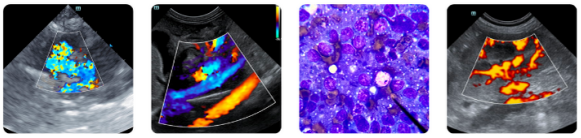


PATIENT

Dylan Okeefe

SPECIES

Canine

BREED

Mix

SEX

MN

AGE

7 years

WEIGHT

52 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Roxbury AH

REFERRING VET

Dr. Elia

INVOICE

11989

DATE

5/21/2026

PRESENTING CLINICAL SIGNS

BG this a.m was 655 DKA vomiting, not eating, anemia.

Abnormal PE/Chem/CBC/UA Results: Elev bg decr Na.

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.

The right kidney is normal is size (8.17 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. Mild pyelectasia is noted bilaterally. There is no evidence of mineral or infarcts observed.

The left kidney is normal is size (6.88 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. Mild pyelectasia is noted bilaterally. There is no evidence of mineral or infarcts observed.

Adrenal Glands

The right adrenal gland is not distinctly visualized in these images.

The left adrenal gland is normal in size (0.51 cm at cranial pole and 0.89 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

Spleen is subjectively large in size with normal smooth margins. Parenchyma is normal in echogenicity with a diffusely coarse/heterogenous echotexture. No discrete sizable focal nodules or masses are observed. Splenic vasculature appears normal. *See Free Abdomen*

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. *See Free Abdomen*

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 stomach wall is normal in thickness and layering but the lumen contains an echogenic intraluminal density with acoustic shadow that could represent normal ingesta and gas, although non or partially obstructive shadowing foreign material cannot be definitively ruled out.

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

PATIENT

Dylan Okeefe

SPECIES

Canine

BREED

Mix

SEX

MN

AGE

7 years

WEIGHT

52 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Roxbury AH

REFERRING VET

Dr. Elia

INVOICE

11989

DATE

5/21/2026

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 echogenic appearing free fluid.

There is no apparent pathologic lymphadenopathy noted in these images.

In the right cranial abdomen there is an expansive, mixed, heterogenous partially cavitated mass measuring approximately 8.5 cm x 7.0 cm in size whose origin is unable to be definitively identified. Differentials include liver, which is what it appears to be, to me, in most of the videos. Although spleen, pancreas, free abdomen can't be ruled out.

The visible heart base (RA) and pericardium are unremarkable without obvious pathology noted in these images at this time. If cardiac function evaluation is desired, a full echocardiogram is recommended.

PRIMARY FINDINGS

- The cavitated cranial abdominal mass could represent infiltrative neoplasia such as sarcoma versus hepatocellular carcinoma, even round cell neoplasia, other. Especially given the concurrent free fluid. Having said that, benign cysts, hematomas, extramedullary hematopoiesis, etc. can mimic this change and cannot be ruled out without tissue sampling.
- In addition to the mass, moderately 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.
- Coarse splenomegaly – can be associated with congestion caused by sedation (if sedated) but can also be associated with diffuse infiltrative disease. Both benign conditions such as extramedullary hematopoiesis, lymphoid hyperplasia, as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered.

SECONDARY FINDINGS

- Gastric foreign material cannot be ruled out as described above. Reassessment of the stomach following an additional 12-24 hours of fasting, if possible, could be considered or this finding could be interpreted in combination with when patient last ate, clinical signs, etc. as normal ingesta and gas are likely.
- Mild bilateral pyelectasia.

PATIENT

Dylan Okeefe

SPECIES

Canine

BREED

Mix

SEX

MN

AGE

7 years

WEIGHT

52 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Roxbury AH

REFERRING VET

Dr. Elia

INVOICE

11989

DATE

5/21/2026

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.

Sampling of the free abdominal fluid for analysis and cytology, as is reportedly already pending, is recommended.

Similarly, fine needle aspirates of the mass could be considered if patient's coagulation status is appropriate.

Ultimately, or if a cytologic diagnosis is unable to be obtained, or if patient has a hemoabdomen, given the risks for ongoing hemorrhage from even a benign lesion, an exploratory laparotomy for planned excisional biopsy of the mass and histopathology could be considered.

Having said that, the mass appears expansive, as well as the much more subtle but diffuse changes within the spleen and liver make guaranteeing full resection difficult.

PATIENT

Dylan Okeefe

SPECIES

Canine

BREED

Mix

SEX

MN

AGE

7 years

WEIGHT

52 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Roxbury AH

REFERRING VET

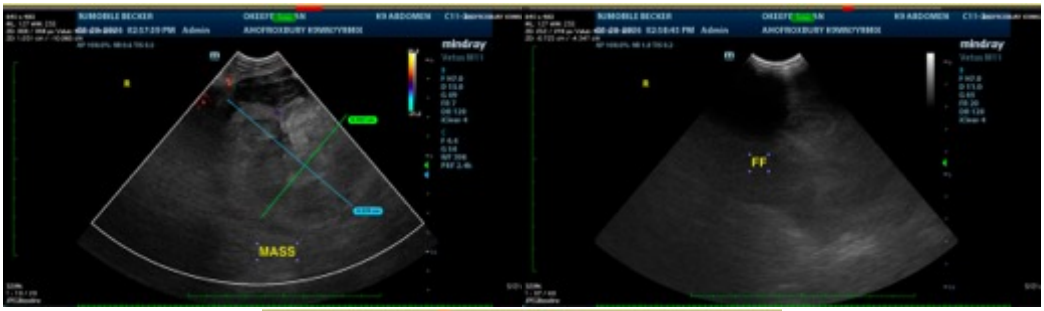
Dr. Elia

INVOICE

11989

DATE

5/21/2026



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