



PATIENT

Smokie Coello

SPECIES

Canine

BREED

Pomeranian

SEX

Neutered Male

AGE

12 Years

WEIGHT

7 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Julia Bakker, DVM

HOSPITAL NAME

Orange Blossom
Veterinary Imaging

REFERRING VET

Janese Williams, DVM

INVOICE

75089

DATE

5/12/26

PRESENTING CLINICAL SIGNS

History of splenectomy for apparently benign splenic mass on histopath. Recent ADR and abdominal pain. Labwork shows anemia, leukocytosis, hyperglobulinemia and ALP elevation

Abnormal PE/Chem/CBC/UA Results: HCT 30.4 % --- decreased since prior was 34 % on 3/10/26 WBC 27.71 with neutrophils monocytes elevated; This value has improved as the prior WBC was 51.2 prior on 3/10. Chem: Total protein 8.3 (Ref: 5.2-8.3) Globulins 5.5 (ref: 2.5-4.5) ALKP 415 (ref: 23-212) -- 269 on 3/10 ALT 52 - wnl

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with a mild amount of echogenic non-shadowing debris, most consistent with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can present with echogenic debris. No masses or cystoliths are observed. The 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 3.78 cm. Right kidney measures 4.22 cm.

Adrenal Glands

The right adrenal gland is normal in size (0.43 cm at cranial pole and 0.30 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.48 cm at cranial pole and 0.37 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

The spleen has previously been removed.

Liver

The liver is subjectively enlarged with mildly irregular margins. Parenchyma is mottled by multifocal discrete nodules/masses of varying sizes, including multiple "target" lesions characterized by a hyperechoic center surrounded by a hypoechoic rim, measuring between 2.0-2.5 cm in size, as well as a large, mixed, irregular, heterogeneous, partially cystic mass measuring 5.1 cm x 6.7 cm in size in the right caudal liver.

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.



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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 a moderate amount of very echogenic appearing free fluid primarily adjacent to the liver mass. Additionally, there are several slightly cystic, round densities adjacent to the liver mass that could represent enlarged lymph nodes, although extensions of the mass can't be ruled out.

PRIMARY FINDINGS

- The multifocal liver masses/nodules are concerning for infiltrative malignant neoplasia, with potentially metastatic nodules. Having said that, a benign reactive, infectious, or inflammatory process can't be ruled out without tissue sampling.
- Moderate amount of 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.
- The spleen has previously been removed.

SECONDARY FINDINGS

- Mild amount of echogenic urinary bladder debris.
- Mild to moderate age related kidney changes.
- Gallbladder debris - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.



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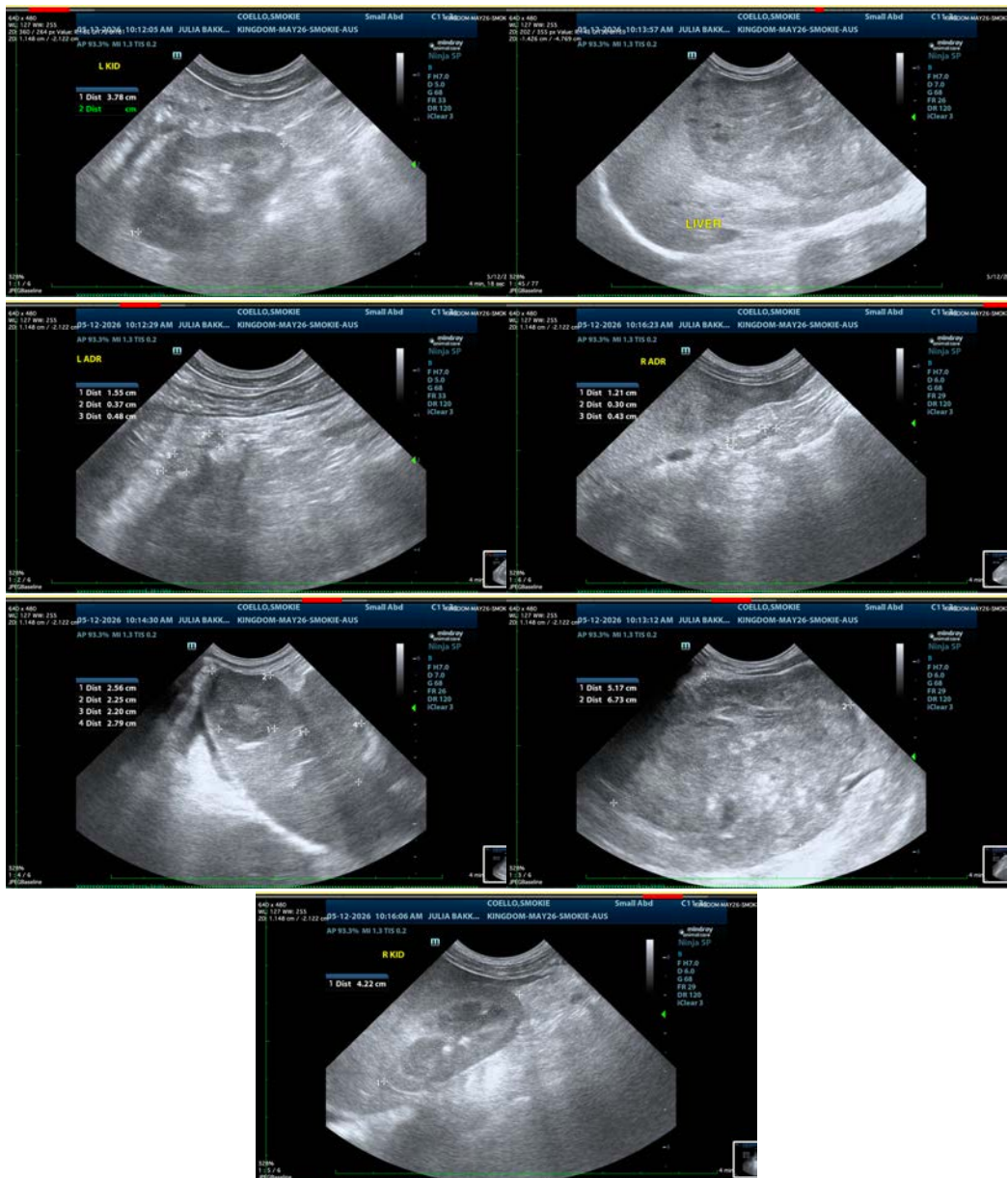
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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 liver masses as well as sampling of the free abdominal fluid are recommended if patient's coagulation status is appropriate.

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





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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