



PATIENT

Buffy Happy Paws

SPECIES

Canine

BREED

Yorkie Mix

SEX

Spayed Female

AGE

12 Years

WEIGHT

13.1 Pounds

INTERPRETED BY

Beth Johnson, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Sheldon

HOSPITAL NAME

Advanced PetCare of
Oakland

REFERRING VET

Dr. Sheldon

INVOICE

36591

DATE

4/13/26

PRESENTING CLINICAL SIGNS

History: Has been with the rescue for about 2 months. Was spayed about 2 months ago. Has multiple firm 2-3 mm mammary masses in her caudal mammary glands. She has alopecia/hyperpigmentation involving about 70 % of her trunk. Non-pruritic. She has polyuria and polydipsia. Bloodwork and UA unremarkable. SG 1.030. Urine cortisol creatinine normal.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

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 mineral or infarcts observed. The left kidney measures 4.41 cm. The right kidney measures 3.88 cm. Trace pyelectasia is present bilaterally.

Adrenal Glands

Left adrenal gland is normal in size (0.36 cm at cranial pole and 0.3 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (0.34 cm at cranial pole and 0.36 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

The spleen contains an approximately 2.2 cm x 2.7 cm in size, mildly heterogenous, largely isoechoic, expansive mass, originating mid spleen.

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.

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.



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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

Primary Findings

- Given the patient's history, the splenic mass described above could represent infiltrative neoplastic disease, including potentially a metastatic nodule/mass. Having said that, benign extramedullary hematopoiesis, hematoma, other, can't be ruled out without tissue sampling.

Secondary Findings

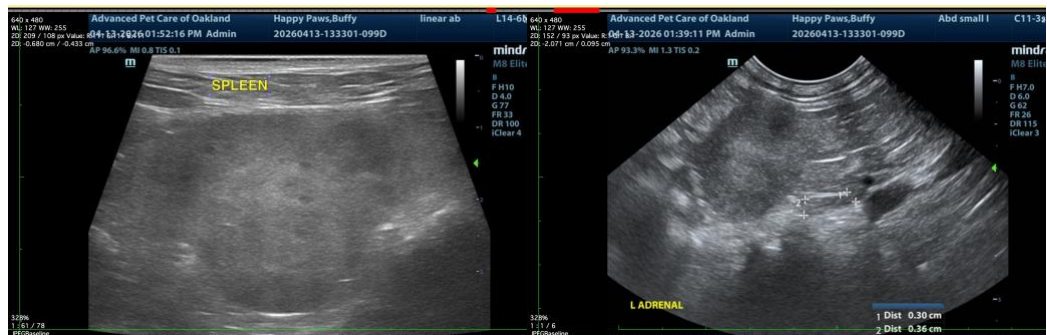
- Age-related kidney changes with trace bilateral pyelectasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the splenic mass, combined with patient's reported history of mammary masses, 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 mass is recommended if patient's coagulation status is appropriate.

Given patient's reported polyuria/polydipsia, it's a little bit atypical with a urine specific gravity of 1.030, if the sediment is otherwise quiet. Therefore, quantification of patient's daily water intake is recommended, if not already evaluated, to definitively identify true polydipsia versus a subjective concern.





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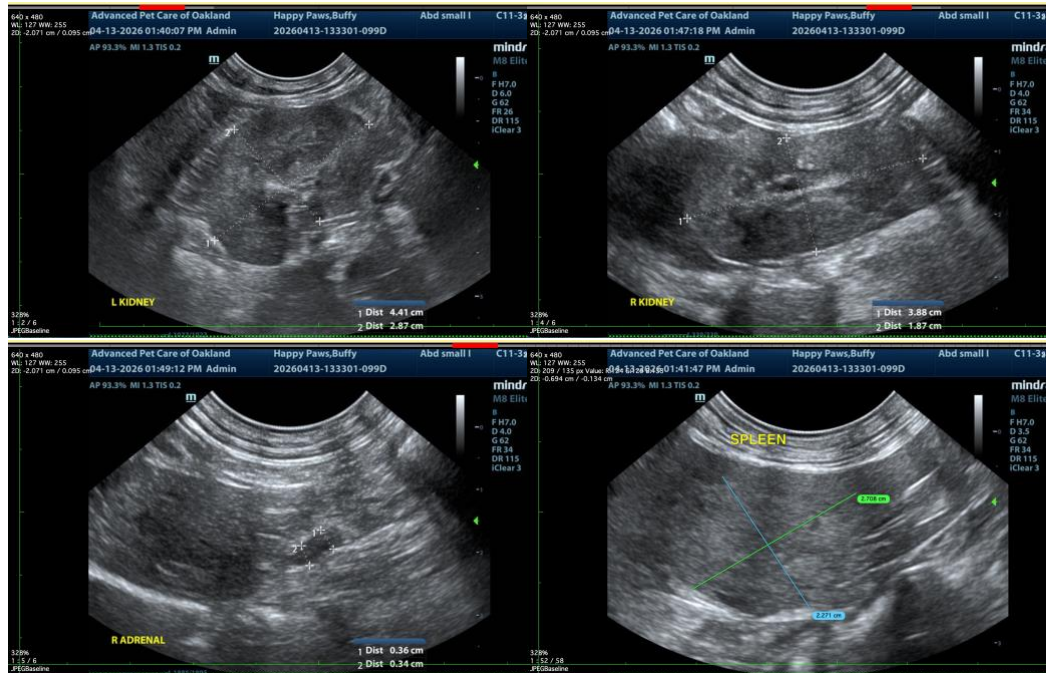
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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