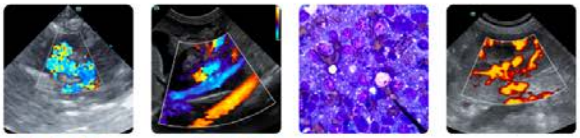


SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Charlie Cohoe

SPECIES

Canine

BREED

Yorkie

SEX

Intact Male

AGE

11 Years

WEIGHT

2.2 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Oxford Animal Hospital London

REFERRING VET

Dr. Brodie

INVOICE

72749

DATE

2/5/26

PRESENTING CLINICAL SIGNS

Not gaining weight. Bloody stools on and off. Current Medication: N/A.

Abnormal PE/Chem/CBC/UA Results: BW attached Nov 18th 2025: Neutrophilia RO Stress/Infection/Inflammation/others Anemia -RO Blood loss (Hemorrhage, Parasitism) /Hemolysis (IMHA,Infection,Neoplasia)/Increased red blood cell destruction/metabolic/Anemia of chronic disease/others - we will send the lab report as well Primary Question to Be Answered in This Exam chronic weight loss want to rule out any GI or organ dysfunction.

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.

Prostate is symmetrically enlarged (1.8 cm wide in the transverse view) with smooth margins that are well differentiated from surrounding tissue. Normal bilobed shape is maintained. Parenchyma is heterogenous with scattered hyperechoic foci present. No mineral or cysts are noted.

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 measures 3.68 cm. Right kidney measures 3.62 cm.

Adrenal Glands

The right adrenal gland is normal in size (0.72 cm at cranial pole and 0.26 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.39 cm at cranial pole and 0.27 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

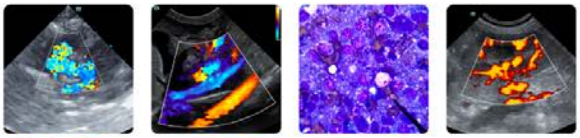
Spleen

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

Liver is subjectively enlarged with mildly irregular margins. Parenchyma is diffusely moderately heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. Focally, adjacent to the gallbladder, is a slightly more defined area of heterogenicity measuring approximately 2.2 cm x 3.0 cm in size that appears as an emerging mixed, primarily hypoechoic mass lesion. 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.



SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Charlie Cohoe

SPECIES

Canine

BREED

Yorkie

SEX

Intact Male

AGE

11 Years

WEIGHT

2.2 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Oxford Animal Hospital London

REFERRING VET

Dr. Brodie

INVOICE

72749

DATE

2/5/26

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.

Both testicles are visualized without evident testicular pathology.

PRIMARY FINDINGS

- Diffusely moderately heterogenous liver – These changes are most consistent with benign processes such as nodular hyperplasia, steroid (vacuolar) hepatopathy, extramedullary hematopoiesis or possibly chronic inflammatory disease and less commonly infiltrative round cell or metastatic neoplasia.

- The focal, slightly more subjectively defined mass-like area of the liver may represent the same differentials as listed above, although a focal emerging adenoma/hepatoma, hepatocellular carcinoma, other infiltrative neoplasia can't be ruled out without tissue sampling.

- Moderate gallbladder debris - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.

SECONDARY FINDINGS

- Benign Prostatic Hyperplasia – Prostatic findings are most consistent with Benign Prostatic Hyperplasia (BPH) and hyperechoic foci consistent with increased vascularity and fibrosis often associated with BPH. Active prostatitis cannot be ruled out. Infiltrative neoplasia cannot be ruled out but is considered less likely.

PATIENT

Charlie Cohoe

SPECIES

Canine

BREED

Yorkie

SEX

Intact Male

AGE

11 Years

WEIGHT

2.2 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Oxford Animal Hospital London

REFERRING VET

Dr. Brodie

INVOICE

72749

DATE

2/5/26

- Age related kidney 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 liver are recommended if patient's coagulation status is appropriate.

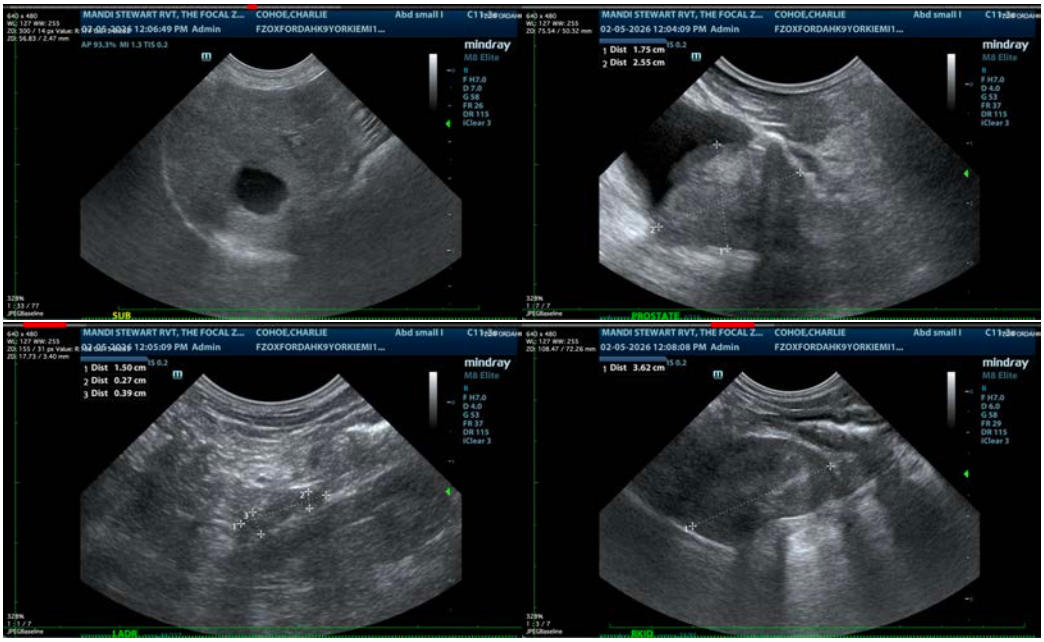
Having said that, the liver changes may be incidental are of unknown, if any relation to patient's reported presenting complaint of hematochezia. Therefore, further gastrointestinal workup recommendations include a routine fecal/giardia exam if not recently evaluated.

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.

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

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



PATIENT

Charlie Cohoe

SPECIES

Canine

BREED

Yorkie

SEX

Intact Male

AGE

11 Years

WEIGHT

2.2 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Oxford Animal Hospital London

REFERRING VET

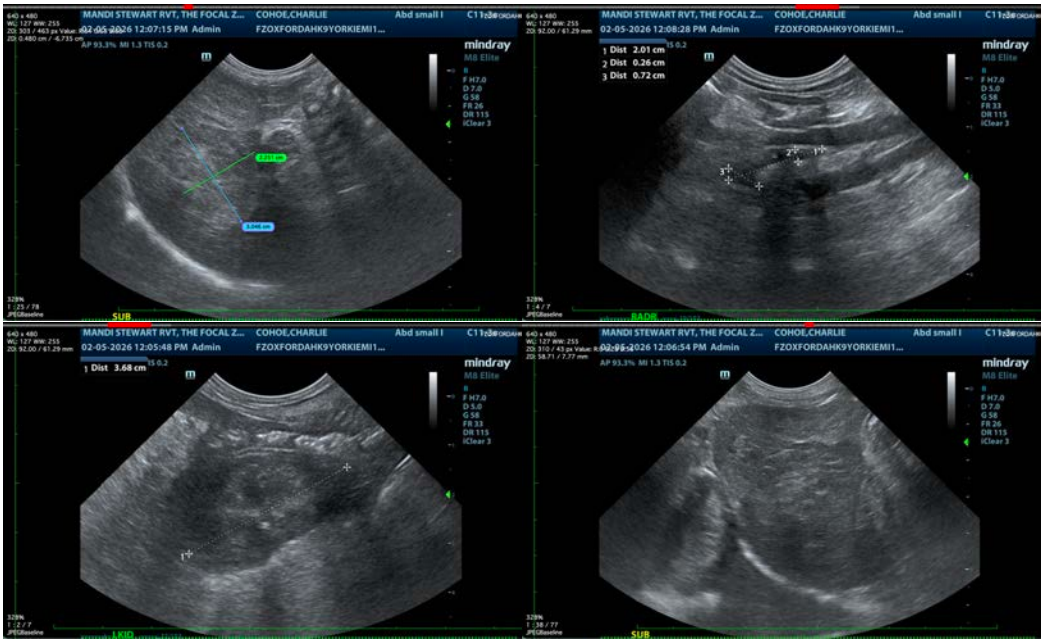
Dr. Brodie

INVOICE

72749

DATE

2/5/26



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