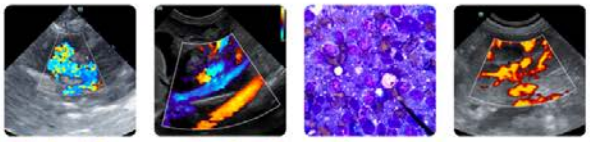


PATIENT

Olive Bennett

SPECIES

Canine

BREED

Beagle x

SEX

Spayed Female

AGE

6 Years

WEIGHT

25 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Brandi Kurzowski

HOSPITAL NAME

Corfu Veterinary Clinic

REFERRING VET

Dr. Marissa Weaver

INVOICE

72681

DATE

2/4/26

PRESENTING CLINICAL SIGNS

Presented on 2/3 for PU/PD of 5 days duration and inappetence for 1 day. On exam, QAR but abdomen is tense upon palpation. History of a mast cell tumor with atypical round cell tumor surrounding it removed from the lip in September 2025. CBC showed mildly low platelet count (110 k/uL) but on blood smear they were macroplatelets. P is 50% king charles cavalier, suspected normal finding but no previous CBC to compare. Abdominal x rays showed poor serosal detail and wispy hyper-attenuating areas throughout the abdomen. Ultrasound fast scan showed slight effusion and heteroechoic appearance of the spleen and liver.

Abnormal PE/Chem/CBC/UA Results: 2/3/26 CBC- MCV 60.3 fL, MCH 20.4 pg, Lymph 0.99 k/uL, PLT 110 k/uL, MPV 19.5 fL Chem -BUN 3mg/dL 4DX- Negative UA- USG 1.002, pH 7, otherwise unremarkable

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 (5.5 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 (5.0 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 adrenal glands are unable to be well visualized in these images.

Spleen

Spleen is subjectively large in size with a swollen and scalloped/undulating capsular contour. Multifocal coalescing nodules are noted throughout the parenchyma. Splenic vasculature appears normal. Enhanced hyperechoic surrounding fat is noted.

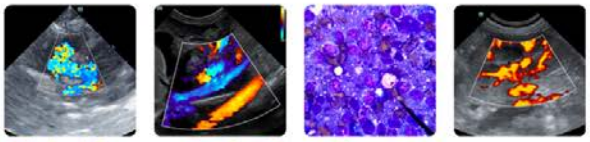
Liver

Liver is subjectively enlarged with mildly irregular margins. Parenchyma is mottled by multifocal discrete hypoechoic nodules of varying sizes “moth-eaten”. Several of the nodules including the largest nodule/mass measure 1.6 cm x 1.8 cm in size and 3.0 cm x 3.6 cm. 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 lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.



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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 is a mild to moderate amount of anechoic free fluid noted.

There is no apparent pathologic lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- Honeycomb Spleen – This finding is strongly suggestive of infiltrative disease such as round cell neoplasia. Benign disease cannot be ruled out but is considered less likely, especially given patient's history.
- Similarly, the nodular liver is concerning for infiltrative round cell or metastatic neoplasia, especially given patient's history. Having said that, benign disease such as nodular hyperplasia versus other, while thought less likely, can't be ruled out without tissue sampling.
- The mild to moderate amount of free fluid is of unknown origin. Differentials (unless already ruled out) could include increased hydrostatic pressure (cardiac disease and/or vascular or lymph blockage), decreased oncotic pressure (low albumin), vasculitis, paraneoplastic fluid, rupture/leakage of/from an organ (GI, GB, UB, other), blood (hemoabdomen), other.

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 spleen and liver +/- sampling of the free abdominal fluid are all recommended if patient's coagulation status is appropriate.

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

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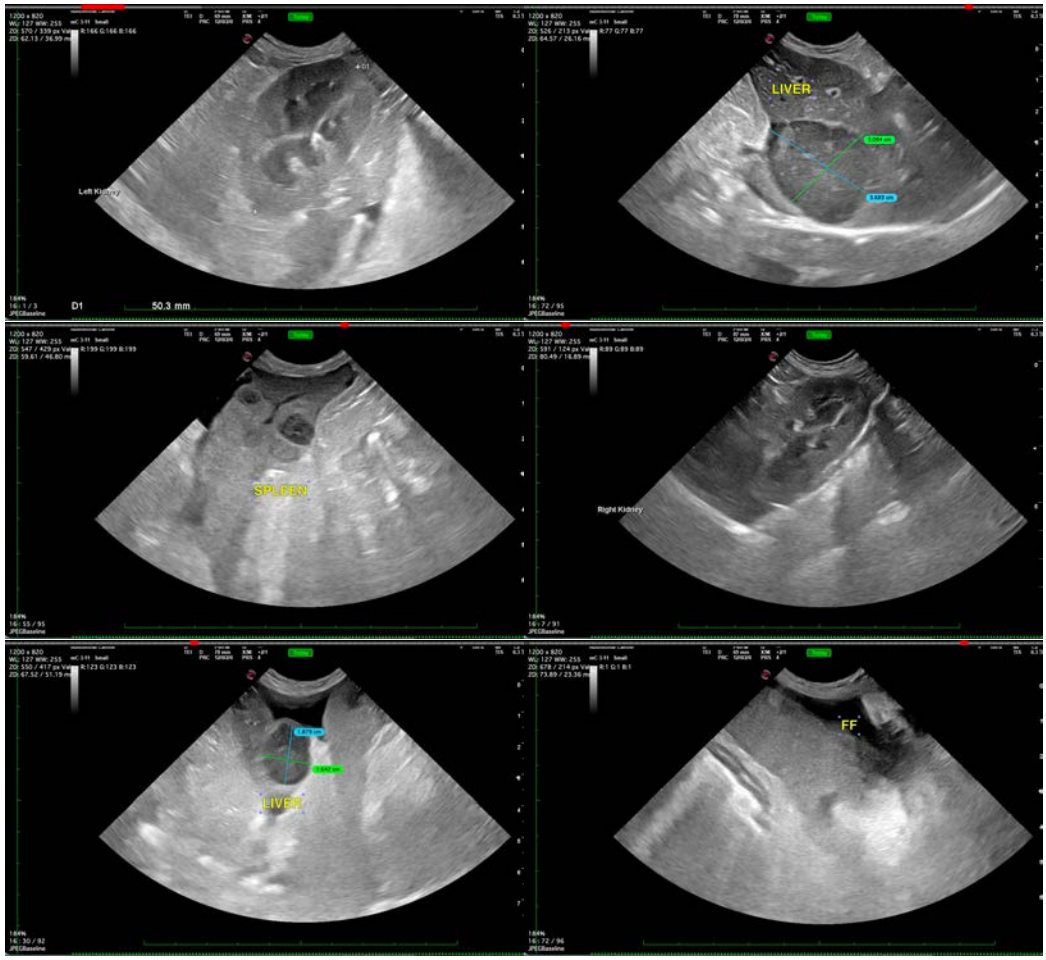

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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