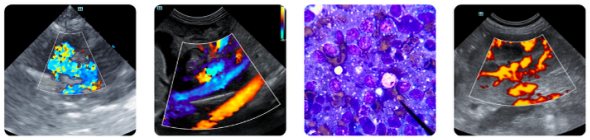


PATIENT

Logan Horton

SPECIES

Canine

BREED

Labrador Retriever Mix

SEX

MN

AGE

11 years 10 months

WEIGHT

80 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Alex McFeely

HOSPITAL NAME

Centre Animal Hospital

REFERRING VET

Dr. Alex McFeely

INVOICE

12004

DATE

5/26/2026

PRESENTING CLINICAL SIGNS

Logan had routine lab work done in April 2026 and found to have thrombocytopenia, which was a new finding for him, as in previous lab work his platelets were in normal range. He tested negative for tickborne disease using point of care 4Dx test, but completed a 14-day course as a precaution. He has a many truncal subcutaneous masses that are lipomas, one in inguinal area that was included on tail end of ultrasound images.

Abnormal PE/Chem/CBC/UA Results: Thrombocytopenia as of of April 2026.

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.

The prostate is unable to be visualized in these images.

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 8.0 cm, and the right kidney measures 7.4 cm.

Adrenal Glands

The areas of the adrenal gland are examined without evident adrenal gland pathology.

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). No focal nodules or masses are observed. Splenic vasculature appears normal.

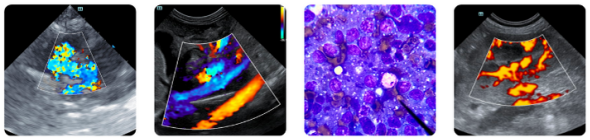
Liver

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

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.

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.



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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 no visible free peritoneal effusion noted in these images.

There is no apparent pathologic lymphadenopathy noted in these images.

There are images labeled “inguinal mass” where there is an approximately 4.1 cm x 1.6 cm mixed heterogenous, largely hypoechoic with some anechoic parts visible density.

PRIMARY FINDINGS

- Moderate 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.
- The inguinal mass could represent complicated cysts, abscess, hematoma, or other benign inflammatory mass, although infiltrative neoplasia cannot be ruled out without tissue smapling.

SECONDARY FINDINGS

- Mild age-related kidney changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further recommendations given patient’s reported thrombocytopenia depends in part on the degree of thrombocytopenia as well as follow up values following the empirical treatment, etc. If thrombocytopenia is persistent, additional infectious disease evaluation may be warranted, as is further evaluation for possible infiltrative neoplasia which could include three view thoracic radiographs, sampling of the inguinal mass as well as other masses if coagulation status is appropriate to do so (including a safe platelet value) and/or ultimately bone marrow sampling.

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

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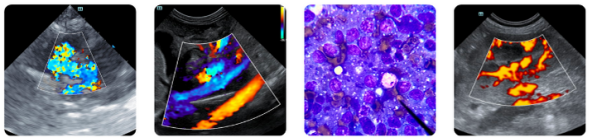

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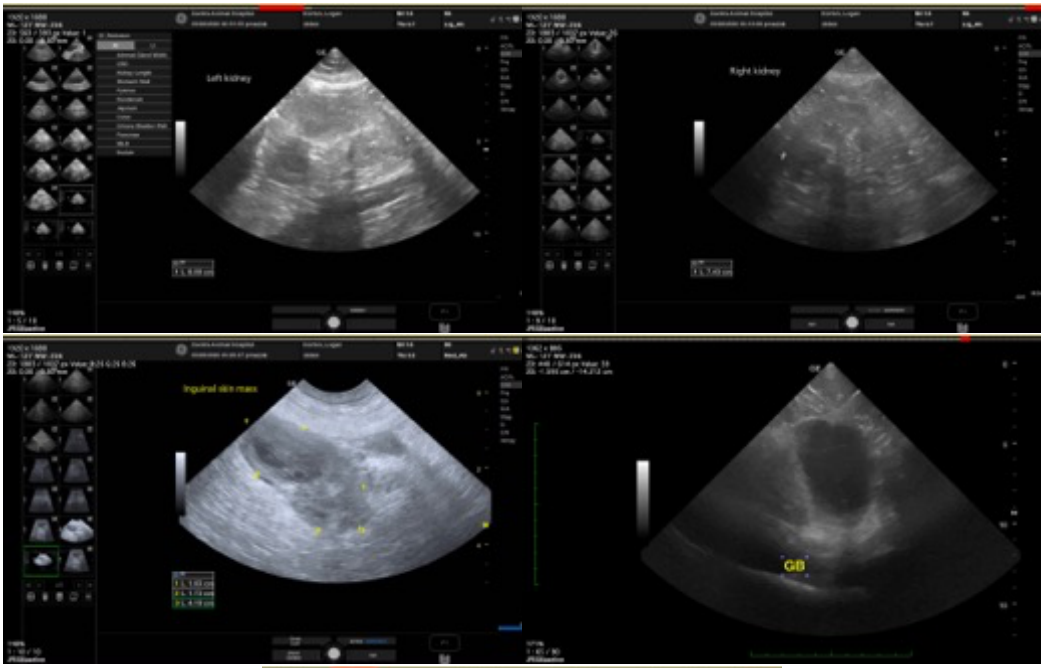

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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