

PATIENT

Aurora Nixon

SPECIES

Canine

BREED

Rhodesian Ridgeback

SEX

FS

AGE

12Y

WEIGHT

35.4kg

INTERPRETED BY

Beth Johnson, DVM,
 DACVIM (SAIM)

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Westoak Animal
 Hospital

REFERRING VET

Kohlmaier

INVOICE

74673

DATE

4-20-26

PRESENTING CLINICAL SIGNS

Splenectomy July 2025 with large mass attached presented this week for poor appetite and vomiting, some coughing, lethargy and various new growths/swellings on skin

Rads revealed mass effect in abdomen, skin lumps are mast cell. Has been on Cerenia and Prednisone
 Abnormal PE/Chem/CBC/UA Results: Please see attached rads

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.

Left kidney is normal in size (6.48 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.

Right kidney is normal in size (6.76 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 adrenal glands are unable to be well visualized in these images.

Spleen

The spleen has reportedly been previously removed.

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.

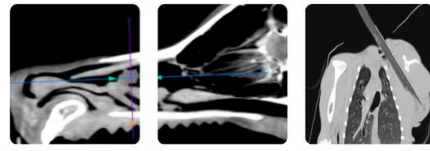
Gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

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.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.



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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 moderate to large amount of free fluid noted in these images as well as diffusely hyperechoic clumped mesentery and omentum with multifocal hypoechoic densities/potentially nodules throughout the free abdomen.

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

- A large amount of free fluid and almost nodular appearing omentum and mesentery are concerning for infiltrative neoplasia potentially metastatic disease vs other. Having said that, a benign inflammatory process or other pathologic cause for the fluid cannot be ruled out without additional information.
- Spleen has previously been removed.

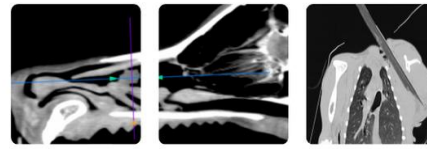
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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.

Sampling of the free abdominal fluid is recommended if patient's coagulation status is appropriate.

If a diagnosis is not obtained from the fluid, sampling of some of the more solid appearing portions of the free abdominal changes could be considered if patient's coagulation status is appropriate. Ultimately, if there is any possible way to get more information about the spleen/recheck or recuts, etc., that too may be helpful.

Other than supportive/symptomatic medical management of clinical signs, further treatment recommendations are largely dependent on results of the above.



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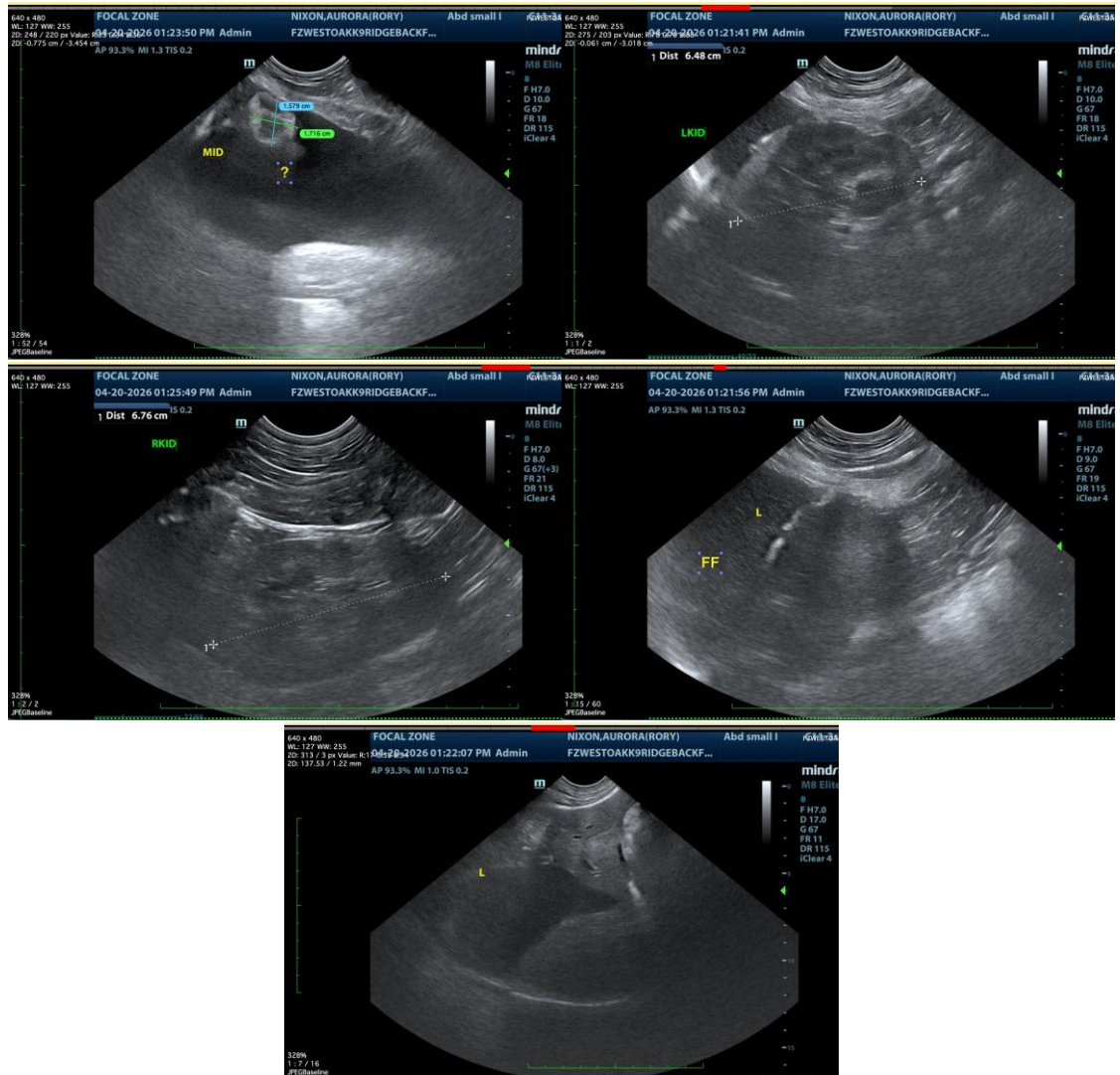
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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