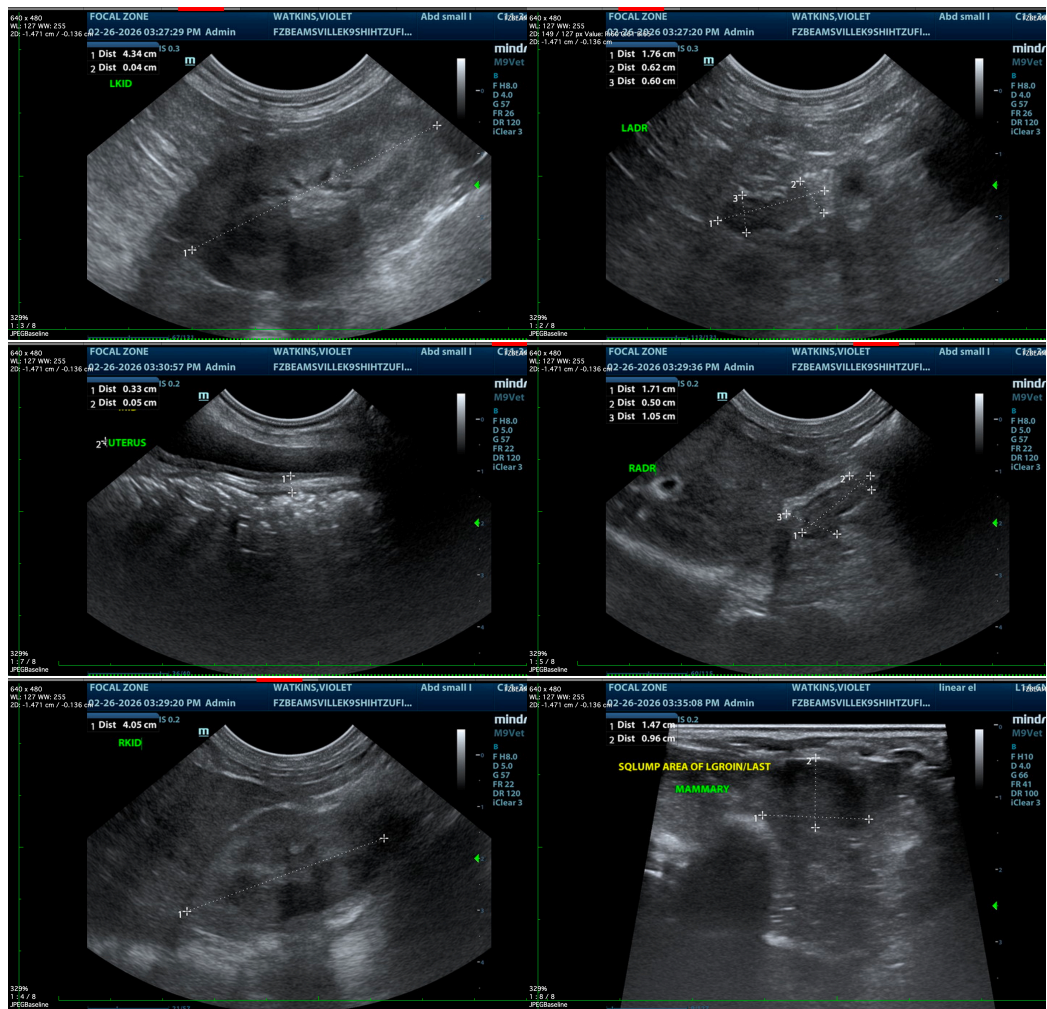
In the meantime, additional gastrointestinal evaluation may or may not be warranted, but based on history and lab work, recommendations include a routine fecal/giardia exam if not recently evaluated.

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

+/- pending results of above, 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.

Other than supportive/symptomatic medical management of clinical signs, further treatment recommendations are largely dependent on results of the above.





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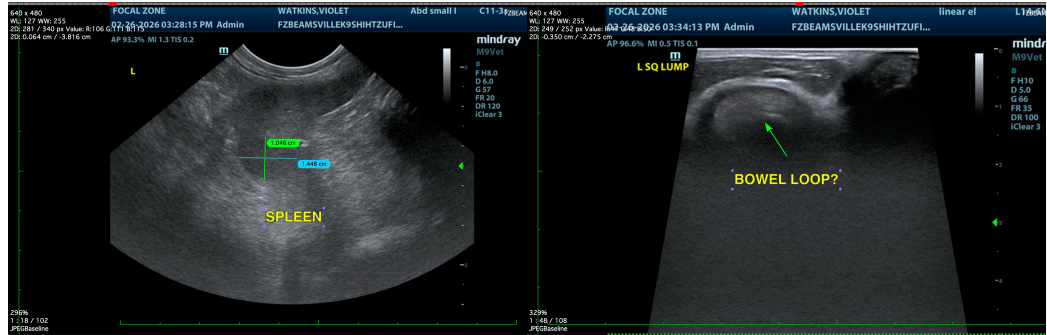
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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 info@sonopath.com