



PATIENT

Woofie McDonnell

SPECIES

Canine

BREED

Golden Doodle

SEX

Neutered Male

AGE

11 Years

WEIGHT

36 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Julia Bakker, DVM

HOSPITAL NAME

Orange Blossom
Veterinary Imaging

REFERRING VET

Jonathan Shivers, DVM

INVOICE

72733

DATE

2/4/26

PRESENTING CLINICAL SIGNS

Patient presents for weight loss and nausea. Radiographs show mineralization in caudal abdomen and indistinct/poor serosal detail in cranial abdomen. WBC 35k with neutrophilia and monocytosis. Low total protein.

Abnormal PE/Chem/CBC/UA Results: Sample of abdominal effusion collected with FNA today

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended with primarily anechoic contents and occasional echogenic non-shadowing debris. Apical urinary bladder wall is diffusely thick (0.62 cm). Mucosa is hyperechoic and irregular. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface.

The prostate is unable to be well visualized in these images.

The right kidney is normal in size (5.79 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 in size (5.28 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 (0.59 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 (0.90 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). 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. 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 lumen of the stomach is mildly distended with a small to moderate amount of echogenic non-shadowing luminal contents and gas



PATIENT

Woofie McDonnell

SPECIES

Canine

BREED

Golden Doodle

SEX

Neutered Male

AGE

11 Years

WEIGHT

36 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Julia Bakker, DVM

HOSPITAL NAME

Orange Blossom
Veterinary Imaging

REFERRING VET

Jonathan Shivers, DVM

INVOICE

72733

DATE

2/4/26

consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

In images labeled “mid abdomen” there is a loop of bowel that is difficult to definitively isolate in terms of location, that has a thick wall measuring 0.76 cm thick with loss of layering. This loop of bowel’s lumen is distended with bright echogenic luminal contents that demonstrate strong acoustic shadow. The area is surrounded by small amounts of free fluid and markedly enhanced hyperechoic clumped mesentery and fat. The remaining small bowel is normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine contains fluid. In the area of the bowel described above, there is also a 3.2 cm x 2.3 cm heterogeneous, irregular density that may represent some of the luminal contents versus the clumped mesentery, although an adjacent or involved mass can’t be definitively ruled out.

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

A possible mass in the area of the bowel irregularities and acoustic shadowing as described above can’t be ruled out.

There is a small amount of anechoic free fluid as described above.

No definitive lymphadenopathy noted.

PRIMARY FINDINGS

- Suspect infiltrative small bowel disease/possible small bowel mass resulting in at least partial obstruction is suspected. Foreign material in the loop of bowel demonstrating the shadowing can’t be ruled out. Having said that, normal ingesta and gas backed up due to the obstruction is also possible.
- The fluid and enhanced mesentery and fat adjacent to the mass are suggestive of a focal peritonitis.

SECONDARY FINDINGS

- Chronic Cystitis - Urinary bladder wall changes are most consistent with chronic cystitis. Infiltrative neoplasia cannot be ruled out but is considered less likely give the location and diffuse nature of the changes.

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 thick bowel loop and the clumped abnormal tissue adjacent to it could be



PATIENT

Woofie McDonnell

SPECIES

Canine

BREED

Golden Doodle

SEX

Neutered Male

AGE

11 Years

WEIGHT

36 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Julia Bakker, DVM

HOSPITAL NAME

Orange Blossom
Veterinary Imaging

REFERRING VET

Jonathan Shivers, DVM

INVOICE

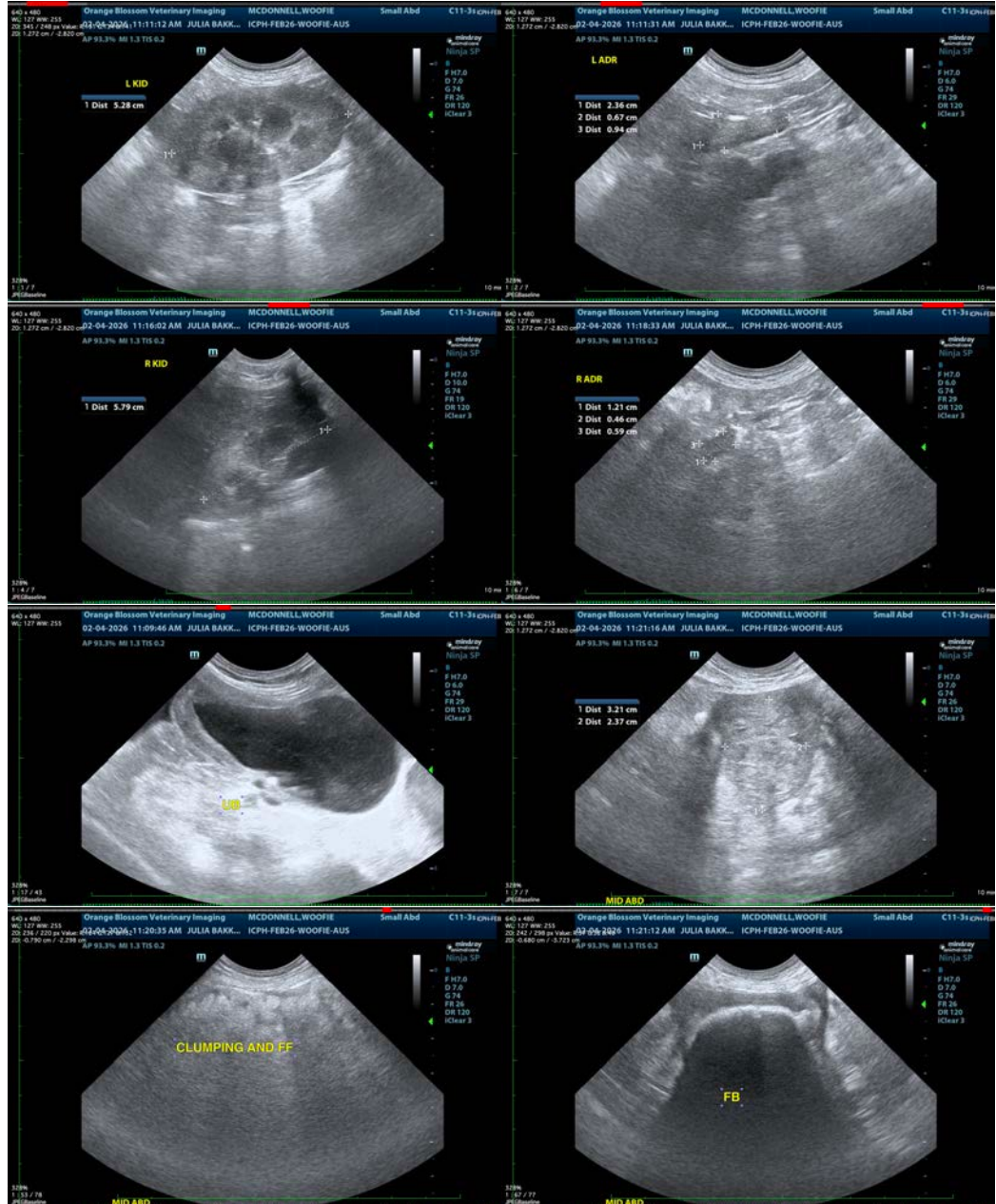
72733

DATE

2/4/26

considered if patient's coagulation status is appropriate, although having said that, especially due to the concern for at least partial obstruction possibly from the suspected infiltrative disease itself or possibly from concurrent foreign material, ultimately an exploratory laparotomy may be warranted when patient is stable enough to undergo surgery.

In the meantime, sampling of the free abdominal fluid for cytology as well as to further investigate/rule out a septic abdomen could be considered.





PATIENT

Woofie McDonnell

SPECIES

Canine

BREED

Golden Doodle

SEX

Neutered Male

AGE

11 Years

WEIGHT

36 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Julia Bakker, DVM

HOSPITAL NAME

Orange Blossom
Veterinary Imaging

REFERRING VET

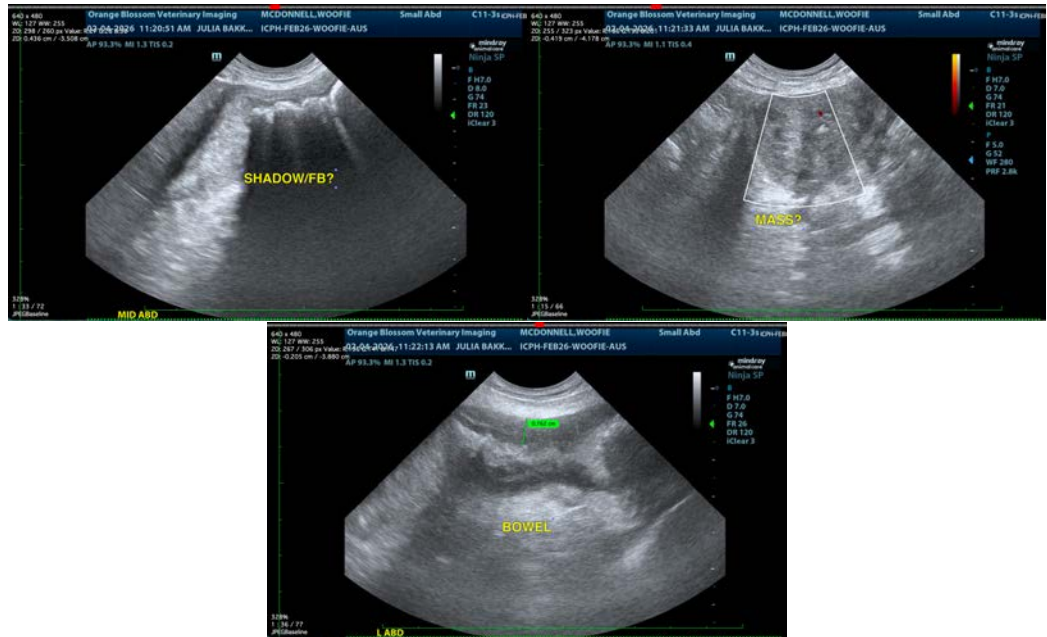
Jonathan Shivers, DVM

INVOICE

72733

DATE

2/4/26



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