



PATIENT

Max Goad

SPECIES

Canine

BREED

Pit Bull Mix

SEX

Neutered Male

AGE

8 Years

WEIGHT

86 Pounds

INTERPRETED BY

Brittany Sinclair
DVM, DACVECC

IMAGING PERFORMED BY

Dr. Megan Bray

HOSPITAL NAME

Taylorville VC

REFERRING VET

Dr. Megan Bray

INVOICE

35630

DATE

11/24/25

PRESENTING CLINICAL SIGNS

History of Mast Cell Tumors. Presented on 11/5/25 for evaluation of a growth between the toes on his right hind foot. The growth has been present for weeks to months and has increased slightly in size.

Multiple SQ to dermal soft nodules that are all freely moveable and nonpainful. Largest mass is in R submandibular area, ~ size of lime. Other concerning nodules are on cranial ventral chest, R lateral/caudal ribcage, L lateral abd, caudal LHL proximal to stifle. All are 8mm to 1.3cm in size. New nodule 1.5cm x 1cm nodule on medial aspect of RH 3rd digit Dx: FNA: no mast cells or inflammatory cells/infection seen. Patient last ate 11/23/25 PM.

Abnormal PE/Chem/CBC/UA Results: Subtle changes in the blood work suggesting an internal/systemic issue. I expressed concern about Max's history of mast cell tumors. Low thyroid level, but do not believe truly hypothyroid, as Max did not exhibit typical symptoms. Additionally, slight abnormalities in blood protein levels and a gradual decline in red blood cell count were observed. Thoracic x-rays also done today.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

The kidneys have a smooth capsule and with hazing of corticomedullary definition to the point of inability to determine cortical/medullary ratio. No evidence of pelvic dilation was present. The right kidney measured 7.97 cm in length. The left kidney measured 7.99 cm in length. Pinpoint areas of cortical mineralization were noted.

Adrenal Glands

Both adrenal glands were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 3.2 cm in length and 0.65 cm at the cranial pole and 0.84 cm at the caudal pole. The right adrenal gland measured 2.3 cm in length and 0.77 cm at the cranial pole and 0.7 cm at the caudal pole.

Spleen

There is a roughly spherical to ovoid solid mass that appears to be attached to the spleen, measuring at least 8.2 cm x 11.5 cm.

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of



PATIENT

Max Goad

SPECIES

Canine

BREED

Pit Bull Mix

SEX

Neutered Male

AGE

8 Years

WEIGHT

86 Pounds

INTERPRETED BY

Brittany Sinclair
DVM, DACVECC

IMAGING PERFORMED BY

Dr. Megan Bray

HOSPITAL NAME

Taylorville VC

REFERRING VET

Dr. Megan Bray

INVOICE

35630

DATE

11/24/25

congestion. No pathological hepatic lymphadenopathy observed. Resolution of liver parenchyma is limited.

Gallbladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis: mucosa layer ratio. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was not visualized. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The area of the pancreas was isoechoic to surrounding tissue with no overt inflammation. Pancreatic tissue was not distinctly visualized which is common.

Lymph Nodes

No clinically significant lymphadenopathy or abnormalities noted.

ULTRASONOGRAPHIC FINDINGS

- Solid splenic mass
- Mild aging renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Mass in the spleen is concerning for neoplasia which may be benign or malignant. Splenic aspirate is recommended to further characterize. Whether benign or malignant, all splenic masses are at risk of rupture and if no signs of metastasis are present in the chest and abdomen, splenectomy with histopathology is recommended.



PATIENT

Max Goad

SPECIES

Canine

BREED

Pit Bull Mix

SEX

Neutered Male

AGE

8 Years

WEIGHT

86 Pounds

INTERPRETED BY

Brittany Sinclair
DVM, DACVECC

IMAGING PERFORMED BY

Dr. Megan Bray

HOSPITAL NAME

Taylorville VC

REFERRING VET

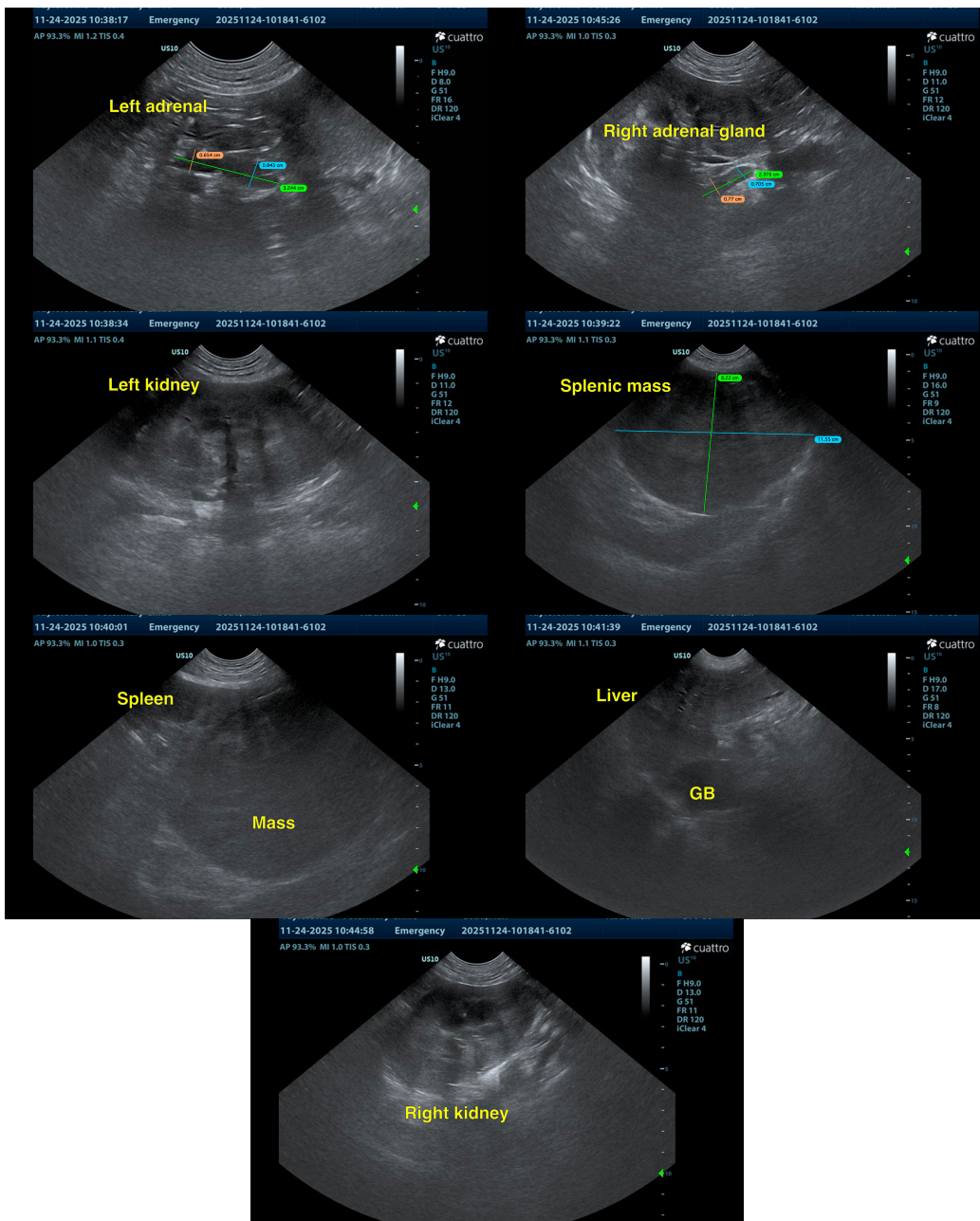
Dr. Megan Bray

INVOICE

35630

DATE

11/24/25





PATIENT

Max Goad

SPECIES

Canine

BREED

Pit Bull Mix

SEX

Neutered Male

AGE

8 Years

WEIGHT

86 Pounds

INTERPRETED BY

Brittany Sinclair
DVM, DACVECC

IMAGING PERFORMED BY

Dr. Megan Bray

HOSPITAL NAME

Taylorsville VC

REFERRING VET

Dr. Megan Bray

INVOICE

35630

DATE

11/24/25

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC

info@SonoPath.com