



**PATIENT**

Oakley Halverson

**SPECIES**

Canine

**BREED**

Mastiff

**SEX**

Spayed Female

**AGE**

10 Years 10 Months

**WEIGHT**

166 Pounds

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Dr. Raul Casas-Dolz

**HOSPITAL NAME**

State Ave Vet

**REFERRING VET**

Dr. Raul Casas-Dolz

**INVOICE**

39489

**DATE**

7/14/22

**PRESENTING CLINICAL SIGNS**

Presented this morning due to collapsing on her way inside, significant panting at home Meds: carprofen, gabapentin, Proin ER PE: Sub-mandibular and Popliteal lymph nodes enlarged, spleen feels firm and enlarged

Abnormal PE/Chem/CBC/UA Results: BW done 6/9/2022 WNL Chem today: Alp: 567 Alt: 423 Phos: 2.8

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**\*\*The report is made primarily using still images. There are some organs that I cannot fully examine based on these images.**

**Urinary System**

The urinary bladder is moderately 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.

The right kidney is normal in size (8.8 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.

The left kidney is normal in size (8.9 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 adrenal glands are unable to be visualized in these images.

**Spleen**

The spleen is subjectively large in size with a swollen and scalloped/undulating capsular contour. Multifocal coalescing nodules are noted throughout the parenchyma. Splenic vasculature appears normal. Enhanced hyperechoic surrounding fat is noted.

**Liver**

The liver is enlarged with irregular rounded/nodular margins. Parenchyma is mottled and heterogeneous. Near the gallbladder, the liver is especially rounded with an emerging early mass like appearance. Visible vasculature and biliary tree appear normal without distention or congestion.

The 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 visualized stomach wall that can be assessed is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines that can be assessed are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears



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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 that can be assessed is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

**SPECIES**

Canine

**Pancreas**

The pancreatic is unable to be visualized.

**BREED**

Mastiff

**Free Abdomen**

There is no evidence of free peritoneal effusion noted in these images.

There is no apparent lymphadenopathy noted in these images.

**SEX**

Spayed Female

**PRIMARY FINDINGS**

- Honeycomb Spleen – This finding is strongly suggestive of infiltrative disease such as round cell neoplasia. Benign disease cannot be ruled out but is considered less likely.
- Nodular Liver - This finding is concerning for infiltrative disease such as round cell neoplasia or metastatic neoplasia. Benign disease (nodular hyperplasia) cannot be ruled out but is considered less likely.

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**SECONDARY FINDINGS**

- 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.

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**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.
- A fine needle aspirate of both the liver and spleen is recommended if patient's coagulation status is appropriate.

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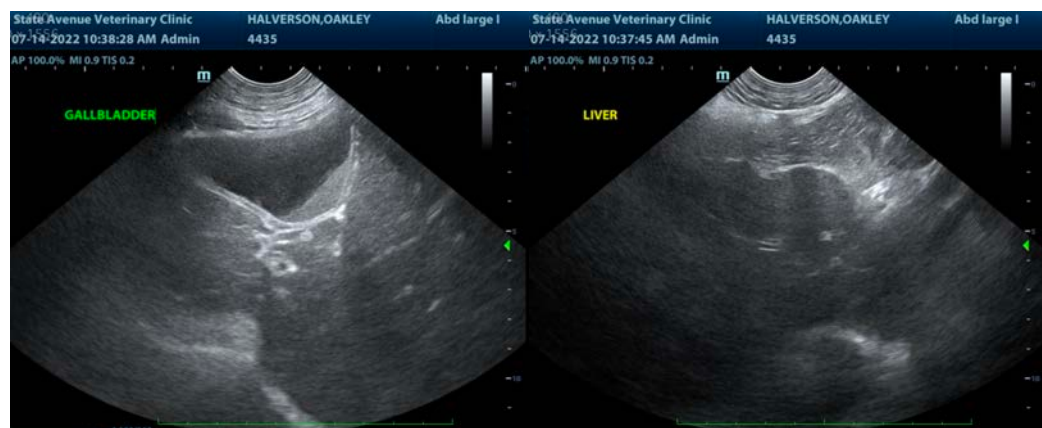
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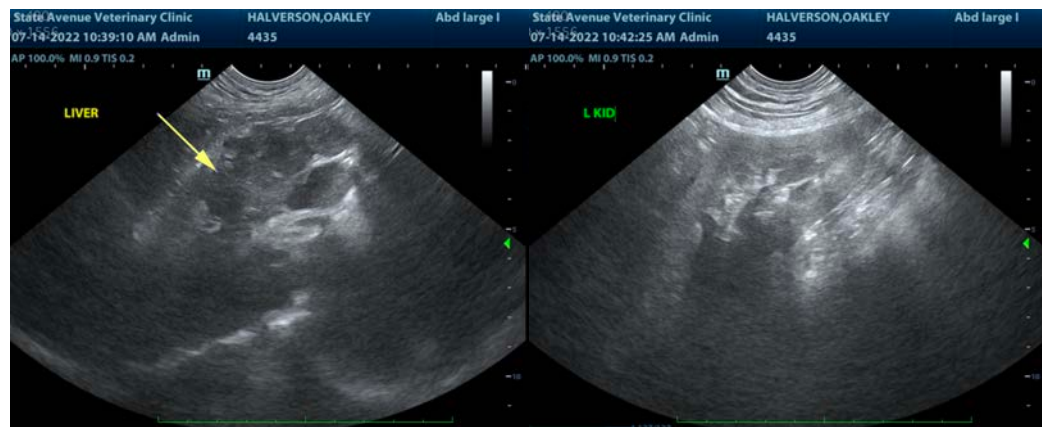
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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