

PATIENT

Kepler Scaletta

SPECIES

Canine

BREED

Catahoula Leopard
Dog Mix

SEX

Neutered Male

AGE

9 Years 6 Months

WEIGHT

61.0

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

M. Kermendy CVT

HOSPITAL NAME

Wauwatosa Veterinary
Clinic

REFERRING VET

Dr. Kevin Kicker

INVOICE

14588

DATE

03/24/26

PRESENTING CLINICAL SIGNS

- Kepler presented on 3/20/26 ADR. Owner had given a dose of carprofen the night before and noticed an improvement over the following 12 hours. Exam and CBC/Chem/Lytes and 4DX yielded NSF. POCUS shows an avascular mass just dorsal and cranial to the bladder. Since starting Doxycycline and continuing carprofen from 3/20/26 Kepler has returned to normal.

Abnormal PE/Chem/CBC/UA Results: 3/20/26 exam showed mild to moderate localized dermatitis at surgical sites from recent mass(es) removal. No other significant findings on exam, CBC/Lytes/Chem, 4DX.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with mild amount of echogenic non-shadowing debris, most consistent with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can present with echogenic debris. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The area of the prostate is examined without evident prostatic pathology.

Left kidney is normal in size (6.14 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 mineral or infarcts observed. Mild pyelectasia is noted bilaterally.

Right kidney is normal in size (6.81 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 mineral or infarcts observed.

Adrenal Glands

Left adrenal gland is normal in size (0.90 cm at cranial pole and 0.50 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

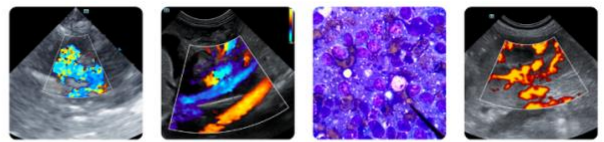
Right adrenal gland is normal in size (0.65 cm at cranial pole and 0.51 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

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 normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and



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homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

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 primarily fluid as well as some echogenic non-shadowing luminal contents and gas consistent with normal chyme. 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 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 no visible free peritoneal effusion noted in these images.

There is no apparent pathologic lymphadenopathy noted in these images.

In images just cranial to the urinary bladder is an approximately 6.75 cm x 4.57 cm homogenous iso- to slightly hyperechoic density.

ULTRASONOGRAPHIC FINDINGS

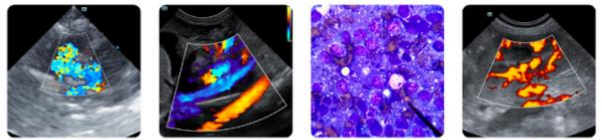
- Homogenous density cranial to the urinary bladder that has the appearance of fat such as lipoma, although liposarcoma cannot be ruled out without tissue sampling. Other less likely differentials include a lymph node or mass or inflammatory lesions or other tissue origin.
- A mild amount of echogenic urinary bladder debris.

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.

Images are provided of a fine needle aspirate of the mass which is recommended for cytology if patient's coagulation status is appropriate.

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



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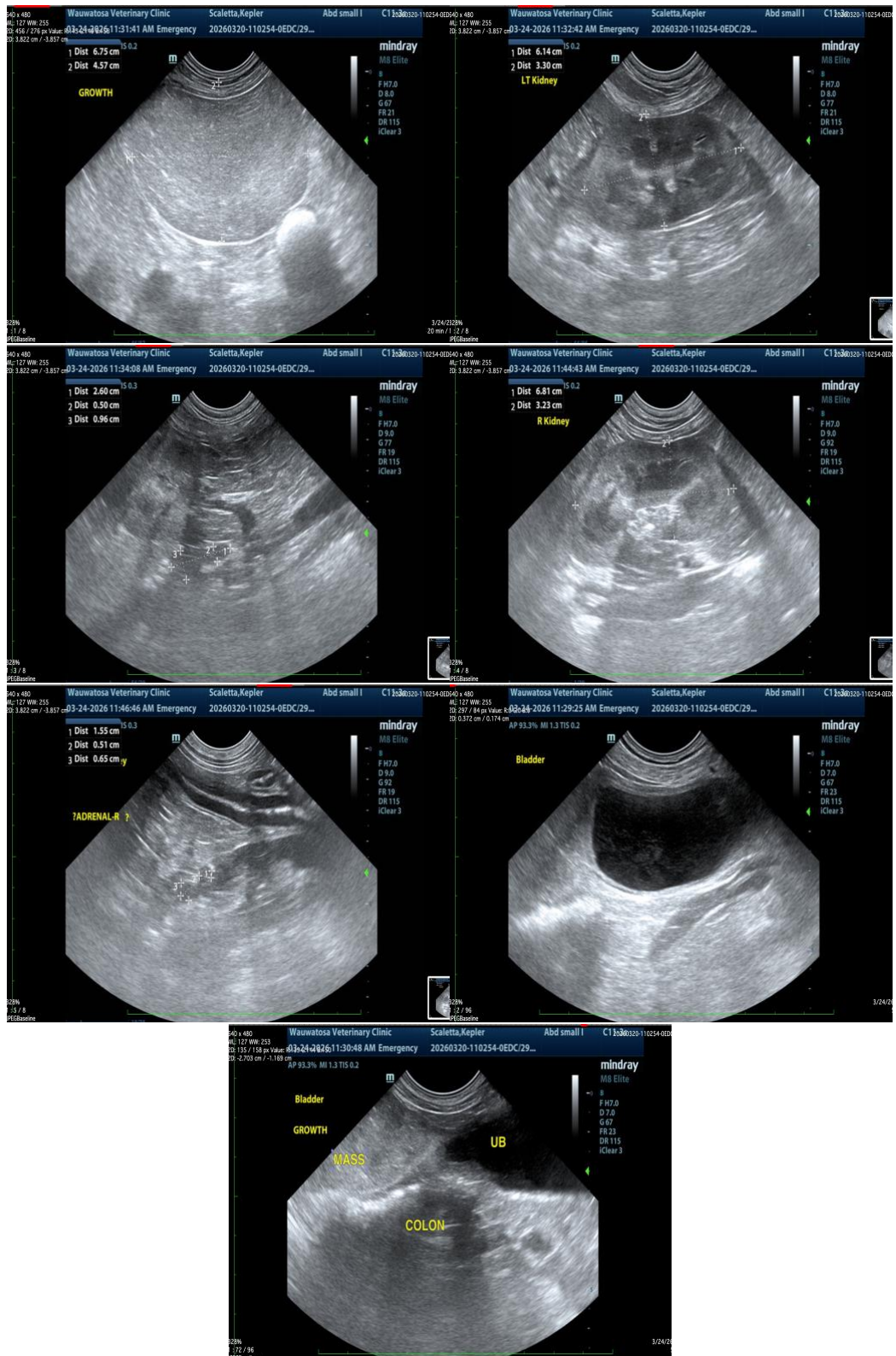
Dr. Kevin Kicker

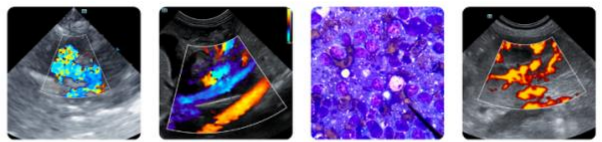
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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