



PATIENT

Buttercup Hoover

SPECIES

Canine

BREED

Doodle

SEX

FS

AGE

12 years

WEIGHT

26 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershey Animal
Emergency Center

REFERRING VET

Dr. Leann Murphy

INVOICE

12031

DATE

5/29/2026

PRESENTING CLINICAL SIGNS

Ate corn cob last night. Induced emesis after feeding, only produced food and corn kernels. Radiographs still concerning for potential corn cob in pylorus. Mildly lethargic. History of cancerous masses. PE: Mucous membranes pink/tacky, moderate tartar/gingival erythema. Nuclear sclerosis OU. Mild discomfort on palpation cranial abdomen mildly prolonged skin tent, multiple dermal warty growths, soft 2 cm mass right flank and dorsal mid-tail, very large, adhered mass left thorax, salivary staining around tail.

Abnormal PE/Chem/CBC/UA Results: EPOC: Unremarkable CBC: Reticulocytes 9.4 L Chem15: ALP 254 H Catalyst pancreatic lipase: 115 Abdominal/thoracic radiographs, radiologist interpretation: - Slight reduction in mild atypical gastric and small intestinal content DDx recent ingestion, functional ileus, foreign material causing no or partial mechanical obstruction - Extensive left thoracic wall adipose mass with likely left axillary lymphadenomegaly DDx lipoma liposarcoma, infiltrative lipoma with local reactive Vs metastatic lymphadenopathy.

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.

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 6.1 cm, and the right kidney measures 6.9 cm.

Adrenal Glands

The right adrenal gland is normal in size (0.85 cm at cranial pole and 0.69 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.46 cm at cranial pole and 0.44 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

Spleen is subjectively normal in size with normal smooth margins. Parenchyma is normal in echogenicity with a diffusely coarse/heterogenous echotexture. Splenic vasculature appears normal. Additionally, there is an approximately 0.6 cm x 0.7 cm non-capsular disrupting hypo- to anechoic larger nodule near the caudal aspect of the spleen. Some discrete homogenous, hyperechoic densities are also noted near the hilus.

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.



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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 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.

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

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 echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction or foreign material noted.

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.

PRIMARY FINDINGS

- Coarse spleen – 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.
- 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.
- The gastric contents are subjectively most consistent in appearance with normal ingesta with similar appearing contents throughout the bowel. Having said that, non-obstructive pieces of corn cob within the ingesta cannot be definitively ruled out.

SECONDARY FINDINGS

- Mild age-related kidney changes.



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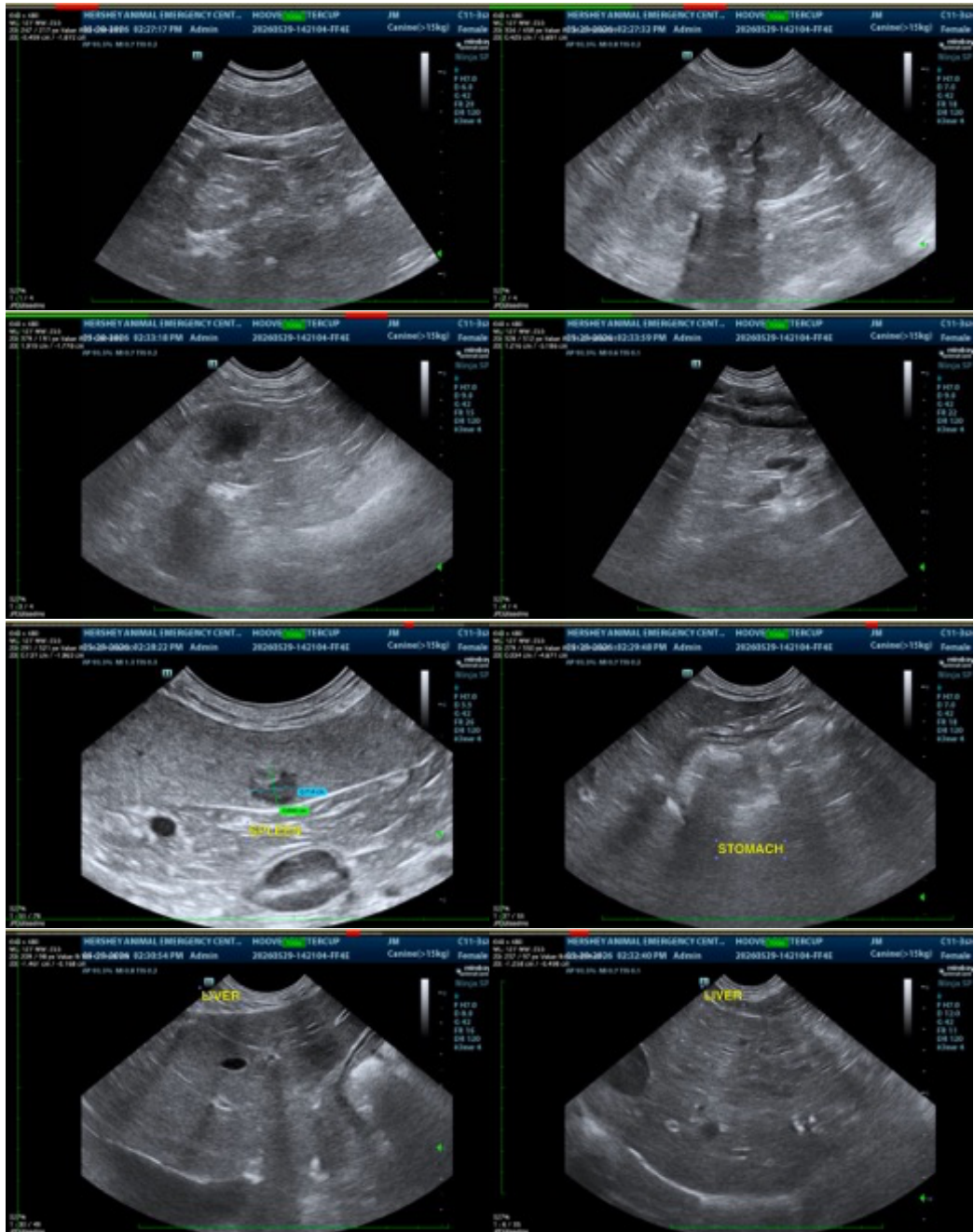
DATE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recheck imaging following an additional 12-24 hours of fasting could be considered. Alternatively, alternative imaging such as contrast radiography or even gastroscopy could be considered.

While the spleen and liver both trend largely toward benign, sampling could be considered via fine needle aspirates if patient's coagulation status is appropriate.





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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
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