



**PATIENT PRESENTING CLINICAL SIGNS**

Marley Alfaro

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

FS

**AGE**

9 years

**WEIGHT**

32.4 kg

**INTERPRETED BY**

Beth Johnson, DVM  
 DACVIM

**IMAGING PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Hamilton Region  
 Emergency Clinic

**REFERRING VET**

Dr. Hasbum

**INVOICE**

11879

**DATE**

5/6/2026

Presented for few days history of elevated rectal temp, lethargy, soft bowel movements. P has been under the care of specialty hospital for cancer, has a follow up appt there tomorrow. O unsure of what type of cancer at this time. Recent history of pneumonia which has resolved, current meds are only 200mg Gabapentin. PE revealed painful on abdominal palpation, start Methadone, no free fluid on AFAST but spleen looked subjectively large with heterogenous pattern. Tacky pink MM SPO2 reading 95% on room air. No increased respiratory effort, mild grade 2/6 left sided HM noted.

Abnormal PE/Chem/CBC/UA Results: From bloodwork at rDVM Feb 21, 2026 - thrombocytopenia, eosinopenia, anemia and normal urinalysis; negative 4Dx As per last visit with TACC on March 19, 2026: - abnormal CBC (persistent cytopenias) , presence of atypical circulating cells on smears - Aspirates and flow of the left prescapular lymph node were performed As per last visit with TACC on March 19, 2026: - abnormal CBC (persistent cytopenias) , presence of atypical circulating cells on smears - Aspirates and flow of the left prescapular lymph node were performed and consistent with a myeloid sarcoma.

**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 5.67 cm, and the right kidney measures 6.79 cm.

**Adrenal Glands**

The right adrenal gland is normal in size (1.2 cm at cranial pole and 0.51 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

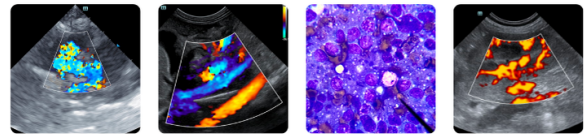
The left adrenal gland is normal in size (0.69 cm at cranial pole and 0.53 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

**Spleen**

Spleen is subjectively large in size (2.0 cm thick at the hilus) 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.

**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. In the deep cranial liver, there is an approximately 2.3 cm x 2.7 cm in size, discrete homogenous, hyperechoic density noted. Visible vasculature and biliary tree appear normal without distension or congestion.



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The gallbladder is non-distended in size. The wall of the gallbladder appears as a thin hyperechoic/calcified rim casting a distinct distal acoustic shadow. 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 lumen of the stomach is mildly distended with very echogenic reverberation artifact from intraluminal gas. There is no evidence of obstruction, foreign material, or infiltrative disease; however, visualization is partially inhibited by gas. Pyloric outflow tract appears patent.

**BREED**

Golden Retriever

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.

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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.

There is no apparent pathologic lymphadenopathy noted in these images.

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**PRIMARY FINDINGS**

- 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.
- Liver nodule – Differentials for a discrete hyperechoic liver nodule(s) include primarily benign changes such as nodular hyperplasia, fibrosis of an old hematoma, granuloma, myelolipomas, etc.; however, while considered less likely, primary hepatic neoplasia, infiltrative round cell neoplasia and metastatic disease can mimic benign lesions and cannot be definitively ruled out.
- Porcelain gallbladder wall – Porcelain (calcified) gallbladder is an uncommon finding in companion animals and has been observed as both an incidental finding and associated with biliary neoplasia. In humans, porcelain gallbladder can be a manifestation of chronic gallbladder disease, chronic cholecystitis, intramural hemorrhage with subsequent calcification, imbalances in calcium metabolism, and even giardiasis. This finding should be interpreted in combination with any clinical signs and/or laboratory changes suggestive of biliary disease and/or calcium dysregulation, etc.

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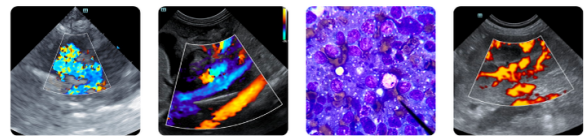
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**SECONDARY FINDINGS**



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- Mild age-related kidney changes.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SPECIES**

The changes described above are non-specific and may or may not be related to patient's reported underlying cancer and/or fever, clinical signs, etc.

Canine

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.

**BREED**

Golden Retriever

Fine needle aspirates of the spleen +/- the deep liver nodule (if it can safely be reached) could be considered if patient's coagulation status is appropriate.

**SEX**

If patient's reported historical cytopenias include leukopenia, comprehensive infectious disease evaluation as a potential source of the fever to be considered. Otherwise, as is reportedly already planned, follow up with patient's oncologist is recommended.

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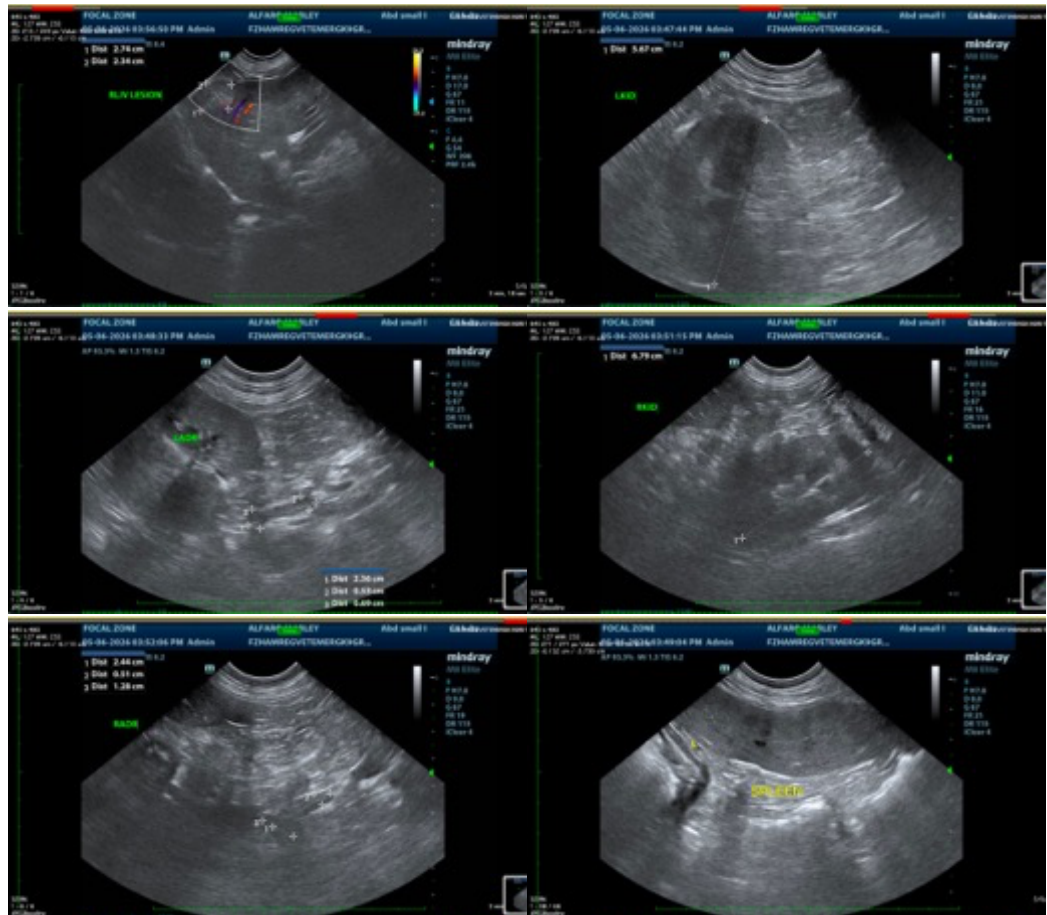
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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**  
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