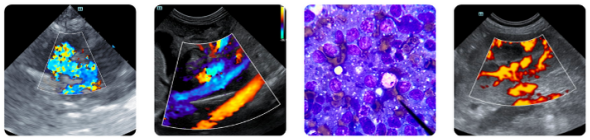


PATIENT

Ruby Staykov

SPECIES

Canine

BREED

Australian Shepherd Mix

SEX

FS

AGE

13 years

WEIGHT

43.9 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Justin Eckenrode

HOSPITAL NAME

Carlisle Small Animal VC

REFERRING VET

Dr. Juel Shamitko

INVOICE

11728

DATE

4/16/2026

PRESENTING CLINICAL SIGNS

O noted significant decrease in energy level and mobility in the last 2 weeks. 4/12 O thought they felt swelling on ventral chest, but morning of 4/13 was no longer present and front left limb edema noted. No known medication or plant ingestions and no recent vaccinations. P still has a good appetite and drinking normally per O. Normal urination per O and normal formed stools. Historically 4Dx negative - not checked since 8/2025. Primary concern or rule out: bleeding neoplasm vs bleeding ulceration vs primary IMHA/IMTP vs other/infectious.

Abnormal PE/Chem/CBC/UA Results: RBC 3.62 (5.84L); Hematocrit 27.9 (41.0%L); Hemoglobin 9.1 (14.6L); MCV 77 (76H); RDW 19.5 (19.0 %H); Reticulocytes 387 (140H); Lymphocytes 0.918 (0.98L); Nucleated RBCs 55 (0 - 2 per 100 WBC); Platelets 36 (120L) - manual platelet estimation approximates a baseline count of 28.5 K/uL BUN 32 (31H); ALT 92 - WNL; ALP 241 (160H); Bilirubin - Total 0.6 (0.3H) ; Bilirubin - Unconjugated 0.4 (0.2H); Bilirubin - Conjugated 0.2 (0.1H); Cholesterol 286 - WNL; Amylase 1,597 (1,469H) USG 1.019; NSF otherwise on UA.

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 (5.6 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 (6.1 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

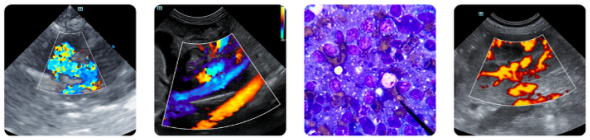
The right adrenal gland is normal in size (1.1 cm at cranial pole and 0.64 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.69 cm at cranial pole and 0.82 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). Multifocal well-demarcated hyperechoic homogenous nodules are noted. Splenic vasculature appears normal. Additionally, there are several discrete homogenous non-capsular disrupting hypoechoic nodules ranging approximately 1.0 cm in diameter noted throughout the parenchyma.

Liver



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Liver is subjectively enlarged with mildly irregular margins. Parenchyma is moderately heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. Visible vasculature and biliary tree appear normal without distension or congestion. Focally, in the mid to right cranial liver is an approximately 7.4 cm x 6.9 cm mixed partially cavitated mass. In one view there is a slightly more solid but still mildly heterogenous appearing mass of similar size measuring 6.6 cm x 7.6 cm in size. It's difficult to say whether this is a separate or second mass. A different view of a more solid portion of the same mass, or potentially even a heterogenous, rounded liver lobe given the concurrent diffuse changes.

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 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 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 focal liver mass is concerning for infiltrative neoplasia such as a sarcoma versus hepatocellular carcinoma versus other. Having said that, a large cyst or even given patient's coagulation status, a hematoma, abscess, other benign inflammatory lesion can't be ruled out without tissue sampling.

- Similarly, the hypoechoic splenic nodules described above could represent infiltrative neoplastic or metastatic nodules but benign cysts, hematomas, extramedullary hematopoiesis, etc. are equally likely and can't be differentiated without tissue sampling.

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.

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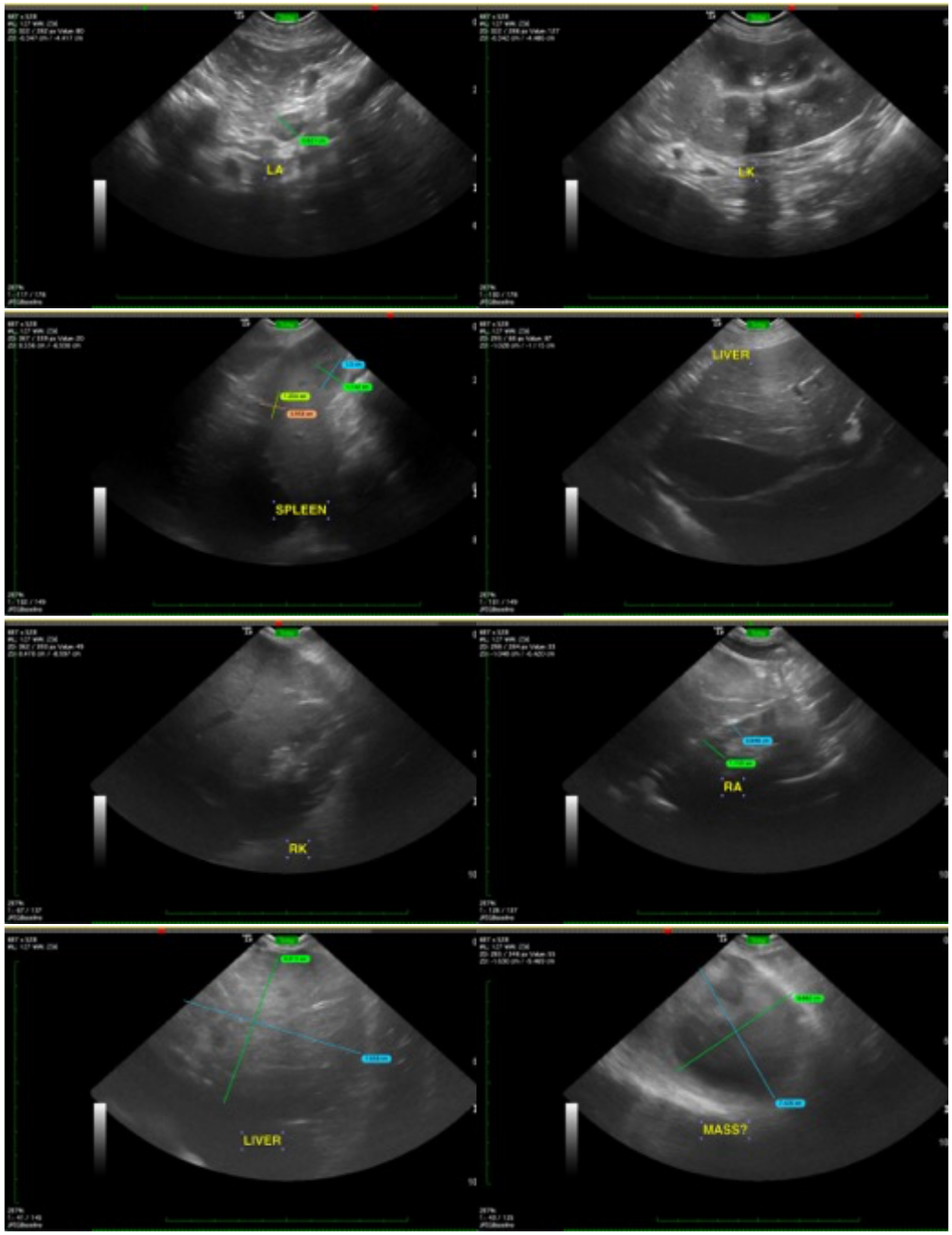
Fine needle aspirates of the liver mass and spleen could be considered if patient's coagulation status is or becomes appropriate.

Treatment recommendations are ultimately dependent on results of tissue sampling when and if possible but will likely need to include the suspected concurrent red blood cell and platelet destruction or loss.



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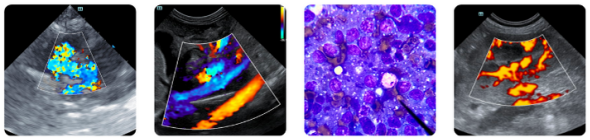

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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