



PATIENT

Murphy Doran

SPECIES

Canine

BREED

Bernedoodle

SEX

Neutered Male

AGE

4 Years

WEIGHT

35 kg

INTERPRETED BY

Brad Harris, DVM,
 DACVECC, DACVIM
 (cardiology)

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Animal Emergency
 Clinic of the High
 Country

REFERRING VET

Dr. Phipps

INVOICE

72446

DATE

1/24/26

PRESENTING CLINICAL SIGNS

P presented to rdvm for lethargy Temp 105.4 F, Leukopenia, with bands FUO and isosthenuria, treated with fluids, unasyn, fever reduced to 101.6, sent home on amoxicillin metronidazole current on preventatives, returned the next day for vomiting, lethargy, decreased appetite- transferred to ER clinic for continued care

Chest rads from rDVM Rad Report: 3 view mild fluid dilation of the caudal thoracic portion of the esophagus

Abnormal PE/Chem/CBC/UA Results: 4dx neg FUO panel: pending ER bloodwork- WBC 3.6, Neu 0.9, band suspected, Mono 1.1, Eos 0.04, PLT 110

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are unremarkable with normal wall thicknesses and normal tone. The ureters were not visualized, which is a normal finding. There are no uroliths or sediment noted, and anechoic urine is present. The ureteral papillae appear normal. There is no evidence of inflammatory, infiltrative, or neoplastic disease.

The kidneys are normal in size and structure, with appropriate corticomedullary definition and cortex to medulla ratio. The cortices are uniform in texture with normal echogenic relationship to liver and spleen. The medullary structure differed distinctly from the cortex and no evidence of pyelectasis is present. The capsules are uniform without significant irregularities noted. Left kidney measures 6.56 cm. Right kidney measures 7.33 cm.

Adrenal Glands

Both adrenal glands are visualized and have 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. Left measures 0.64 cm x 2.64 cm. Right measures 0.80 cm x 2.75 cm.

Spleen

The spleen measures 2.76 cm at the hilus. It is subjectively enlarged with a diffusely heterogeneous or mottled parenchymal pattern. The splenic vasculature is normal without signs of congestion, spontaneous echo contrast, or thrombosis. No significant irregularity or deformation of the capsule.

Liver

The liver is subjectively normal liver size, contour, and structure. Parenchymal echogenicity is naturally coarse and hypoechoic to the spleen. Vasculature is within normal limits with no evidence of congestion. There is a mild amount of suspended echogenic gallbladder debris. There is no intra- or extrahepatic biliary dilation. The cystic and common bile ducts are normal.

Gastrointestinal

The stomach and intestines are free of stasis and peristaltic activity, with no significant dilation noted. There is normal wall thickness and acceptable curvilinear mural detail. The pyloric-duodenal junction and ileoceocolic junction are patent, and the colon contains normal shadowing feces. There is no



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evidence of shadowing obstructive material or overt infiltrative disease noted. No associated abnormal lymphatic activity is documented.

Pancreas

The base and limbs of the pancreas are isoechoic to surrounding omental fat. The pancreatic duct and capsular contour are normal. There is no overt evidence of active inflammatory or neoplastic disease.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

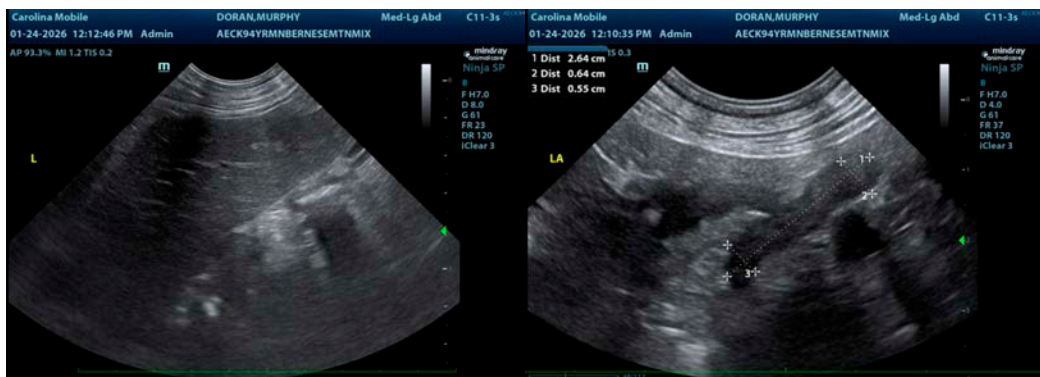
- The mildly enlarged spleen with a coarse/mottled reticular pattern is most consistent with a reactive spleen, or possible splenitis. Round cell neoplasia is considered less likely but cannot be definitively excluded.
- The gallbladder contains echogenic, suspended and dependent unorganized debris. This is not yet to the level of an organized mucocele, however early/developing mucocele cannot be ruled out. This dependent sediment is often an incidental finding or may be associated with concurrent endocrine disease such as hyperadrenocorticism or diabetes mellitus.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Fine needle aspirates of the spleen with cytology are recommended. A coagulation profile and platelet estimate prior to sampling are indicated to ensure the absence of coagulopathy. Occasionally some tissues are poorly exfoliative, or cytology is non-specific, in which case biopsy with histopathology may be required for a definitive diagnosis.

If the fever returns after finishing antibiotic therapy, consider a urinalysis and urine culture via cystocentesis to evaluate the urinary tract changes for potential urinary tract infection.

Additionally, echocardiogram and thoracic radiographs are recommended to further evaluate other potential sources of infection and subsequent pyrexia.





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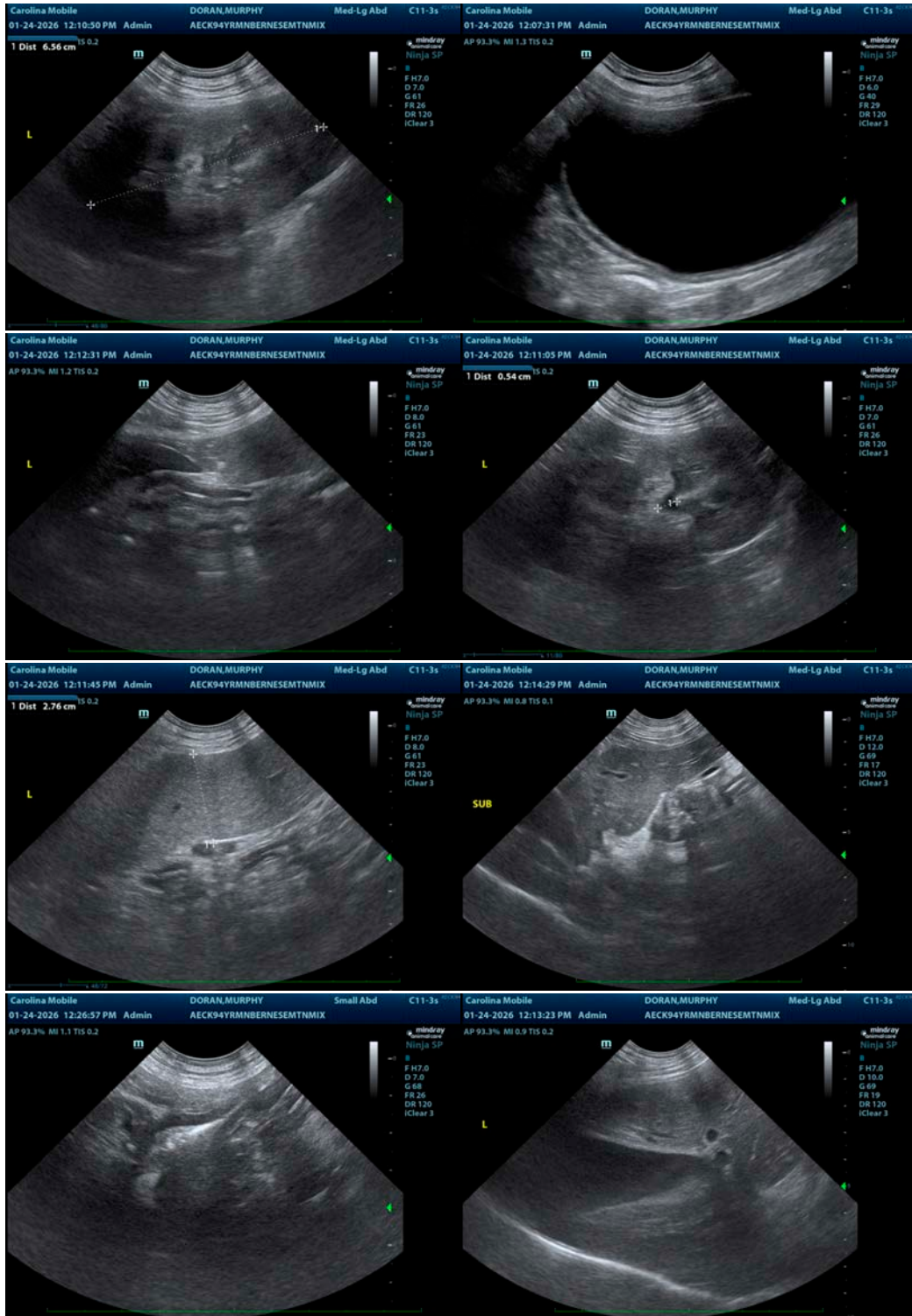
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Brad Harris, DVM, DACVECC, DACVIM (cardiology)

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