

PATIENT

Fiona Moore

SPECIES

Canine

BREED

Pitbull Mix

SEX

FS

AGE

12 years

WEIGHT

56.8 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

**IMAGING
PERFORMED BY**

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

Fairgrounds Animal
Hospital

REFERRING VET

Dr. Rck

INVOICE

11874

DATE

5/5/2026

PRESENTING CLINICAL SIGNS

The tongue mass was noted once PT was under GA for COHAT on 2 APR 2026 – it was flimsy and hemorrhaging, approx 7mm long and ~3mm wide, arising at the junction of the ventral mucosa and the dorsal keratinized stratified squamous epithelium of the left side of the tongue. Histopathology returned as HSA (from histopathology report: Left tongue: Hemangiosarcoma. Mitotic count (per 2.37 sq mm): 2. Histologic tumor-free margins: Not clear; Proliferative cells extend to the margins. Vascular/lymphatic invasion: Not present.

Abnormal PE/Chem/CBC/UA Results: AUS, staging post lingual HSA.

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 right kidney is normal is size (6.3 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. A small cortical cyst is noted. There is no evidence of pyelectasia, mineral or infarcts observed.

The left kidney is normal is size (6.08 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

The right adrenal gland is normal in size (1.1 cm at cranial pole and 0.74 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal. A hyperechoic nodule is noted in the cranial pole of the right adrenal. Nodule does not disrupt normal shape and/or architecture.

The left adrenal gland is normal in size (0.76 cm at cranial pole and 0.68 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

Spleen is subjectively large in size with a mildly swollen but smooth capsule. Parenchyma is normal and homogenous in echogenicity and echotexture. Near the tail of the spleen there is a mildly rounded, expansive, homogenous, iso- to slightly hypoechoic bulge/nodule measuring 1.1 cm x 1.3 cm in size. 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.



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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.

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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.

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

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

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

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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.

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Free Abdomen

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

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Medial iliac lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

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Other

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.

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PRIMARY FINDINGS

- The splenic changes, including the round expansive bulge near the tail of the spleen could represent a benign process such as extramedullary hematopoiesis, nodular hyperplasia, even some congestion caused by sedation, if sedated, although especially given patient's history infiltrative neoplasia can't be ruled out without tissue sampling.
- Mildly reactive medial iliac lymph nodes – infiltrative neoplastic disease cannot be ruled out but is considered less likely.

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SECONDARY FINDINGS



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- Hyperechoic adrenal nodule in the cranial pole of the right adrenal – Differentials include primary adrenal cortical adenoma or adenocarcinoma, pheochromocytoma, myelolipoma, adrenal hyperplasia secondary to pituitary disease or metastatic disease. Ultrasound alone cannot differentiate between functional and non-functional nodules and/or between benign and malignant disease. Small nodules without other evidence of abdominal disease (to suggest metastatic disease) and/or clinical signs (to suggest adrenal disease) are most often incidental and should be monitored.
- A small cortical cyst in the right kidney.
- The gastric contents, including the ingesta within the pylorus, are most consistent with normal ingesta. Having said that, non-shadowing, non-obstructive foreign material while thought less likely can't be definitively ruled out. An additional 12-24 hours of fasting followed by recheck imaging could be considered.

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

Ultimately, consultation with a veterinary oncologist is recommended.

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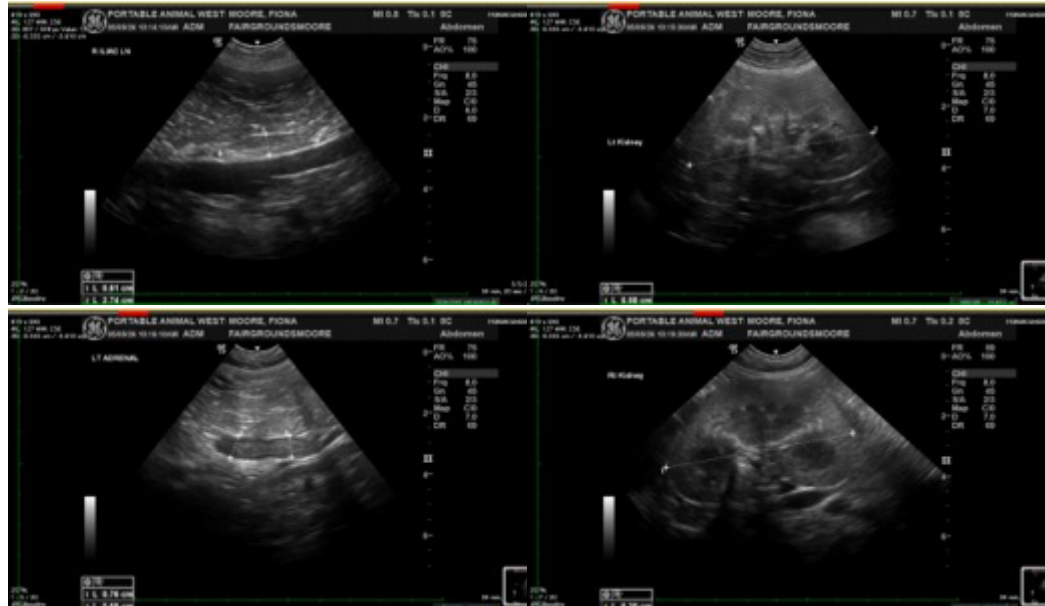
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Imaging performed by



PAWS
Fairgrounds Animal Hospital
pawsonography@gmail.com
530-786-8340



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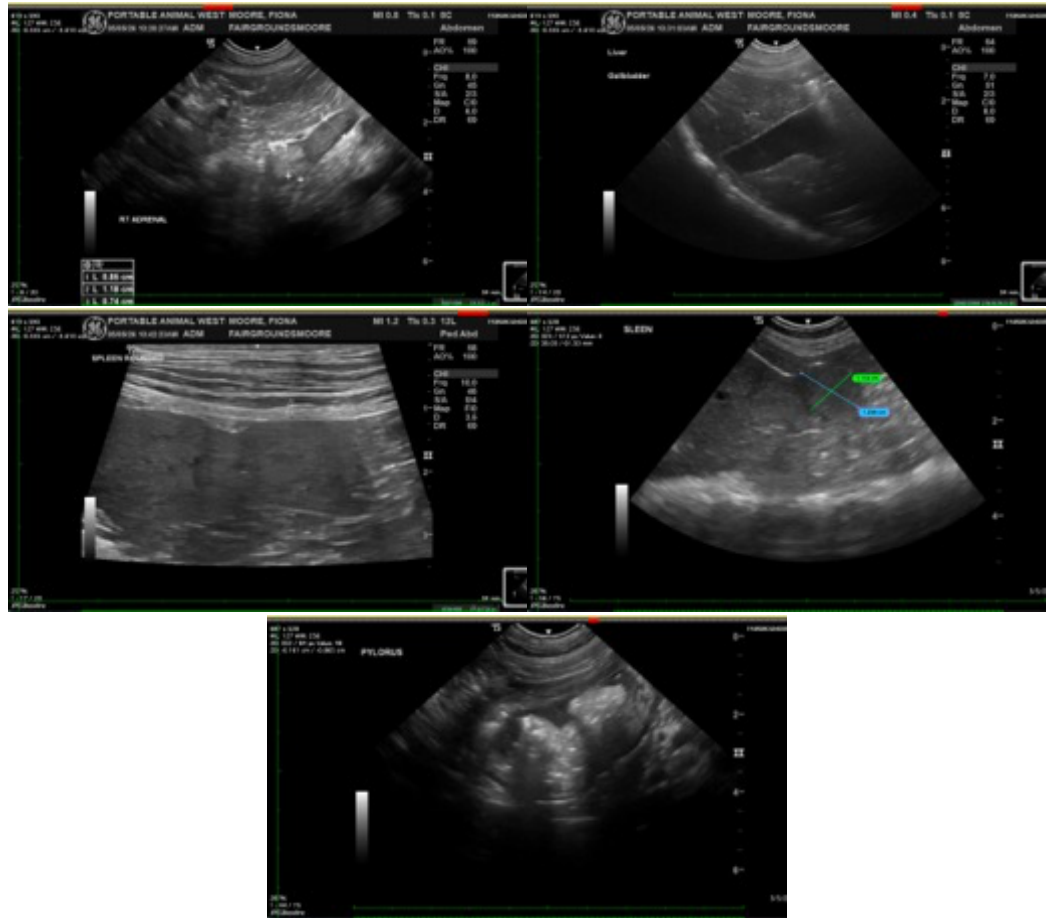
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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