



PATIENT

Matilda Soler

SPECIES

Canine

BREED

Dachshund

SEX

Female Spayed

AGE

12Y

WEIGHT

10.8lbs

INTERPRETED BY

Beth Johnson, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Gabriel Ferrer
DVM

HOSPITAL NAME

Pulse Pet Ultrasound
Services

REFERRING VET

Dr. Ernesto Casta

INVOICE

74564

DATE

4-13-26

PRESENTING CLINICAL SIGNS

Px presented as a referral for an abdominal ultrasound due to a splenic mass being observed on radiographs. Px originally visited rDVM due to back pain, rads were performed and a splenic mass was observed. No vomiting, diarrhea, lethargy, inappetence, or any abnormal behavior at the moment as per owner. Px is utd on heartworm preventatives, not utd on vx. Px is not currently on any Mx. A focal echocardiogram was performed, and no pericardial effusion or mass were observed in the heart. Abnormal PE/Chem/CBC/UA Results: Bloodwork and radiographs attached below for your reference

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The 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.

The right kidney is normal is size (4.81 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 pyelectasia, mineral or infarcts observed.

The left kidney is normal is size (5.4 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 (0.44 cm at cranial pole and 0.38 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.39 cm at cranial pole and 0.46 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

The 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). The spleen contains at least one large, if not two, separate expansive capsule disrupting heterogeneous cavitated masses measuring 6.5+ cm in diameter. 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 except for in the left lateral caudal liver where there is an approximately 2.2 cm in diameter mildly heterogeneous hypoechoic nodule/mass. 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.



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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 observed pancreas appears appropriately isoechoic to surrounding omental fat. The capsule is mildly irregular in shape. Parenchyma is mildly heterogenous and coarse. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is a mild amount of anechoic free fluid noted in these images.

Adjacent to the large splenic mass are several subtle hypoechoic densities that could represent adjacent lymph nodes vs extensions of the mass.

The visible heart base (RA) and pericardium are unremarkable without obvious pathology noted in these images at this time. If cardiac function evaluation is desired, a full echocardiogram is recommended.

ULTRASONOGRAPHIC FINDINGS

Primary

- The splenic mass/masses are concerning for infiltrative neoplasia such as sarcoma vs round cell neoplasia vs other especially given the concurrent free fluid. Having said that, benign process or processes such as cysts, hematomas, extramedullary hematopoiesis, etc., cannot be ruled out without tissue sampling.
- Similarly, the liver nodule could represent the same process/metastatic nodule or mass, other unrelated infiltrative neoplasia or a benign hematoma, abscess, hepatoma/adenoma, other, cannot be ruled out without tissue sampling.

Secondary

- 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.
- Pancreatic age-related remodeling/Chronic pancreatitis – Mild irregularities are consistent with benign age-related change. Low-grade smoldering chronic pancreatitis cannot be ruled out and should be suspected in the face of appropriate clinical signs.



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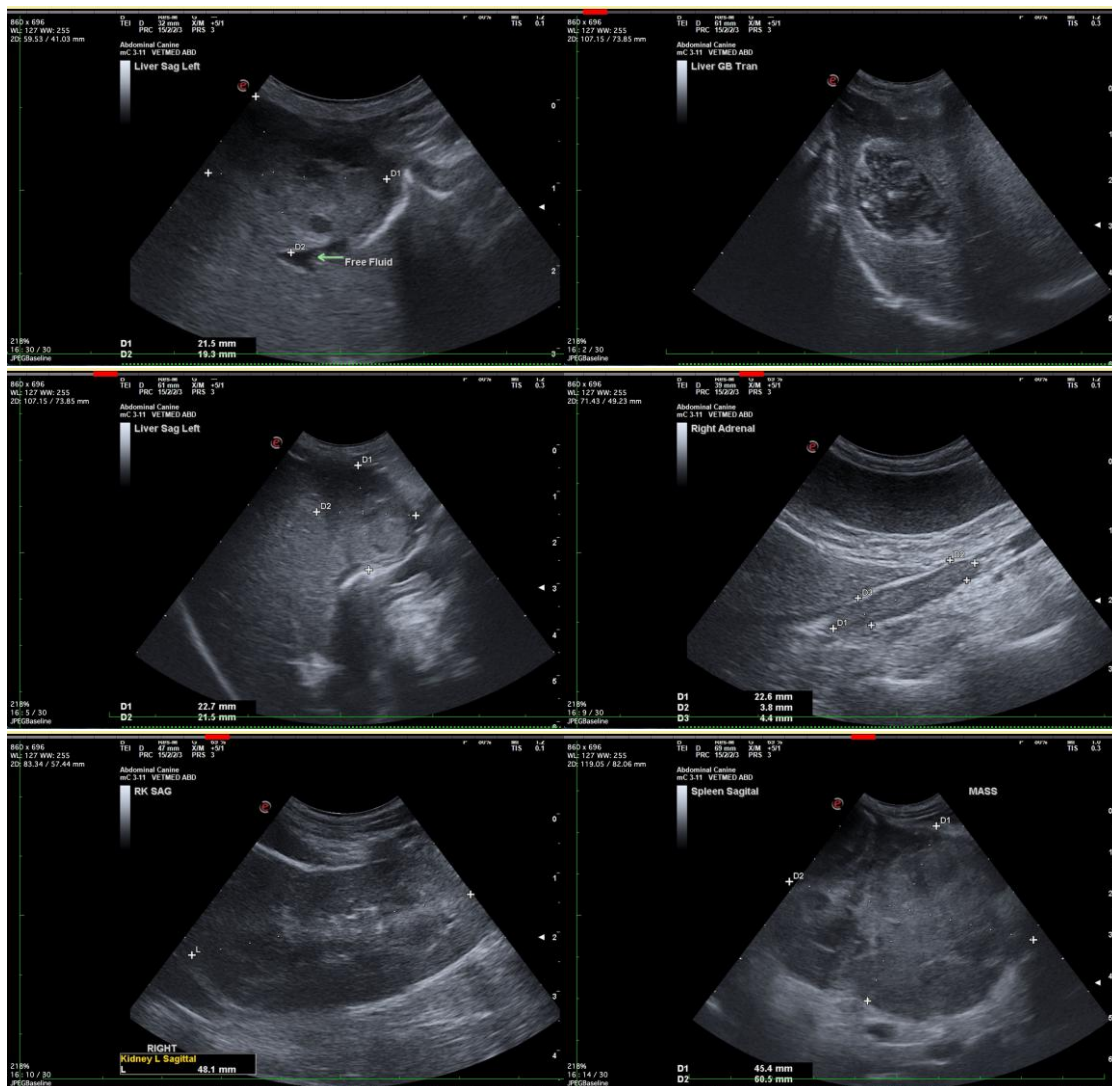
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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.

FNA of the splenic mass and liver nodule could be considered if patient's coagulation status is appropriate.

Alternatively, or if a cytologic diagnosis is unable to be obtained, especially given the concern that one or several of these masses could be bleeding, an exploratory laparotomy for planned splenectomy and liver lobectomy/excisional biopsy of the liver mass may be appropriate.





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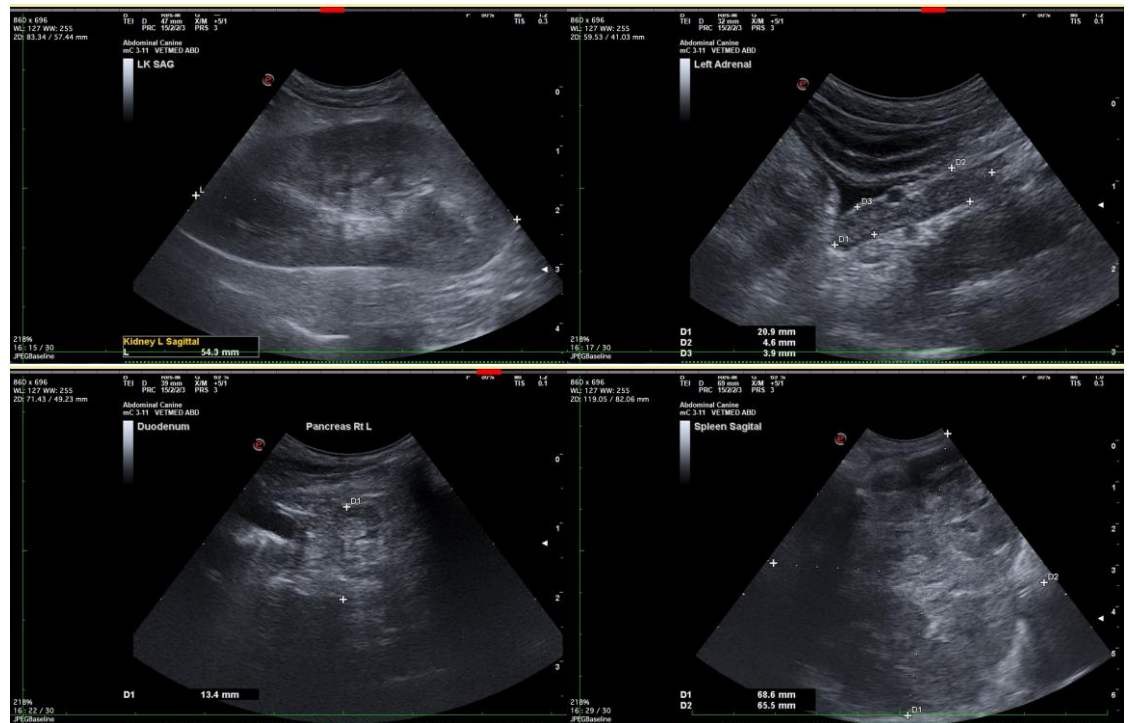
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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