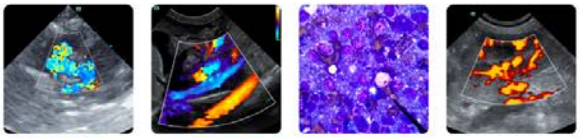


SonoPath www.carolinavetmobile.com
info@carolinavetmobile.com 800.808.5948

PATIENT
Reese Mathis

SPECIES
Canine

BREED
Lab Retriever

SEX
Neutered Male

AGE
11 Years

WEIGHT
72.3 lbs

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
Kathleen Byrnes

HOSPITAL NAME
Shallowford Animal Hospital

REFERRING VET
Dr. Eads

INVOICE
74414

DATE
4/14/26

PRESENTING CLINICAL SIGNS

P presented for diarrhea and decreased appetite, Rads showed possible mass in cranial abdomen
Abnormal PE/Chem/CBC/UA Results: HCT 24, WBC 16, Neut 12,800, Chem ALT 273, ALP 447

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.

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

The right kidney is normal is size (7.18 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 (7.78 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 (0.48 cm at cranial pole and 0.58 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.73 cm at cranial pole and 0.59 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

The spleen contains an approximately 7.0 cm in diameter, heterogeneous, largely cavitated, capsule disrupting mass, as well as multiple similar appearing smaller masses of varying sizes throughout the remaining parenchyma.

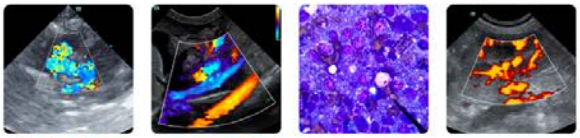
Liver

The liver is subjectively mildly enlarged due to similar appearing multifocal hypoechoic cystic and cavitated nodules/masses throughout the parenchyma.

The 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 a small to moderate amount of echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.



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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 a very large amount of echogenic appearing free fluid in these images.

In the cranial abdomen there are multifocal coarse, hypoechoic, and some cystic/cavitated densities throughout the omentum/mesentery. Lymph nodes versus nodules is unable to be differentiated.

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

- The multifocal cavitated disease including the spleen, liver, mesenteric nodules, etc. is concerning for infiltrative and metastatic neoplasia such as sarcoma versus round cell neoplasia versus other, especially in the face of free fluid. Having said that, ultrasound can't determine whether the same pathology is affecting all of the areas described above versus separate etiologies and/or if all the changes are in fact malignant, with other differentials including cysts, hematomas, extramedullary hematopoiesis, diffuse benign infectious disease, etc.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

While a benign process can't be ruled out without tissue sampling, it is considered less likely than diffuse malignant, potentially metastatic neoplasia. Therefore, recommendations include:

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.

Tissue sampling is recommended. Fine needle aspirates of the spleen, liver, mesenteric nodules/lymph nodes as well as sampling of the free abdominal fluid could all be considered if patient's coagulation status is appropriate. Pending results, if elected, consultation with a veterinary oncologist may be warranted to further discuss treatment options, given the unlikely ability to remove all of the visibly abnormal tissue.

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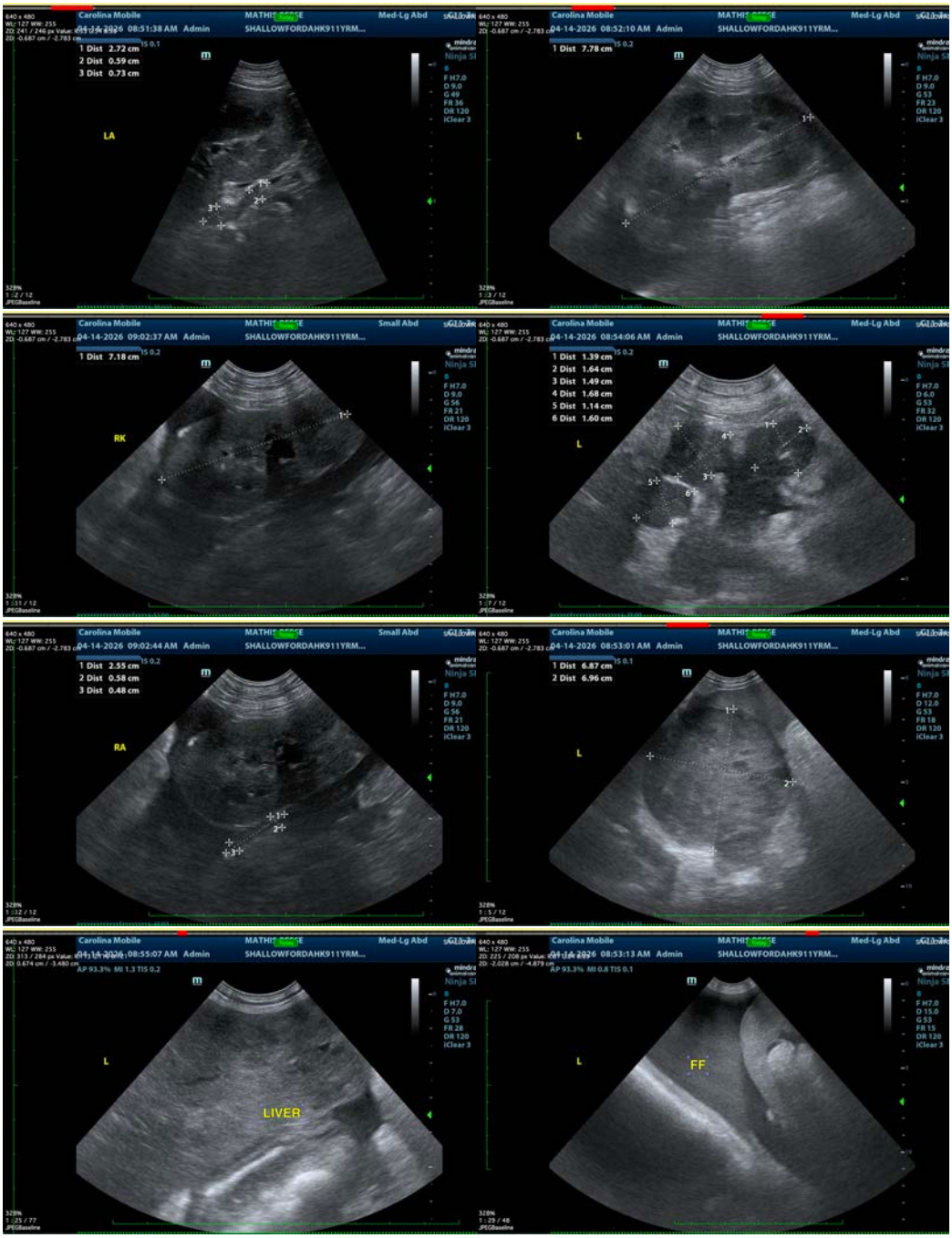

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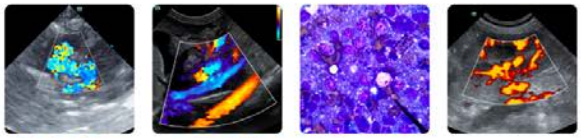

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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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