

**PATIENT**

Harley Carballo

**SPECIES**

Canine

**BREED**

Shep X

**SEX**

Spayed Female

**AGE**

15.5 Years

**WEIGHT**

41.7 Pounds

**INTERPRETED BY**

Beth Johnson, DVM,  
 DACVIM (SAIM)

**IMAGING PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Millen Road AH

**REFERRING VET**

Dr. Carballo

**INVOICE**

36780

**DATE**

2/9/26

**PRESENTING CLINICAL SIGNS**

- Difficulty with stairs
- Whitish vaginal discharge with excessive licking
- Rads done suggestive of large mass in cranial abdomen
- No BW done
- Has been on Cartrophen and Enrofloxacin
- Abnormal PE/Chem/CBC/UA Results: Rads sent to radiologist showed soft tissue mass right ventral abdomen, origin uncertain but spleen not visible, empty GI tract, no ascites, some spondylosis.

**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 (0.94 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.

Left kidney is normal in size (4.9 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.

Right kidney is normal in size (4.9 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**

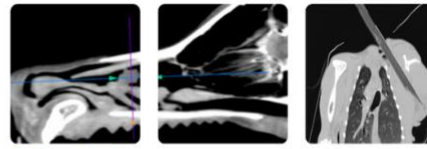
The adrenal glands are unable to be visualized in these images.

**Spleen**

The spleen contains at least 2 expansive mixed largely cavitated masses, the largest of which is from the craniomedial aspect, measuring 6.3 cm x 4.4 cm, the second is smaller, from the caudal aspect of the spleen, measuring 2.8 cm x 3.0 cm in size.

**Liver**

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.



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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.

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 one trace pocket of free fluid noted adjacent to the spleen.

There is no apparent pathologic lymphadenopathy noted in these images.

**ULTRASONOGRAPHIC FINDINGS**

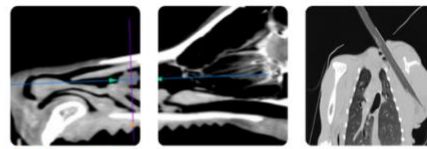
- The cavitated splenic masses are concerning for infiltrative neoplasia, such as sarcoma versus other, especially given the small pocket of free fluid. Having said that, benign cysts, hematomas, extramedullary hematopoiesis, etc., can mimic malignancy and can't be ruled out without tissue sampling.
- 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**

If not recently evaluated, a general metabolic health screen (CBC, chemistry panel with electrolytes and urinalysis) is recommended.

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 splenic masses could be considered if patient's coagulation status is appropriate, or if a cytologic diagnosis is unable to be obtained, ultimately, a splenectomy may be warranted.



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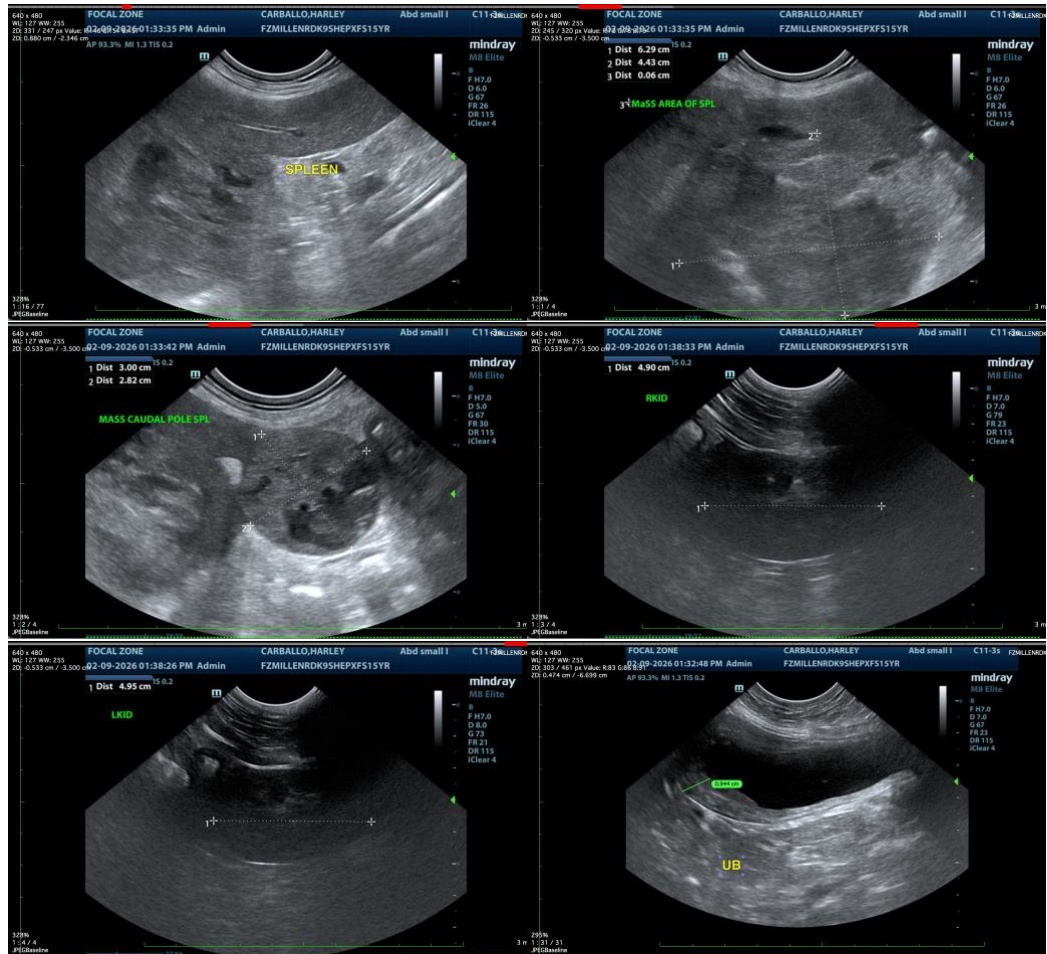
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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