



PATIENT

Cooper House

SPECIES

Canine

BREED

King Charles Cavalier
Spaniel

SEX

Neutered Male

AGE

10 Years 1 Month

WEIGHT

13.85 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Brian Barnes

HOSPITAL NAME

Westview Veterinary
Hospital

REFERRING VET

Dr. Brian Barnes

INVOICE

75156

DATE

5/14/26

PRESENTING CLINICAL SIGNS

Previous history: 1) DKA 2) DM 3) Pancreatitis 4) LAD mass with caval invasion 5) The RAD is normal size so unlikely to be PDH 6) Underlying DMVD Stage B2 7) Mild chronic renal disease low USG, Proteinuria, mild bilateral pyelectasia 8) Vacuolar hepatopathy with non mucocoele GB debris 9) Static Splenic nodules suspect benign. 10) Systemic Hypertension (seen with Pheochromocytomas) 11) Dry eye, 12) Deep ulcer OS 13) Seborrhea oleosa. Had insulin, 20 units Caninsulin at 5:30 AM. Treating With VetMedin 5 mg BID, Urso 90 mg SID, Telmisartin 40 mg x 1/4 SID, Optixcare Lube BID, Optimune 1/4 strip BID, Caninsulin 21 units BID

Abnormal PE/Chem/CBC/UA Results: Doing well stable at this time

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. No infarcts observed. Mild pyelectasia and non-obstructive dystrophic mineralization noted bilaterally. Left kidney measured 6.46 cm. Right kidney measured 7.23 cm.

Adrenal Glands

The right adrenal gland is normal in size (0.66 cm at cranial pole and 0.65 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland remains enlarged, measuring approximately 2.0 cm at the cranial pole and 1.1 cm at the caudal pole, with significantly heterogeneous parenchymal changes and swollen capsular expansion diffusely. Phrenicoabdominal invasion progressing to caval invasion remains present, with a static intracaval luminal density measuring approximately 1.4 cm x 3.6 cm in size.

Spleen

The 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). A discrete homogeneous, non-capsule disrupting, hypo- to anechoic density measuring 0.50 cm is noted near the caudal aspect of the spleen. A 2nd similar appearing density measuring 0.60 cm x 1.1 cm is noted near the cranial aspect. Splenic vasculature appears normal.

Liver

Liver is subjectively enlarged with mildly irregular margins. Parenchyma is mildly heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. Visible vasculature and biliary tree appear normal without distension or congestion.



PATIENT

Cooper House

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.

SPECIES

Canine

Gastrointestinal
The visible stomach wall is normal in thickness and layering. The stomach is moderately distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. If patient was appropriately fasted, delayed gastric emptying could be considered. Non-shadowing foreign material is considered less likely but cannot be definitively ruled out.

BREED

King Charles Cavalier
Spaniel

SEX

Neutered Male

If clinical signs are consistent (vomiting, etc.), recommendations include supportive medical care, 24 hours fasting and re-image.

AGE

10 Years 1 Month

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta/chyme. There is no evidence of obstruction, foreign material or infiltrative disease.

WEIGHT

13.85 kg

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

INTERPRETED BY

Beth Johnson, DVM
DACVIM

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

IMAGING PERFORMED BY

Dr. Brian Barnes

There is no visible free peritoneal effusion noted in these images.

There is no apparent pathologic lymphadenopathy noted in these images.

HOSPITAL NAME

Westview Veterinary
Hospital

ULTRASONOGRAPHIC FINDINGS

REFERRING VET

Dr. Brian Barnes

- This remains a largely static ultrasound compared to previous images. The actual adrenal gland measurements are very slightly subjectively increased in size, as is the size of the suspected intracaval portion of the tumor versus thrombus. However, those changes are subtle/mild and could be due to positioning, imaging, etc. Static age related kidney changes, a mildly heterogeneous liver, and mild gallbladder debris are all noted.

INVOICE

75156

- There is an additional splenic nodule noted in this exam compared to previous exams, and differentials remain both benign cyst, hematoma, extramedullary hematopoiesis, other, as well as infiltrative neoplasia, including metastatic lesions.

DATE

5/14/26

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.



PATIENT

Cooper House

SPECIES

Canine

BREED

King Charles Cavalier
Spaniel

SEX

Neutered Male

AGE

10 Years 1 Month

WEIGHT

13.85 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

**IMAGING
PERFORMED BY**

Dr. Brian Barnes

HOSPITAL NAME

Westview Veterinary
Hospital

REFERRING VET

Dr. Brian Barnes

INVOICE

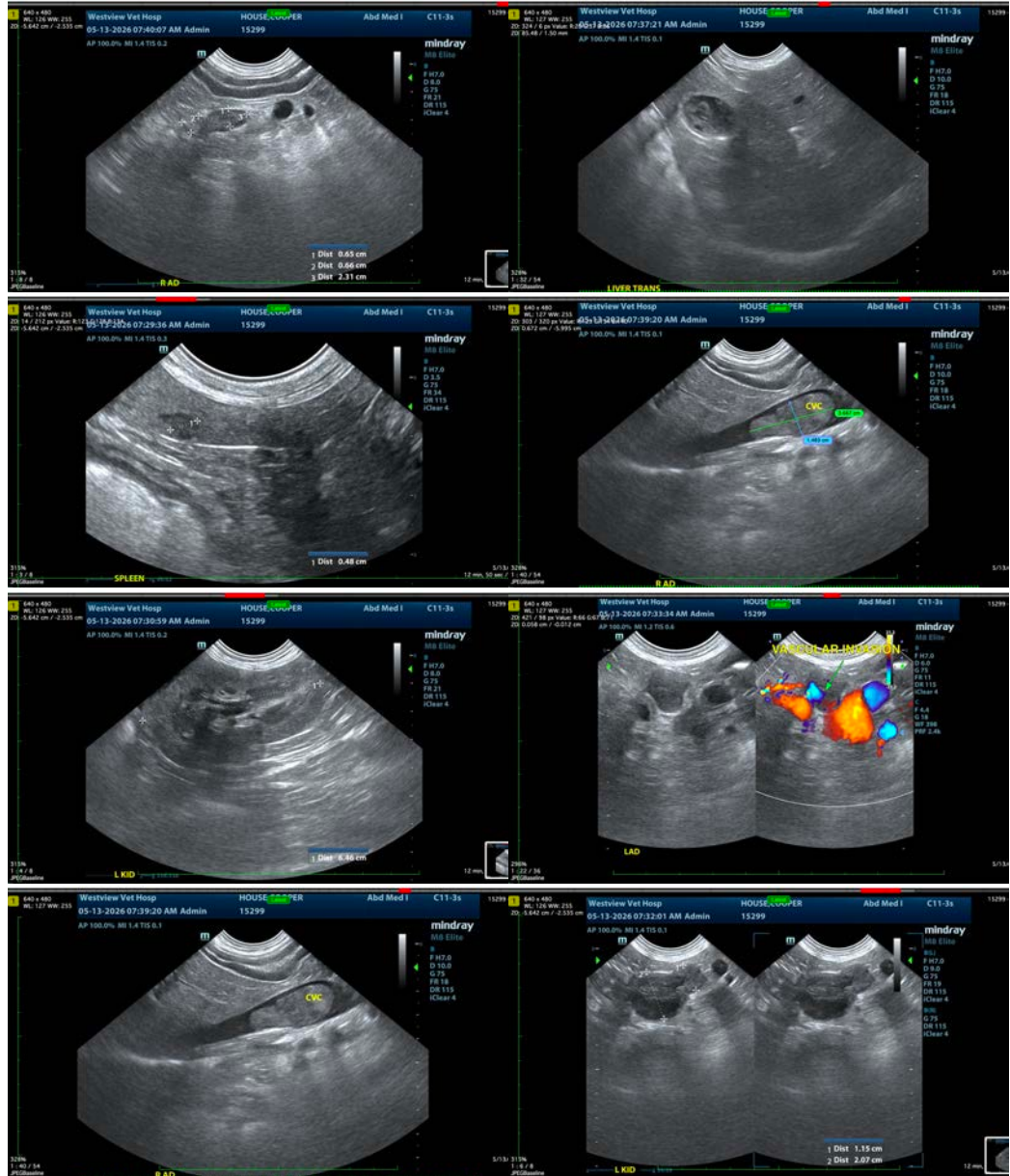
75156

DATE

5/14/26

Fine needle aspirates of the spleen could be considered if patient's coagulation status is appropriate.

Ultimately, if elected, an adrenalectomy would be indicated, in which case a pre-surgical planning abdominal CT scan could help further stage.





PATIENT

Cooper House

SPECIES

Canine

BREED

King Charles Cavalier
Spaniel

SEX

Neutered Male

AGE

10 Years 1 Month

WEIGHT

13.85 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Brian Barnes

HOSPITAL NAME

Westview Veterinary
Hospital

REFERRING VET

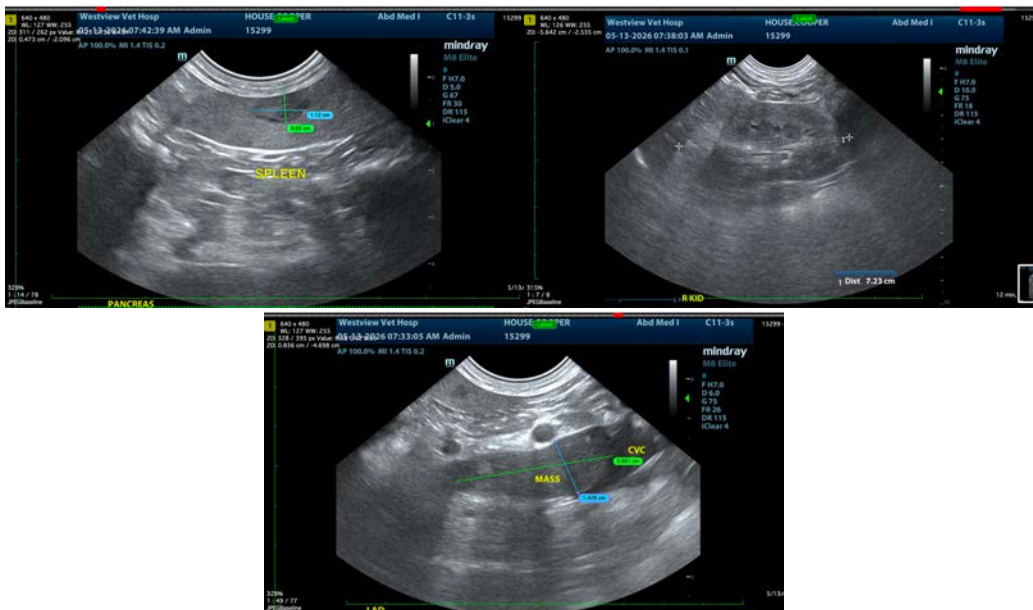
Dr. Brian Barnes

INVOICE

75156

DATE

5/14/26



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