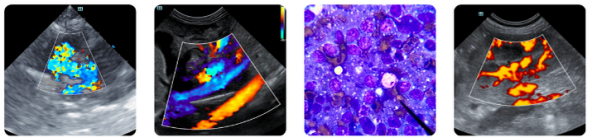


PATIENT

Gustav Maynard

SPECIES

Canine

BREED

Rottweiler

SEX

MN

AGE

7 years 1 month

WEIGHT

111.2

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Kristen Carpenter

HOSPITAL NAME

Pennridge Animal Hospital

REFERRING VET

Dr. Jen Heller

INVOICE

11602

DATE

4/1/2026

PRESENTING CLINICAL SIGNS

Patient was premedicated with gabapentin and trazodone. Patient presented for weight loss (6 lbs in 6 months), hyporexia, lethargy, and heavier breathing at home. Chronic hx of atopy and recurrent ear infections. Chronic meds: Apoquel 22.5 mg PO SID, Prozac 80 mg PO SID, simparica trio monthly. On exam cranial abd organomegaly was appreciated and bloodwork, rads, AFAST was performed. Here for full AUS as next step.

Diagnostics 3/18/26: Thoracic Rads: NSF, no evidence of metastatic disease. Abd Rads: Mass effect in region of the spleen, good serosal detail. AFAST: no abd effusion, suspect mass in the spleen. Bloodwork: CBC WNL, HCT 41%. Chem: BG 62 (63-114), Phos 6.2 (2.5 -6.1), Cl 107 (108-119), Lipase 317 (0-250), CK 242 (10-200). Total T4 < 0.4 (r/o true hypothyroidism vs sick euthyroid). 4dx neg x 4. 4/1/26 Recheck PCV/TS - PCV 38% TS 5.8g/dL. Blood on hold for michigan state thyroid panel and nuq pending AUS results

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 occasional echogenic non-shadowing debris, most consistent with exfoliated cells, mucous and/or small blood clots, as well as dependent mineral “sand” (crystals) debris. Both sterile inflammation as well as urinary tract infection can present with echogenic debris. In one view, there appears to be an approximately 0.5 cm in diameter, possible cystolith. No masses are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Prostate is normal in size, echotexture, and echogenicity for a neutered male.

The right kidney is normal is size (7.68 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 is size (7.99 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.

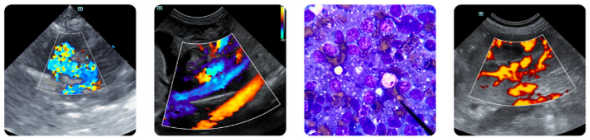
Adrenal Glands

The right adrenal gland is normal in size (1.0 cm at cranial pole and 1.0 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.56 cm at cranial pole and 0.88 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 mildly swollen but smooth capsule. Parenchyma is normal and homogenous in echogenicity and echotexture. Additionally, there’s at least one discrete mildly heterogenous, hypoechoic expansive mass measuring approximately 8.0 cm in diameter. There appear to be other capsular bulges/nodules and potentially additional masses but it’s difficult to determine if I’m seeing the same mass in repeated views or potentially all of the pathology is connected versus



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several distinct masses. Regardless, the spleen is diffusely abnormal. 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.

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 stomach is moderately distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. If patient was appropriately fasted, delayed gastric emptying could be considered. Non-shadowing foreign material is considered less likely but cannot be definitively ruled out.

If clinical signs are consistent (vomiting, etc.), recommendations include supportive medical care, 24 hours fasting and re-image.

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 mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction or foreign material noted.

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.

ULTRASONOGRAPHIC FINDINGS

- The splenic changes including the focal mass or masses could represent infiltrative neoplasia such as round cell neoplasia, sarcoma, other. Having said that, benign processes such as extramedullary hematopoiesis, cysts, hematomas, etc. can mimic malignancy and cannot be ruled out without tissue sampling.

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- 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.

- A mild amount of echogenic urinary bladder mineral/sand debris and one suspect cystolith.

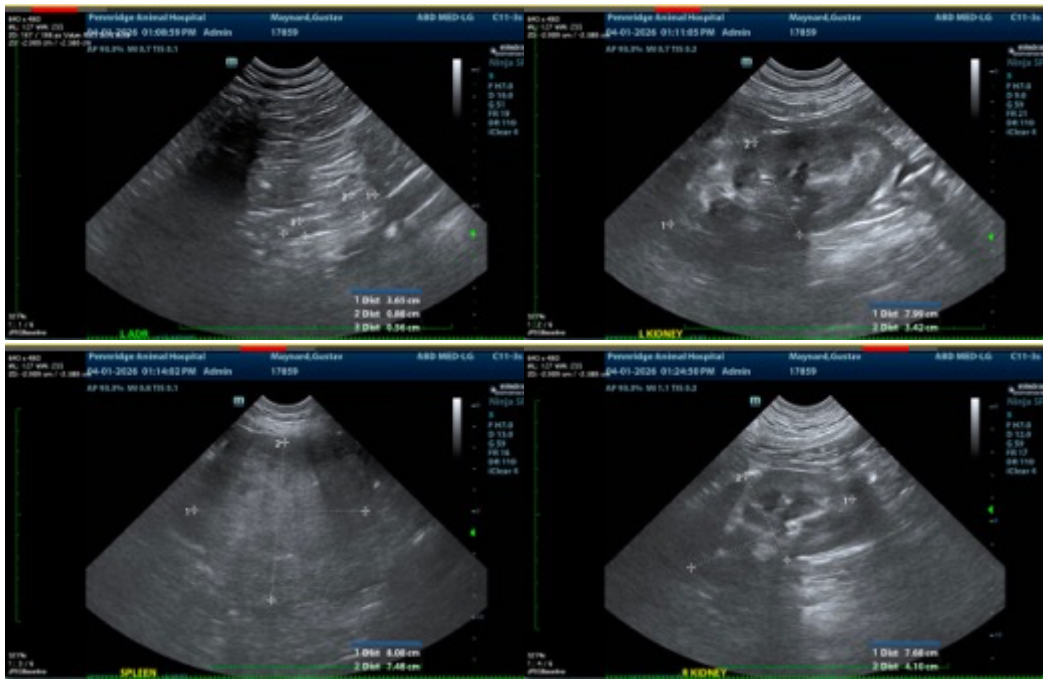
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Fine needle aspirates of the spleen are recommended if patient's coagulation status is appropriate.

In the meantime, additionally, if not recently evaluated, 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 ration is recommended.

If patient is truly hypoglycemic versus lab error, or artifact, further workup for other contributing causes to the decreased appetite and weight loss may also be warranted. Including a baseline cortisol. If baseline cortisol is less than 2, a full ACTH stimulation test is recommended to rule out hypoadrenocorticism, paired insulin glucose ratio, etc.

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



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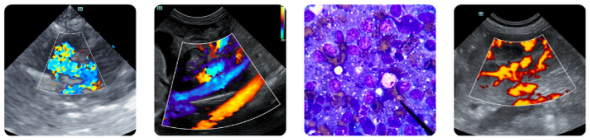

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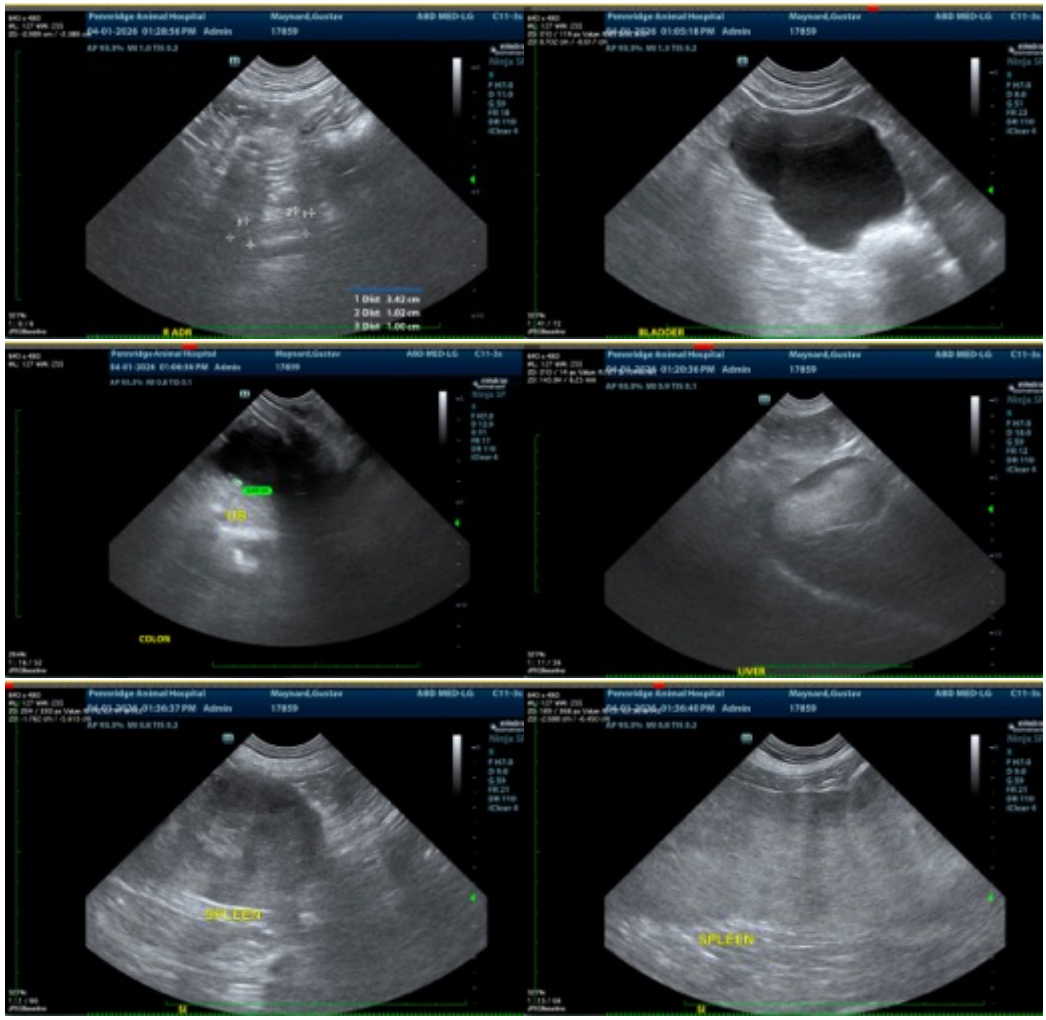

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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