



PATIENT

Jersey Marks

SPECIES

Canine

BREED

Bulldog x

SEX

Spayed Female

AGE

12 Years

WEIGHT

55.3 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Meghan Morse, LVT,
CVT

HOSPITAL NAME

Bergen County
Veterinary Center

REFERRING VET

Dr. Moore

INVOICE

73531

DATE

3/10/26

PRESENTING CLINICAL SIGNS

Anorexia, incontinence, panting. Current meds: Adequan, Deramaxx, Cosequin

Abnormal PE/Chem/CBC/UA Results: SDMA 22, ALT 129, LIPASE 301 USG 1.040

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended with primarily anechoic contents and a very large amount of echogenic non-shadowing debris, some of which has a wispy, almost “smokey” appearance. 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.

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 measures 5.93 cm. Right measures 6.45 cm.

Adrenal Glands

The right adrenal gland is normal in size (0.98 cm at cranial pole and 0.55 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.76 cm at cranial pole and 0.63 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

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

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.

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

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.



| | |
|------------------------------------|--|
| PATIENT | 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. |
| Jersey Marks | |
| SPECIES | The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas. |
| Canine | |
| BREED | <i>Pancreas</i> |
| Bulldog x | 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. |
| SEX | <i>Free Abdomen</i> |
| Spayed Female | There is no visible free peritoneal effusion noted in these images. |
| AGE | There is no apparent pathologic lymphadenopathy noted in these images. |
| 12 Years | |
| WEIGHT | PRIMARY FINDINGS |
| 55.3 lbs | <ul style="list-style-type: none"> 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. Mild 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. 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. |
| INTERPRETED BY | SECONDARY FINDINGS |
| Beth Johnson, DVM DACVIM | <ul style="list-style-type: none"> Age related kidney changes. |
| IMAGING PERFORMED BY | <u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u> |
| Meghan Morse, LVT, CVT | A recheck urinalysis and, if indicated based on urinalysis results, urine culture is recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ratio is recommended. |
| HOSPITAL NAME | 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. |
| Bergen County Veterinary Center | Fine needle aspirates of the spleen are recommended if patient's coagulation status is appropriate. |
| REFERRING VET | DATE |
| Dr. Moore | 3/10/26 |
| INVOICE | Other than supportive/symptomatic medical management of clinical signs, further treatment recommendations are largely dependent on results of the above. |
| 73531 | |



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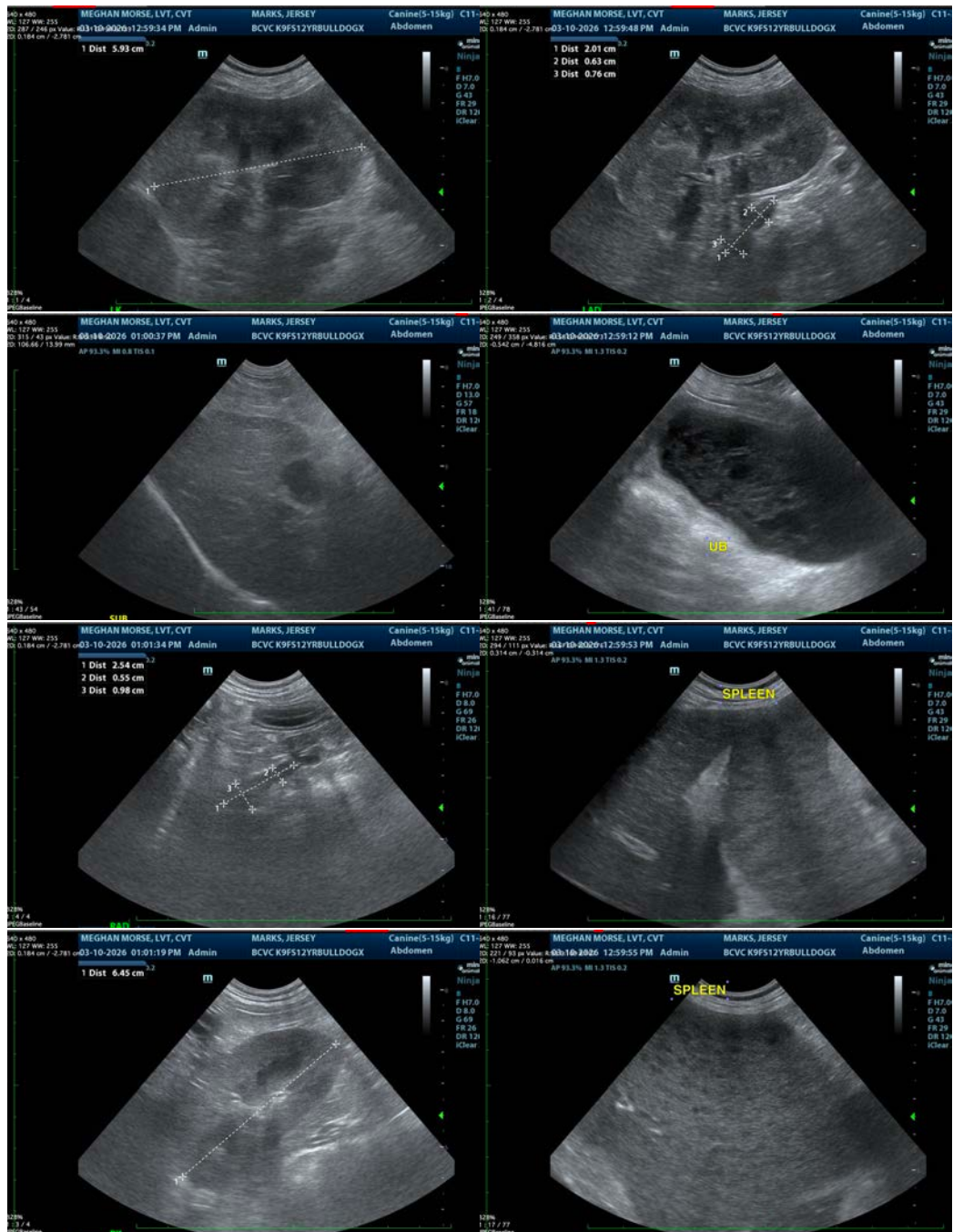
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Jersey Marks

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.

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Canine

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

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