



PATIENT

Ace Mauthe

SPECIES

Canine

BREED

Australian Shepherd

SEX

Neutered Male

AGE

12 Years

WEIGHT

72 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Amazon Park Animal
Clinic

REFERRING VET

Dr. Jones

INVOICE

74345

DATE

4/9/26

PRESENTING CLINICAL SIGNS

Presented on 3/202/26 for exam. The day before he was very lethargic, almost non-responsive. On exam, he was ambulatory, slightly pale mm. Mild weakness in rear legs. Soft non-painful abdomen.

We will send all lab work. Lab work on 3/20 showed markedly elevated ALT with mild to moderately elevated AST and ALP. TP also slight low. Mildly elevated PMN, and moderate anemia HCT 30%). Platelets low at 38,00, although in house blood smear showed adequate numbers. We repeated this panel on 4/2. HCT and PMN back to normal, platelets are still low. AST back to normal, ALT down considerably, ALP unchanged.

Current Medications: gabapentin 300 mg bid

Radiographic Findings: We will send 3 films - one of the thorax and two of the abdomen - the abdominal films do show poor detail in central abdomen

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.

are significantly enlarged in size (left kidney measured 7.32 cm, right kidney measured 6.81 cm) with increased cortical echogenicity and disruption of normal corticomedullary architecture caused by multifocal heterogenous (primarily hypoechoic) nodules. A hypoechoic subcapsular rim "halo" is present. The pericapsular area is enhanced by hyperechoic fat and mesentery. No mineral is observed.

Adrenal Glands

The right adrenal gland is unable to be well visualized in these images.

The left adrenal gland is normal in size (0.58 cm at cranial pole and 0.62 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

Spleen is subjectively large in size (2.9 cm thick at the hilus) with a swollen and scalloped/undulating capsular contour. Multifocal coalescing nodules are noted throughout the parenchyma. Splenic vasculature appears normal. Enhanced hyperechoic surrounding fat is noted.

Liver

Liver is subjectively enlarged (swollen contour). Mild parenchymal remodeling with diffusely mildly coarse architecture and increased portal markings is present. Focally, adjacent to the caudal liver, potentially arising from the liver is an approximately 4.3 cm x 4.7 cm mixed, mildly cavitated, hypoechoic mass. 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.



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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 trace free fluid noted in these images.

Lymph nodes are diffusely 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.

Cardiac images are non-diagnostic owing to interfering artifact.

ULTRASONOGRAPHIC FINDINGS

- Honeycomb Spleen – This finding is strongly suggestive of infiltrative disease such as round cell neoplasia. Benign disease cannot be ruled out but is considered less likely.
- Diffuse aggressive lymph nodes – concerning for infiltrative round cell or metastatic neoplasia. A benign aggressive inflammatory response cannot be ruled out without tissue sampling +/- culture.
- The diffuse liver changes, given the remaining pathology are similarly concerning for infiltrative round cell neoplasia such as lymphoma versus other, especially if the focal cranial abdominal mass described above is originating from the liver versus an adjacent lymph node.
- Renal lymphoma – This appearance is highly suggestive of renal lymphoma. Other malignant neoplasia, severe nephritis and feline infectious peritonitis can at times mimic this presentation, but it's less common.
- The trace 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.



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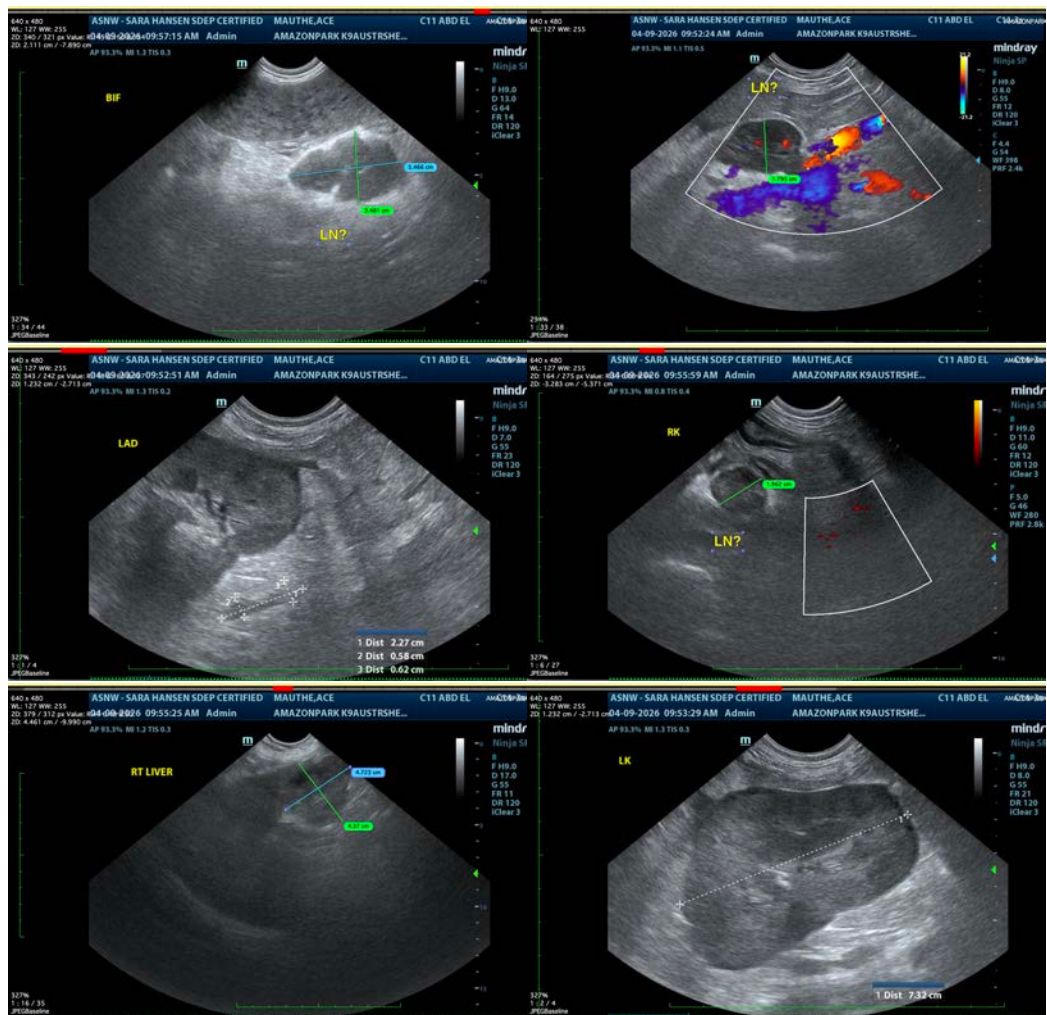
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Infiltrative round cell neoplasia is a top differential. Therefore, tissue sampling is recommended. Fine needle aspirates of the spleen, liver, enlarged lymph nodes, +/- kidneys, etc. are recommended if patient's coagulation status is appropriate.

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.

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





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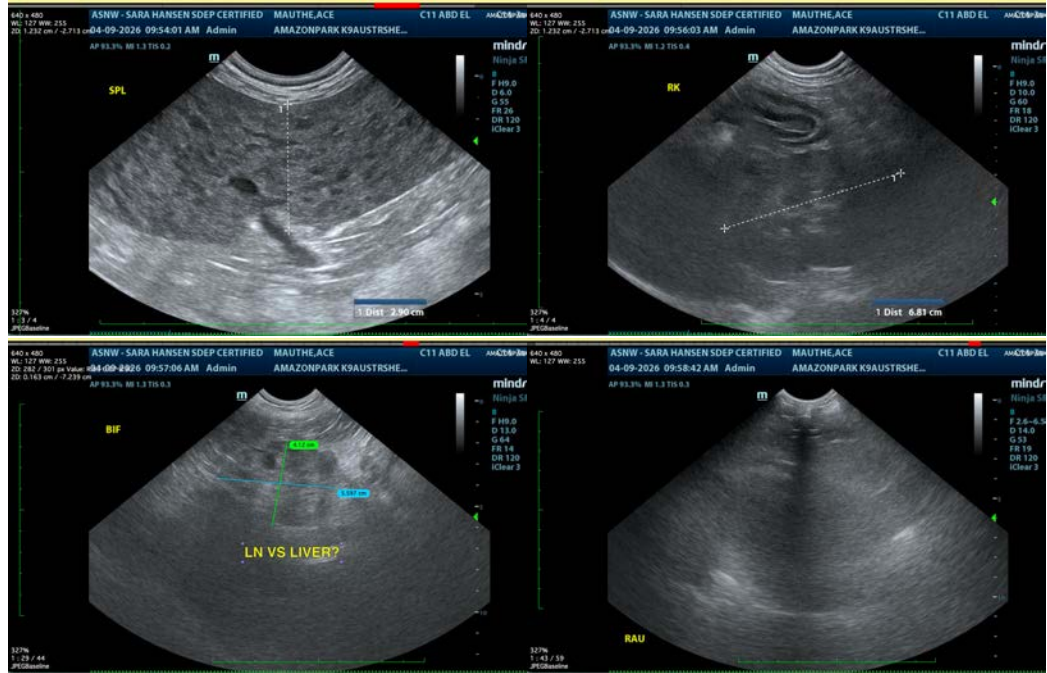
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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