



PATIENT

Ellie Alejandro

SPECIES

Canine

BREED

Pug

SEX

Spayed Female

AGE

7 Years 10 Months

WEIGHT

33

INTERPRETED BY

Bradley Harris, DVM,
DACVECC, DACVIM
(cardiology)

IMAGING PERFORMED BY

Dr. Jenny Russell

HOSPITAL NAME

Southwest Texas
Veterinary Medical
Center

REFERRING VET

Dr. Jenny Russell

INVOICE

12167

DATE

11/10/25

PRESENTING CLINICAL SIGNS

On 10/31 8-year-old female pug "Ellie" presented for diarrhea of 2 days duration. Owner reports watery diarrhea but no vomiting. Patient is still eating and drinking, with owner noting increased water consumption. - Weight history review shows consistent range between 33-38 lbs- today Ellie is weighing 30 lbs - Diagnostic tests performed: * Fecal direct exam: Negative * Fecal flotation: Negative * Giardia test: Negative - Azithromycin prescription (250mg BID x 7 days) - liquid formulation preferred - FortiFlora probiotic supplement Labs uploaded cytology of aspirates pending

Abnormal PE/Chem/CBC/UA Results: Albumin 1.1 g/dL LOW (2.7 - 3.9) HIGH 4.4 - 14.6 WBC 34.7HIGH 4.4 - 14.6 Neutrophils 30781 /uL HIGH 2394 - 7514 Lymphocytes 2484 /uL 675 - 5305 Monocytes 2032 /uL HIGH 88 - 1024 Eosinophils 2333 /uL HIGH 0 - 990 and a UTI

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately distended with anechoic urine. The 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. 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. The left kidney measures 5.04 cm. The right kidney measures 5.36 cm.

Adrenal Glands

Both adrenal glands are slightly thin and flattened with an isoechoic parenchymal echotexture and normal phrenic vasculature. The left adrenal gland measures 0.46 cm x 2.3 cm. The right adrenal gland measures 0.44 cm x 1.6 cm.

Spleen

The spleen is slightly prominent with a diffusely mottled parenchyma echotexture and a hypoechoic well circumscribed rounded mass effect within the tail that measures approximately 1.99 cm x 2.11 cm and distorts the otherwise smooth splenic capsule. The vasculature is normal with no evidence of congestion, spontaneous echocontrast or thrombosis. The spleen measures 0.90 cm at the hilus.

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. The gallbladder has thin walls which contain anechoic bile. There is no evidence of intra- or extra-hepatic biliary dilation. The cystic and common bile ducts were normal. No hepatic lymphadenopathy is documented. There is no overt structural evidence of inflammatory, infiltrative or regenerative pathology evident.

Gastrointestinal



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The stomach is mildly distended with echogenic fluid. The gastric wall is within normal limits for thickness with maintenance of normal wall layering. The pylorus and pyloroduodenal junction appear patent with no discrete evidence or concern for a mechanical pyloric outflow obstruction. The small intestine is very minimally distended with echogenic fluid. The small intestinal mucosa is diffusely thickened and irregular with hyperechoic foci and striations consistent with lymphangiectasia. The remainder of the gastrointestinal wall layers are subjectively normal. The colon contains normal shadowing feces.

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

There is no overt lymphadenopathy noted. There is a mild amount of anechoic free fluid noted.

ULTRASONOGRAPHIC FINDINGS

- Both adrenal glands are flattened and isoechoic. This may be normal for this patient or potentially secondary to hypoadrenocorticism or adrenal burnout from chronic disease.
- 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 rounded hypoechoic mass effect may represent a benign change such as lymphoid hyperplasia or extramedullary hematopoiesis, however, infiltrative neoplastic disease such as Hemangiosarcoma or round cell neoplasia cannot be definitively ruled out.
- The changes to the gastrointestinal tract are most consistent with lymphangiectasia given the presence of concurrent hypoalbuminemia and free peritoneal effusion. A protein losing enteropathy is considered most likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An ACTH stimulation test is indicated to evaluate for potential hypoadrenocorticism. A baseline/resting cortisol less than 0.52 µg/dL significantly increases the index of suspicion for hypoadrenocorticism. A gastrointestinal panel (TLI, PLI, B12, folate) via Texas A&M gastrointestinal laboratory is indicated to further evaluate for potential chronic enteropathy. Ultimately, gastrointestinal biopsies may be required for a definitive diagnosis. In some cases of severe hypoalbuminemia, plasma transfusions are required to maintain plasma oncotic pressure especially in the face of persistent and aggressively recurrent effusions. Pending additional diagnostics, diet change to a low fat novel protein diet should be considered.



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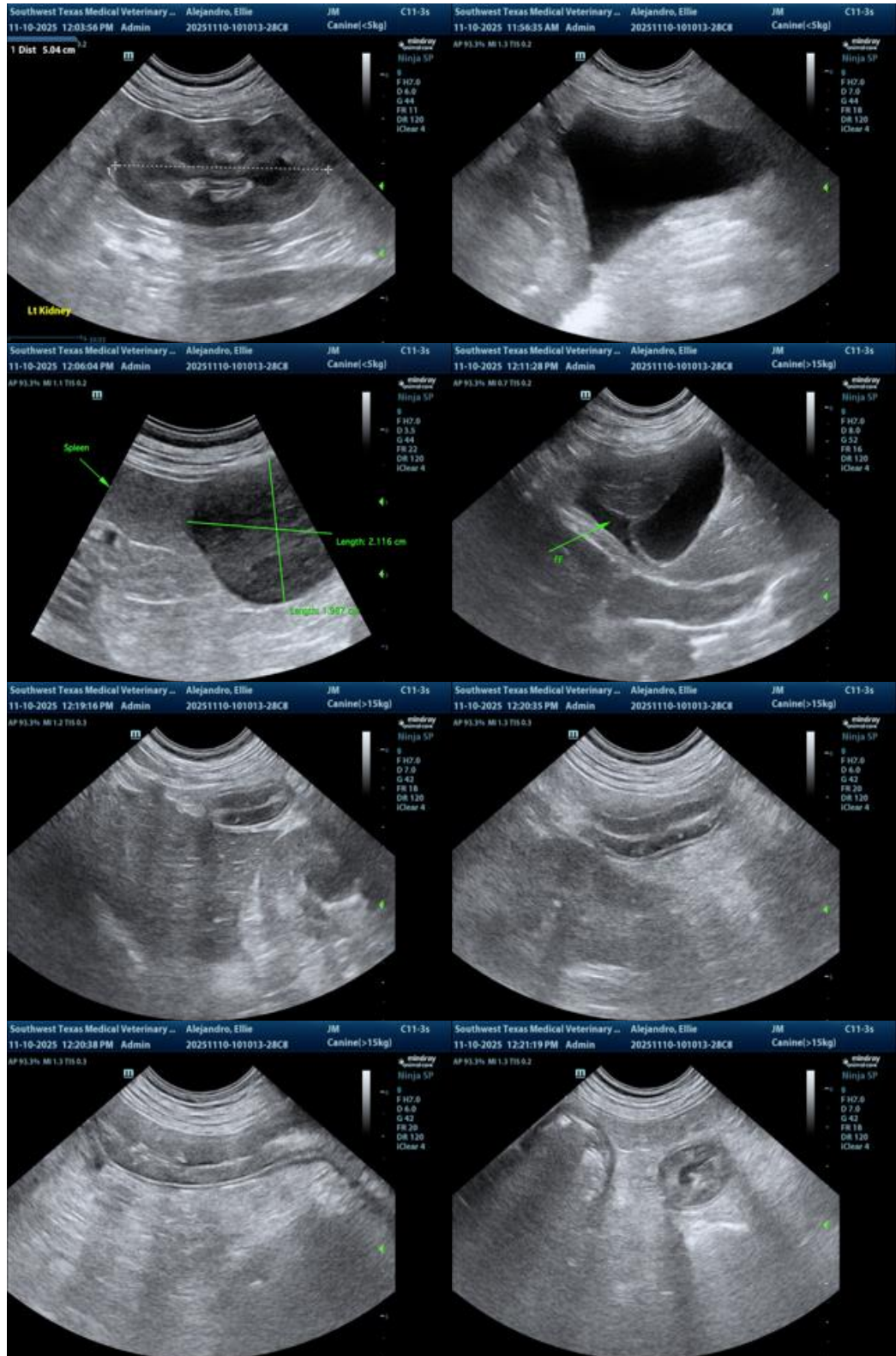
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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