PATIENT

Blitz White

SPECIES

Canine

BREED

Boston Terrier

SEX

MN

AGE

13 years 5 months

WEIGHT

19.5 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Pet Network Community Hospital

REFERRING VET

Dr. Nicole Cady

INVOICE

11629

DATE

4/6/2026

PRESENTING CLINICAL SIGNS

Diet Taste of the Wild salmon w/ badland ranch superfood and topper of Sierra tails Volume: SID with treats also. Medications (Supplements or preventatives): CBD chews at night, Hip & joint supplement. Incontinence dribbling and releasing bladder, eyesight and hearing loss concerns, BW, double check IVDD, Lump on R rear leg. Grade 4/6 heart murmur, O declines workup/tx. Mild ALT elevation and mild hepatomegaly.

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.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. Left kidney measures 4.83 cm and the right kidney measures 4.46 cm.

Adrenal Glands

The right adrenal gland is normal in size (0.6 cm at caudal pole, and the cranial pole is unable to be visualized in these images), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.46 cm at cranial pole and 0.6 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

Spleen is generally normal in size and shape with a smooth capsular contour. Parenchyma is diffusely nodular in appearance characterized by small discrete hypoechoic nodules. Splenic vasculature appears normal.

Liver

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.

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 gastric wall contains at least two intramural, hypoechoic densities measuring 1.0 cm x 2.0 cm in size, and 1.3 cm x 2.1 cm in size. The remaining wall is more normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease.

PATIENT

Blitz White

SPECIES

Canine

BREED

Boston Terrier

SEX

MN

AGE

13 years 5 months

WEIGHT

19.5 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Pet Network Community Hospital

REFERRING VET

Dr. Nicole Cady

INVOICE

11629

DATE

4/6/2026

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 mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction or foreign material noted.

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.

Medial iliac and cranial abdominal/gastric lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

PRIMARY FINDINGS

- The intramural gastric wall densities could represent infiltrative neoplasia such as round cell neoplasia i.e. lymphoma versus carcinoma, other. Having said that a benign inflammatory process or benign change such as leiomyoma, etc. cannot be ruled out without tissue sampling.
- Splenic micronodular hyperplasia pattern – This nodular change is often associated with benign aging nodular hyperplasia. Infiltrative neoplasia, however, including both early hemangiosarcoma as well as round cell neoplasia cannot be ruled out.
- Heterogenous Liver – These changes are most consistent with benign processes such as nodular hyperplasia, steroid (vacuolar) hepatopathy, extramedullary hematopoiesis or possibly chronic inflammatory disease and less commonly infiltrative round cell or metastatic neoplasia.
- Mildly to moderately reactive medial iliac and cranial abdominal/gastric lymph nodes – infiltrative neoplastic disease cannot be ruled out but is considered less likely.

SECONDARY FINDINGS

- Moderate age-related kidney changes.

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.

Fine needle aspirates of the spleen and liver, as well as the gastric wall, if it can safely be reached, are recommended if patient's coagulation status is appropriate. Additionally, aspirates of the reported lump on the right rear leg could also be considered. Incase it's all the same process such as mast cell

PATIENT

Blitz White

SPECIES

Canine

BREED

Boston Terrier

SEX

MN

AGE

13 years 5 months

WEIGHT

19.5 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Pet Network Community Hospital

REFERRING VET

Dr. Nicole Cady

INVOICE

11629

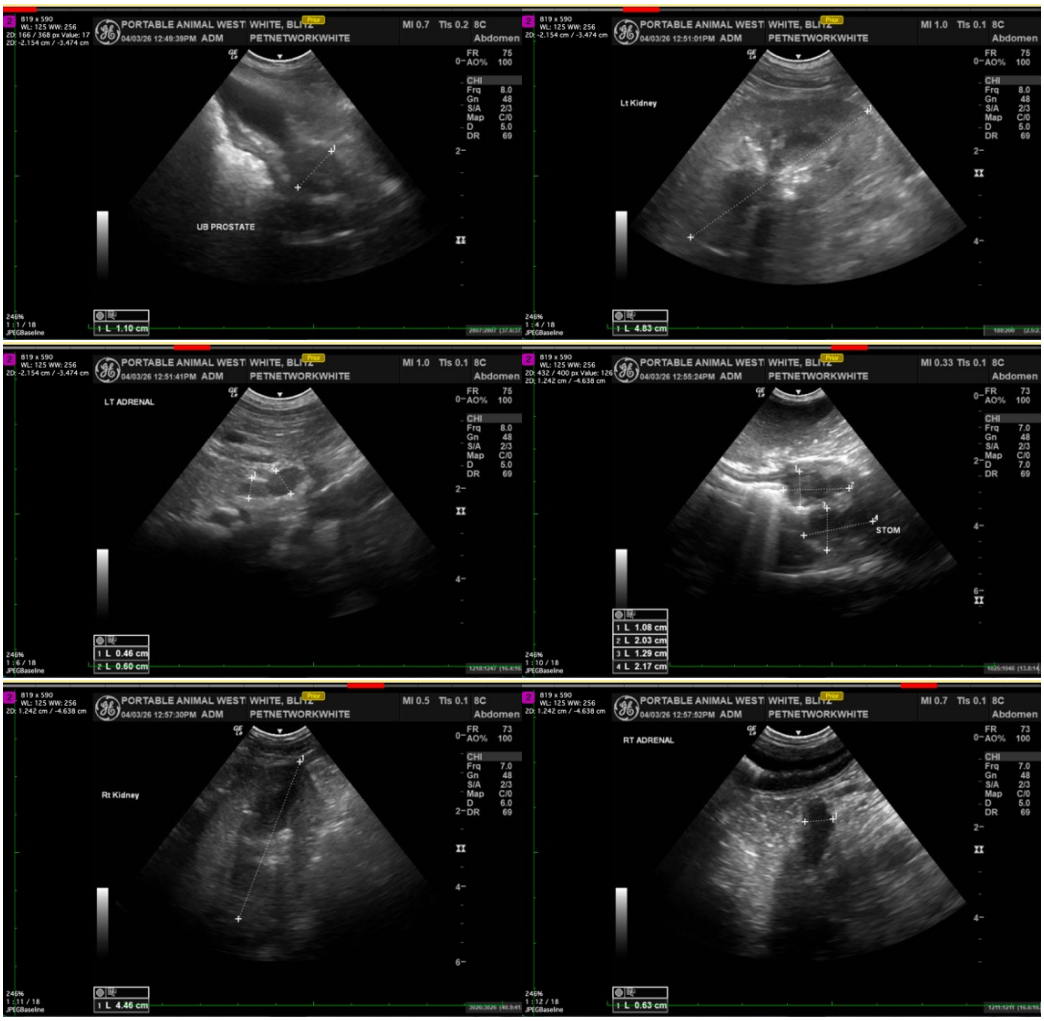
DATE

4/6/2026

tumor versus other.

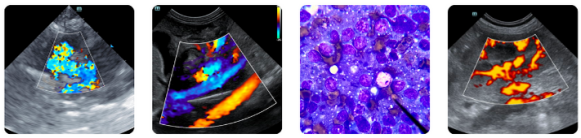
If not recently evaluated, urinalysis and, if indicated based on urinalysis results, urine culture is recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

Patient's reported urinary signs may or may not be related to the findings described above and the recommended workup, etc. and may warrant further orthopedic and/or neurologic assessment pending the results of above.



Imaging performed by

pawsonography@gmail.com
530-786-8340



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™
SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Blitz White

SPECIES

Canine

BREED

Boston Terrier

SEX

MN

AGE

13 years 5 months

WEIGHT

19.5 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Pet Network Community Hospital

REFERRING VET

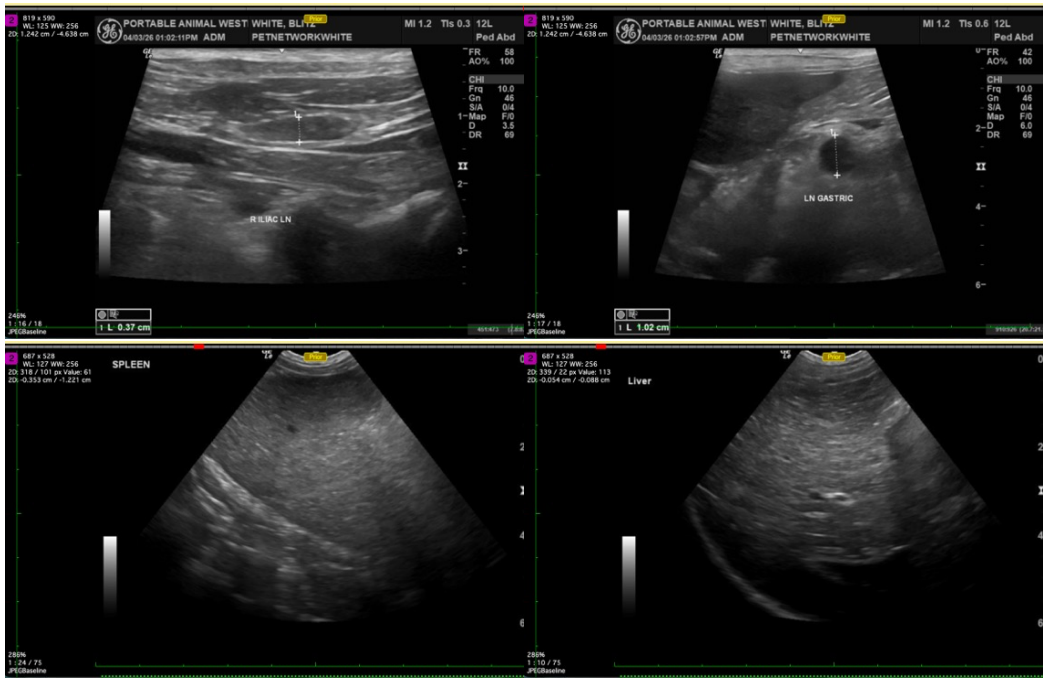
Dr. Nicole Cady

INVOICE

11629

DATE

4/6/2026



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