



PATIENT PRESENTING CLINICAL SIGNS

Patient: Prim Walker
Species: Canine
Breed: Pug x
Sex: Spayed Female
Age: 12 Years
Weight: 13.72 kg

Very large, 18x 14 cm abdominal mass found in 1 latera radiograph. Not eating much, diarrhea for the last week. Exam: BAR, CRT <2, MM pink, moist, Heart rate 100 bpm, no murmur or arrhythmia, normal bronchovesicular sounds, marked distended ventral abdomen.

Current Medications: Gabapentin 100mg PO BID

Abnormal PE/Chem/CBC/UA Results: BW not run today BW from November 2025: Mild increase reticulocytes 185.6 (21.0-140), mild decrease hemoglobin 142 (146-217) and retic hemoglobin 19.8 (23.8-28.3), ALP 169 (5-160) Radiographic Findings Very large, 18x14 cm abdominal mass found in 1 lateral radiograph, ventral abdomen, rule out splenic versus liver mass Primary Question to Be Answered in This Exam Trying to confirm if splenic or not, appearance of mass, and if any signs of metastasis to liver or heart to suggest/support a hemangiosarcoma before trying to refer for surgery.

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 (5.0 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 mineral or infarcts observed. Trace pyelectasia is noted.

The left kidney is normal is size (5.2 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 mineral or infarcts observed. Trace pyelectasia is noted.

Adrenal Glands

The adrenal glands are unable to be well visualized in these images.

Spleen

In the left to mid abdomen extending from just caudal to the liver all the way to the urinary bladder and adjacent to both kidneys is a large (difficult to obtain accurate measurement because the whole mass is difficult to see in one view), 10.0+ cm x at least 11.0+ cm, mildly heterogeneous, hypoechoic mass with a cystic/cavitated center that appears to originate from the spleen.

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.

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.

INTERPRETED BY

Beth Johnson, DVM
 DACVIM

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Main Street Animal Hospital

REFERRING VET

Dr. Brochu

INVOICE

74140

DATE

4/2/26



PATIENT

Prim Walker

SPECIES

Canine

BREED

Pug x

SEX

Spayed Female

AGE

12 Years

WEIGHT

13.72 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Main Street Animal
Hospital

REFERRING VET

Dr. Brochu

INVOICE

74140

DATE

4/2/26

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 a trace amount of anechoic free fluid adjacent to the mass.

There is no apparent pathologic lymphadenopathy noted in these images.

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

- Suspect large splenic mass – Concerning for infiltrative neoplasia such as sarcoma versus other, especially given the trace concurrent free fluid. Having said that, a benign hematoma, extramedullary hematopoiesis, other can mimic malignancy and cannot be ruled out 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.

A fine needle aspirate of the spleen could be considered if patient's coagulation status is appropriate.

Having said that, given the size of the mass as well as the possibility for hemorrhage from even a benign mass, ultimately an exploratory laparotomy for planned splenectomy is recommended. There is no definitive ultrasonographically visible evidence of concurrent intraabdominal disease or metastatic disease, although, especially given the size of the mass, small lesions and/or microscopic metastatic disease cannot be definitively ruled out.



PATIENT

Prim Walker

SPECIES

Canine

BREED

Pug x

SEX

Spayed Female

AGE

12 Years

WEIGHT

13.72 kg

INTERPRETED BY

Beth Johnson, DVM
 DACVIM

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Main Street Animal
 Hospital

REFERRING VET

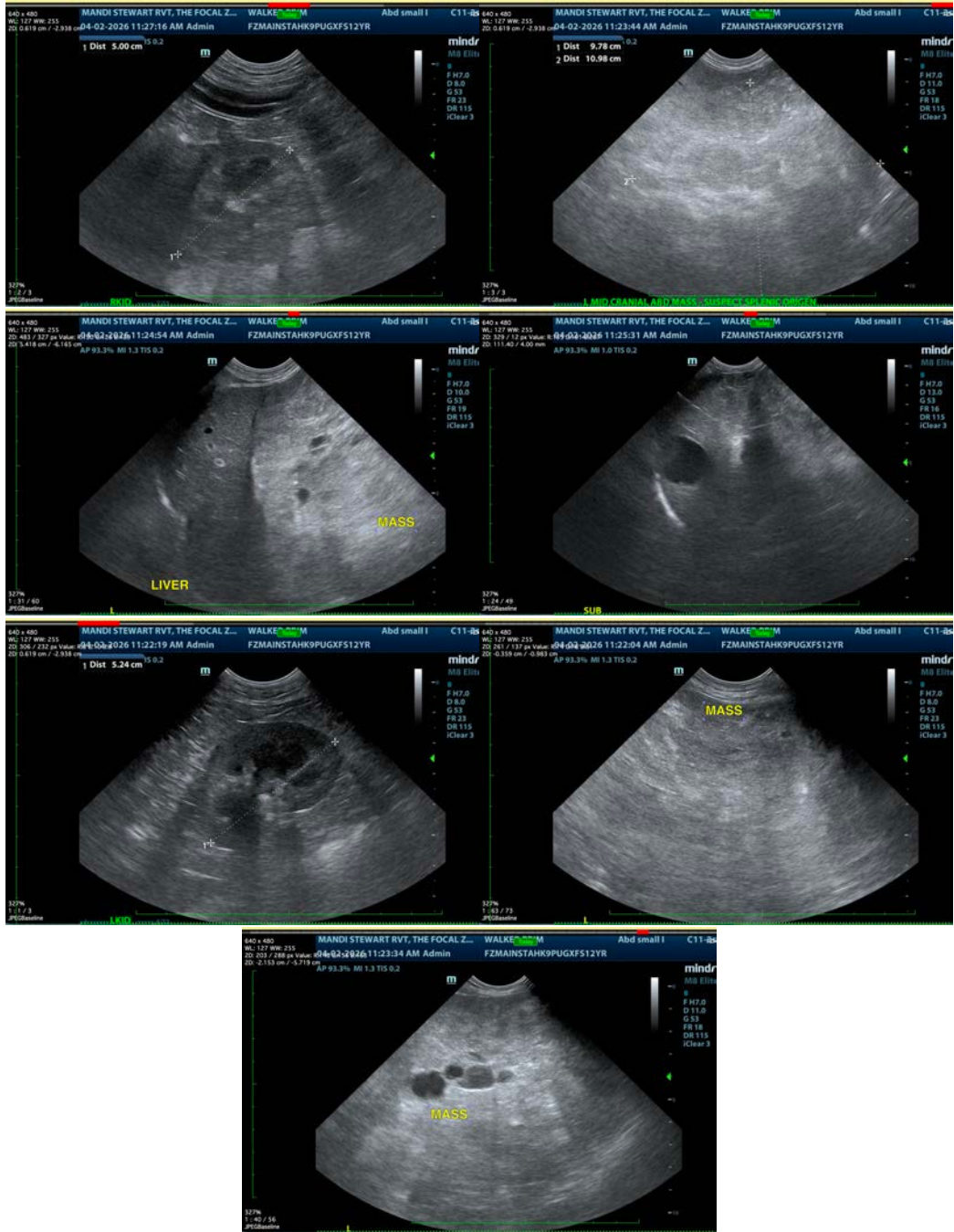
Dr. Brochu

INVOICE

74140

DATE

4/2/26





PATIENT

Prim Walker

SPECIES

Canine

BREED

Pug x

SEX

Spayed Female

AGE

12 Years

WEIGHT

13.72 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Main Street Animal
Hospital

REFERRING VET

Dr. Brochu

INVOICE

74140

DATE

4/2/26

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