



PATIENT	PRESENTING CLINICAL SIGNS
Sasha Ferreira	Lethargic, abdominal pain.
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Canine	Urinary System
BREED	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.
Yorkie	
SEX	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 or infarcts observed. Left kidney is small/normal in size measuring 2.96 cm. The right kidney is normal in size measuring 3.4 cm and contains pinpoint non-obstructive nephroliths are noted in the right kidney.
FS	
AGE	<i>*I am interpreting the kidneys based on the provided labels in the videos, LK and RK, but all images are at the end of the study, and I cannot see surrounding anatomy enough to determine whether or not those labels are accurate, so I am assuming they are.*</i>
12 years	
WEIGHT	Adrenal Glands
6 lbs	The areas of the adrenal glands are examined without evident adrenal gland pathology.
INTERPRETED BY	Spleen
Beth Johnson, DVM DACVIM	The spleen contains an approximately 2.2 cm x 2.7 cm in size, expansive hypo- to anechoic mass near the cranial aspect of the spleen. The caudal portion of the spleen is more normal in size, and appearance. *See Free Abdomen*
IMAGING PERFORMED BY	Liver
Byron Cabrera	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.
HOSPITAL NAME	Gastrointestinal
All Creatures Great & Small Denville	The visible stomach wall is normal in thickness and layering. The lumen is mildly distended with primarily fluid as well as some echogenic non-shadowing luminal contents and gas consistent with normal chyme. There is no evidence of obstruction, foreign material, or infiltrative disease. Pyloric outflow tract appears patent.
REFERRING VET	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.
Dr. Silas Ashmore	
INVOICE	
12063	
DATE	
6/3/2026	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.



PATIENT

Sasha Ferreira

SPECIES

Canine

BREED

Yorkie

SEX

FS

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12 years

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6 lbs

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DACVIM

IMAGING PERFORMED BY

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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.

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

In the mid to left abdomen, there is an approximately 3.2 cm x 5.0 cm mildly heterogenous, nodular appearing mass of undeterminable origin.

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

There is no apparent pathologic lymphadenopathy noted in these images.

PRIMARY FINDINGS

- Mid abdominal mass is of undeterminable origin. Differentials include mesenteric root lymph node, bowel, left kidney, left adrenal, spleen, other. Infiltrative neoplasia such as round cell neoplasia i.e. lymphoma versus other are considerations but a benign inflammatory process cannot be ruled out without tissue sampling.
- The mass on the spleen could represent the same etiology, infiltrative neoplasia, other, although a benign cyst, hematoma, extramedullary hematopoiesis cannot be ruled out without tissue sampling.

SECONDARY FINDINGS

- Age related kidney changes with non-obstructive mineral densities noted in the right kidney.

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 mid abdominal mass and the splenic mass are recommended if patient's coagulation status is appropriate.

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



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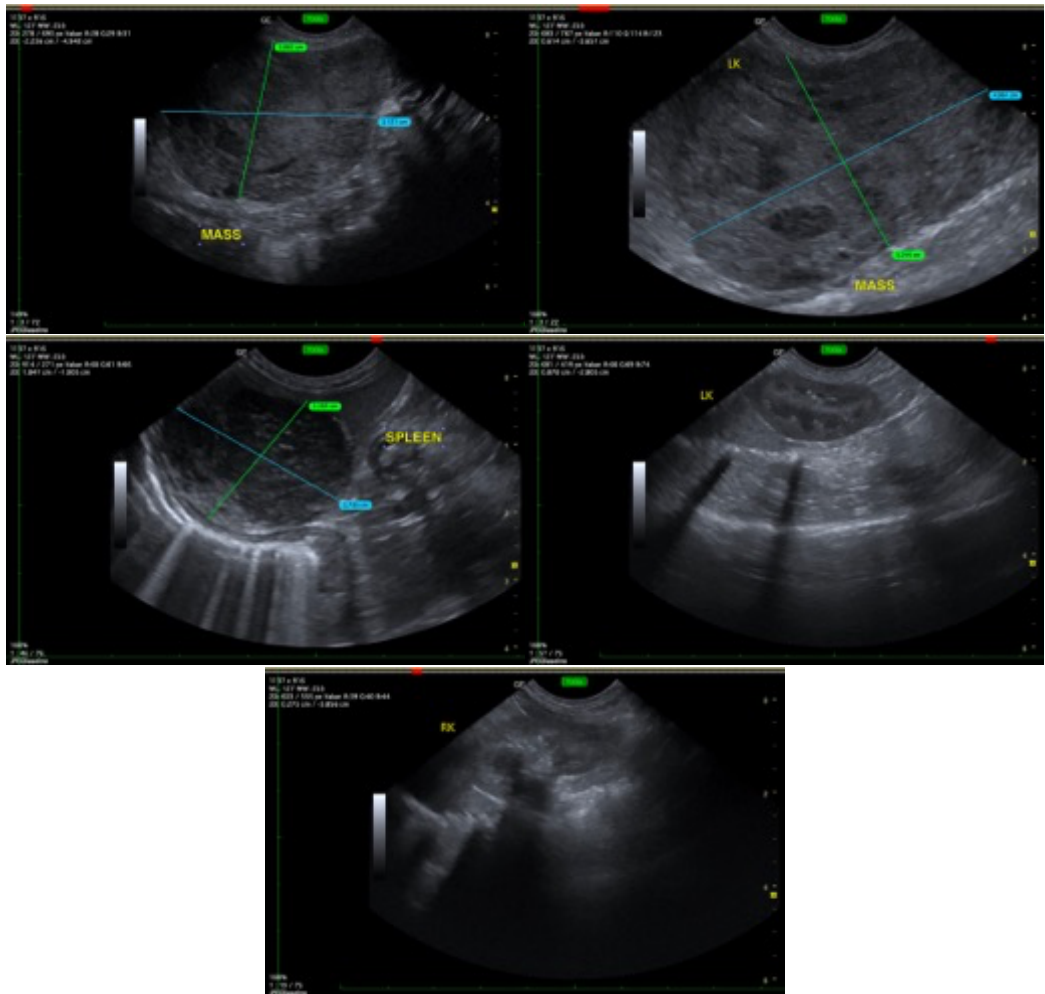
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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