

PATIENT

Maverick Catalina

SPECIES

Canine

BREED

Golden Retriever

SEX

Male

AGE

10

WEIGHT

87

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Keisha Smitley CVT

HOSPITAL NAME

Geary Veterinary
Services

REFERRING VET

Dr. Curtis Geary VMD

INVOICE

14934

DATE

04/08/26

PRESENTING CLINICAL SIGNS

Patient presented on 04/06 for falling over. Owner reports patient is doing well since splenectomy in November of 2025. Patient is not doing well and declining rapidly.

Abnormal PE/Chem/CBC/UA Results: Gums are very pale CBC done: HCT on 04/06 was 21.1% Today 04/08 HCT is Liver Values are elevated (ALT and ALKP) No bilirubin elevation in blood or urine. Labwork is attached X-Rays Taken - no masses seen in chest.

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.

The prostate is unable to be well visualized in these images.

Left kidney is normal in size (7.26 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 (6.37 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 previously been removed.

Liver

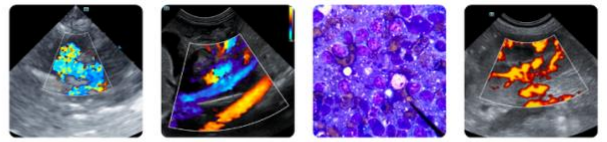
Liver is subjectively largely normal in size but contains mildly to moderately irregular margins as a result of multifocal mixed hypo- to anechoic nodules/masses of varying sizes throughout the parenchyma. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder is unable to be well visualized/differentiated from the marked degree of pathology in the area.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with very echogenic reverberation artifact from intraluminal gas. There is no evidence of obstruction, foreign material or infiltrative disease; however, complete visualization of far wall is partially inhibited by gas. 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 mildly distended with very



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echogenic reverberation artifact from intraluminal gas. There is no evidence of obstruction, foreign material, or infiltrative disease; however, visualization is partially inhibited by gas.

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 large amount of variably echogenic appearing free fluid.

There is no apparent pathologic lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

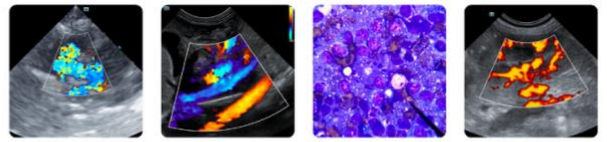
- The nodular appearance to the liver is concerning for infiltrative neoplasia, potentially metastatic neoplasia versus other. Having said that, a benign infectious or inflammatory process, while thought less likely, can't be definitively ruled out without tissue sampling. The diagnosis from the previous splenectomy may be helpful in interpreting this change.
- A very large amount of free fluid- Free fluid is of unknown origin. Differentials (unless already ruled out) could include increased hydrostatic pressure (cardiac disease and/or vascular or lymph blockage), decreased oncotic pressure (low albumin), vasculitis, paraneoplastic fluid, rupture/leakage of/from an organ (GI, GB, UB, other), blood (hemoabdomen), other.
- Spleen has been reportedly previously removed.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

As is reportedly already pending, fine needle aspirates of the liver are recommended if patient's coagulation status is appropriate.

Additionally, sampling of the free abdominal fluid for analysis and cytology could be considered.

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



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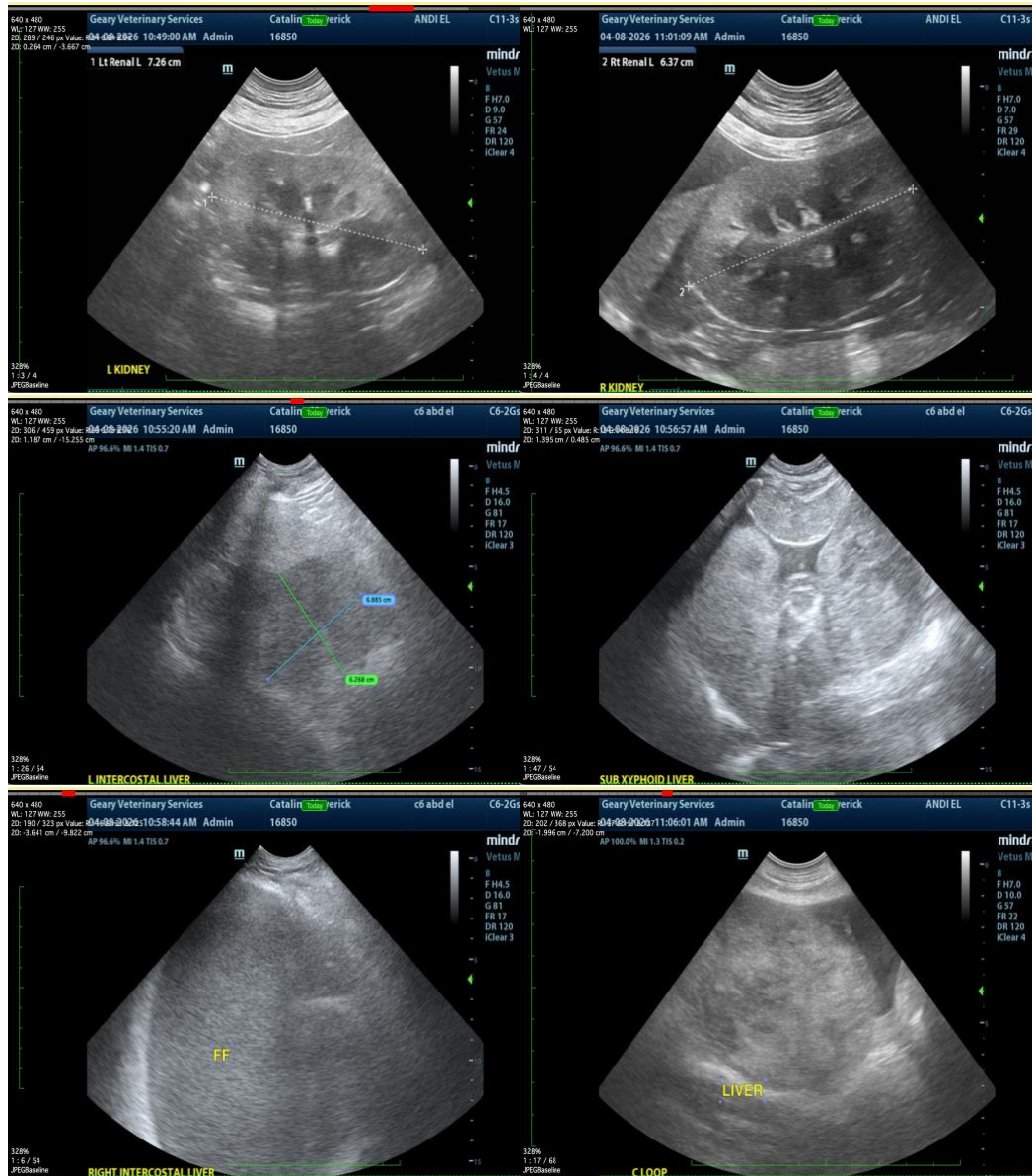
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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