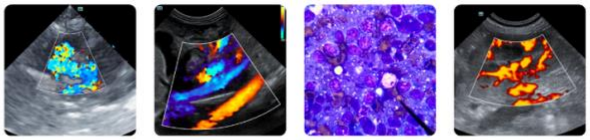


PATIENT

JJ Baumann

SPECIES

Canine

BREED

Australian Shepherd

SEX

Spayed Female

AGE

5 Years

WEIGHT

33.5

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Jenny Russell

HOSPITAL NAME

Southwest Texas VMC

REFERRING VET

Dr. Brianna Stofas

INVOICE

36663

DATE

4/20/26

PRESENTING CLINICAL SIGNS

History: Patient presented for a mass on her neck, tense abdomen. Gone to a different vet for vomiting where the vet noticed the mass on neck and took rads of mass and abdomen. That veterinarian gave cerenia, prednisone, and dex injection.

Abnormal PE/Chem/CBC/UA Results: 04/17 Submandibular LN bilateral, left larger than right. FNA: reactive LN, no other LN enlarged at this time. MM dry and pale. POCUS no free fluid. 4Dx: Neg, Lepto Neg, Fecal Neg, Giardia Neg CBC: mild anemia (HCT 33) Thrombocytopenia (14) Moderate Lymphocytosis, Monocytosis Chem: SDMA 20, Potassium 3.3, Chloride 105, ALT 602, ALP 742 Hospitalization plan: IV fluids, Ampsulbac BID, Doxycycline 200 mg SID, Prednisone 20 mg 1.5 BID, Fluconazole 200 mg SID, Entyce. Ate well and bright over weekend, planned to send home. 04/19 CBC: Moderate anemia 19.7, severely elevated neutrophils, lymphocytes, and monocytes Slide agglutination negative macro and micro 04/20-04/21 PCV maintaining around 22.

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 (5.03 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. Trace pyelectasia is noted.

Right kidney is normal in size (5.83 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. Trace pyelectasia is noted.

Adrenal Glands

Left adrenal gland is normal in size (0.27 cm at cranial pole and 0.38 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

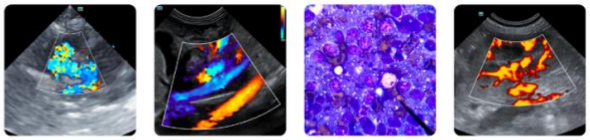
Right adrenal gland is normal in size (0.54 cm at cranial pole and 0.44 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

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). No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

Liver is subjectively enlarged (swollen contour) with a diffusely mildly coarse architecture and subtly increased portal markings. Mildly mixed echogenic changes are noted diffusely. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.



PATIENT

JJ Baumann

SPECIES

Canine

BREED

Australian Shepherd

SEX

Spayed Female

AGE

5 Years

WEIGHT

33.5

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Jenny Russell

HOSPITAL NAME

Southwest Texas VMC

REFERRING VET

Dr. Brianna Stofas

INVOICE

36663

DATE

4/20/26

Gallbladder is non-distended in size. The gallbladder wall is thick and edematous characterized by an intramural hypo to anechoic rim or “double rim effect or halo sign”. 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 a very scant/trace amount of anechoic free fluid and suspect scant pleural effusion noted in the images near the diaphragm.

The mesenteric and medial iliac lymph nodes are enlarged with swollen irregular capsular contour and loss of normal length to width ratio (rounded in shape). Nodes are hypoechoic with loss of normal parenchymal detail.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Aggressive mesenteric and medial iliac lymphadenopathy- concerning for infiltrative round cell or metastatic neoplasia. A benign aggressive inflammatory response cannot be ruled out without tissue sampling +/- culture.
- An obvious cause for the subtle liver changes is not identified in these images. Microscopic disease such as Leptospirosis, bacterial cholangiohepatitis, chronic active hepatitis, copper-associated hepatotoxicity, other hepatotoxicity, other reactive hepatopathy, infiltrative neoplasia, etc. cannot be definitively ruled out.
- Gallbladder “halo sign”- GB wall edema is a non-specific change and can be seen with any underlying etiology (i.e., vasculitis, hypoalbuminemia, CHF, other) that results in edema, as well as immune-mediated disease, anaphylactic shock, other. Cholecystitis cannot be ruled out.

Secondary Findings

- Trace bilateral pyelectasia

PATIENT

JJ Baumann

SPECIES

Canine

BREED

Australian Shepherd

SEX

Spayed Female

AGE

5 Years

WEIGHT

33.5

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Jenny Russell

HOSPITAL NAME

Southwest Texas VMC

REFERRING VET

Dr. Brianna Stofas

INVOICE

36663

DATE

4/20/26

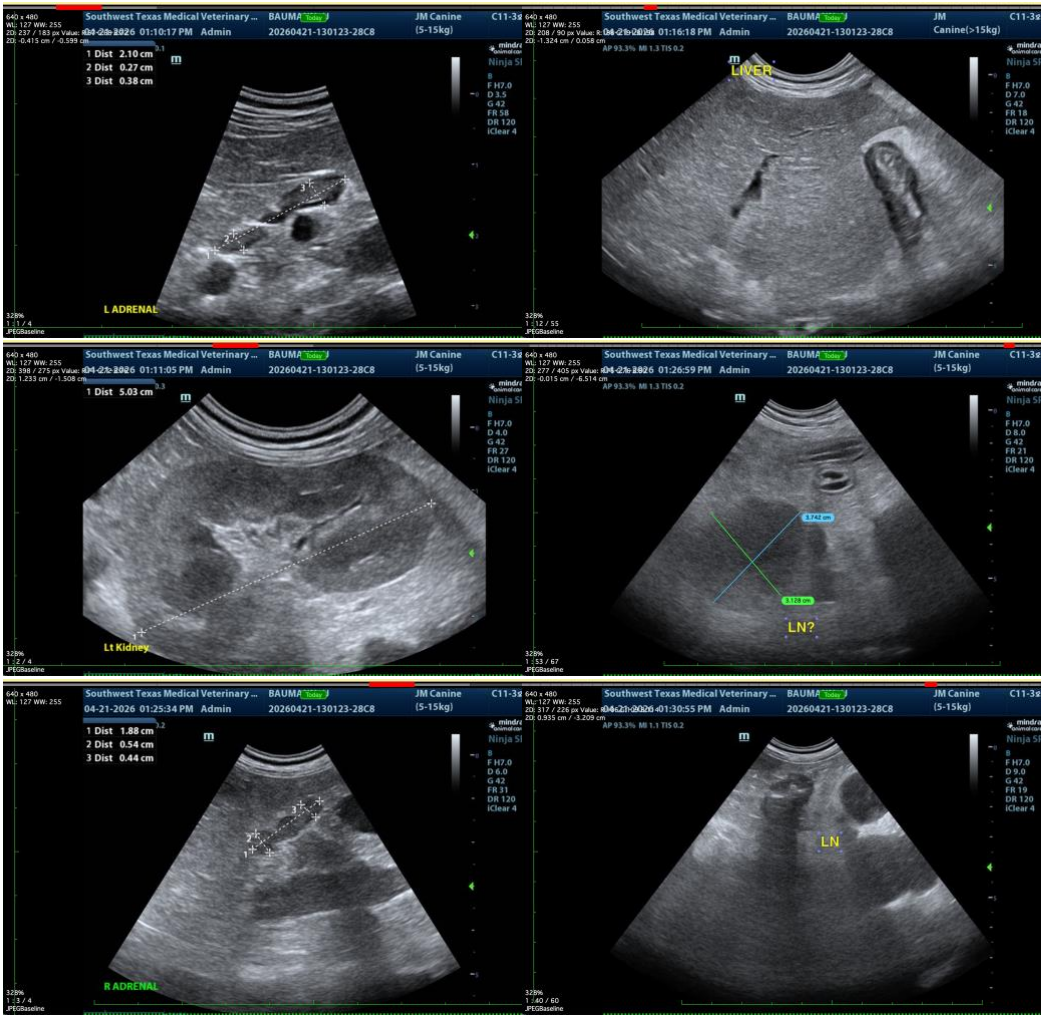
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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.

Ideally, tissue sampling would be considered, beginning with fine needle aspirates of the liver and the enlarged lymph nodes, if/when patient's coagulation status is appropriate.

In the meantime, looking for underlying infectious or infiltrative neoplastic diseases that could be contributing to a possible cell destruction, etc., is recommended. Therefore, comprehensive infectious disease evaluation is warranted, as is potentially bone marrow sampling.

As a less invasive alternative, initially, a pathology review of a CBC could also be considered.



PATIENT

JJ Baumann

SPECIES

Canine

BREED

Australian Shepherd

SEX

Spayed Female

AGE

5 Years

WEIGHT

33.5

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Jenny Russell

HOSPITAL NAME

Southwest Texas VMC

REFERRING VET

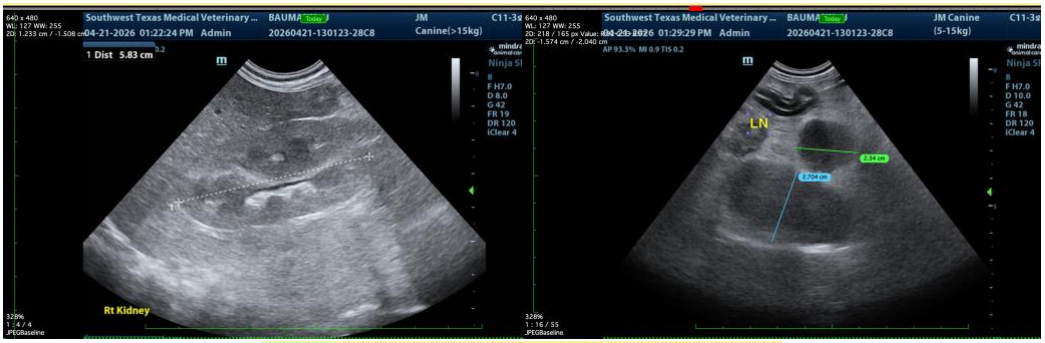
Dr. Brianna Stofas

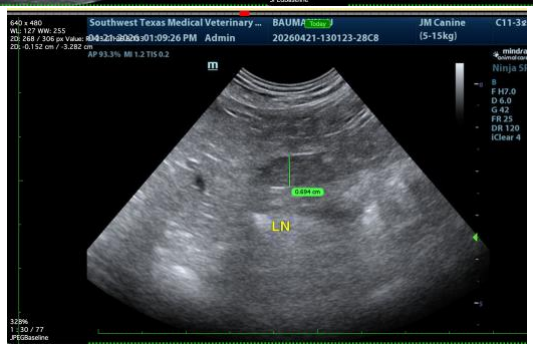
INVOICE

36663

DATE

4/20/26





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