



PATIENT

Storm Rollin

SPECIES

Canine

BREED

German Shepherd

SEX

Spayed Female

AGE

9 Years

WEIGHT

31.55

INTERPRETED BY

Brad Harris, DVM,
DACVECC, Residency
trained in cardiology

IMAGING PERFORMED BY

Dr. Alyssa Carver

HOSPITAL NAME

Animal Emergency
Hospital Volusia

REFERRING VET

Dr. Alyssa Carver

INVOICE

71845

DATE

11/15/25

PRESENTING CLINICAL SIGNS

P presented for not eating in the past 2 days. O says that 3 months ago they switched p to Farmers dog an about a month ago she started not wanting to eat it as much so they started adding chicken to her diet. O did mention that she has a history of stage 4 heart murmur. P did have blood work one at rDVM yesterday and they rec'd taking p to a specialist for possible liver issues. No history of c/s/v/d. Patient has been acting lethargic. O does not think that she got into anything.

Abnormal PE/Chem/CBC/UA Results: CPL: normal 4DX: negative Please see attached lab results and radiology report

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. The cortices are hyperechoic with a decrease in corticomedullary definition. The cortex to medulla ratio is appropriate with no significant pyelectasis or pelvic dilation. The renal capsules are mildly irregular bilaterally. Left kidney measures 5.7 cm. Right kidney measures 6.4 cm.

Adrenal Glands

The adrenal glands are not definitively visualized.

Spleen

The spleen measures 2.8 cm at the hilus. It is slightly prominent with a diffusely heterogeneous or mottled or reticular pattern. There is a single ill-defined hypoechoic nodule within the parenchyma that does not distort the splenic capsule. The capsule is smooth without significant irregularity. The splenic vasculature is normal without signs of congestion, spontaneous echo contrast, or thrombosis.

Liver

The liver is subjectively enlarged and diffusely mottled with a rounded contour. There are ill-defined heterogeneous lesions within the parenchyma of the caudal aspect of the liver that do not distort the hepatic capsule. There are multiple prominent hypoechoic hepatic lymph nodes. The vasculature is normal with no evidence of congestion. The gallbladder contains a mild amount of suspended echogenic debris and dependent sediment. The gallbladder wall is appropriately thin. There is no evidence of intra- or extra-hepatic biliary dilation. The cystic and common bile ducts were 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 ileocecolic junction are patent, and the colon contains normal shadowing feces. There is no evidence of shadowing obstructive material or overt infiltrative disease noted. No associated abnormal lymphatic activity is documented.



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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 additional lymphadenopathy noted.

The mesentery in the cranial abdomen is hyperechoic with evidence of possible peritonitis.

There is no significant free fluid identified.

ULTRASONOGRAPHIC FINDINGS

- The kidneys are relatively normal in size and structure, and cortex:medulla ratio (cortex 1/3 of medulla) is essentially maintained. There is age-related loss of the normal smooth capsular contour and C/M junction definition. The cortices are largely uniform in texture with mild hyperechogenicity expected for this patient's age. There is no evidence of pelvic dilation present.
- 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 single hypoechoic nodule within the splenic parenchyma likely represents benign change such as lymphoid hyperplasia or extramedullary hematopoiesis. However, infiltrative neoplastic disease cannot be definitively excluded.
- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory, immune-mediated, metabolic, or endocrine disease. Infiltrative neoplasia or acute hepatitis cannot be ruled out.
- 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.
- The enlarged hepatic lymph nodes are concerning for potential infiltrative disease such as round cell neoplasia. However, these may also be reactive secondary to hepatic inflammation or infectious disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urinalysis and, if indicated based on urinalysis results, urine culture is recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

Fine needle aspirates of the liver and spleen with cytology are recommended. A coagulation profile and platelet estimate prior to sampling are indicated to ensure the absence of coagulopathy. Occasionally



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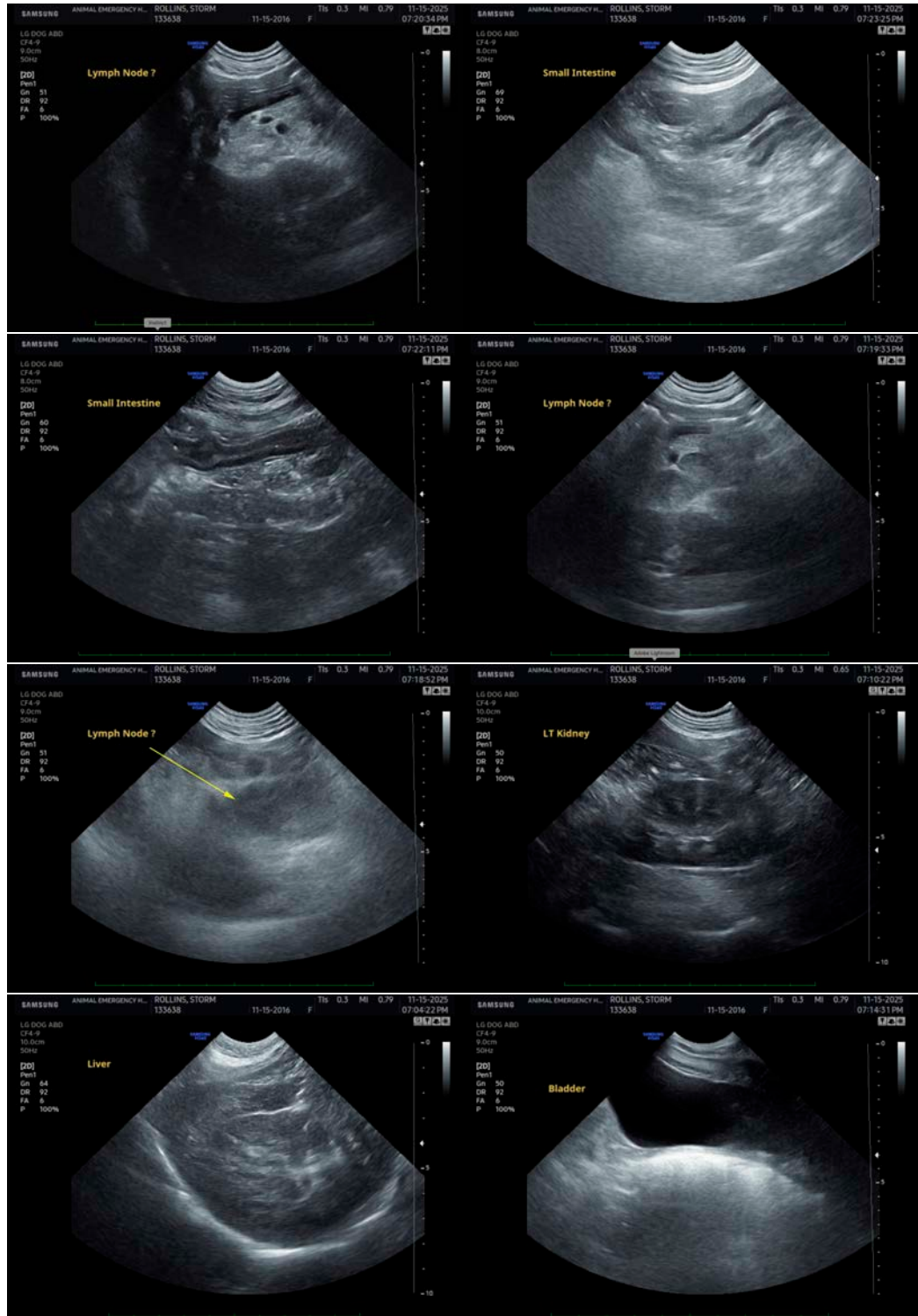
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some tissues are poorly exfoliative, or cytology is non-specific, in which case biopsy with histopathology may be required for a definitive diagnosis.





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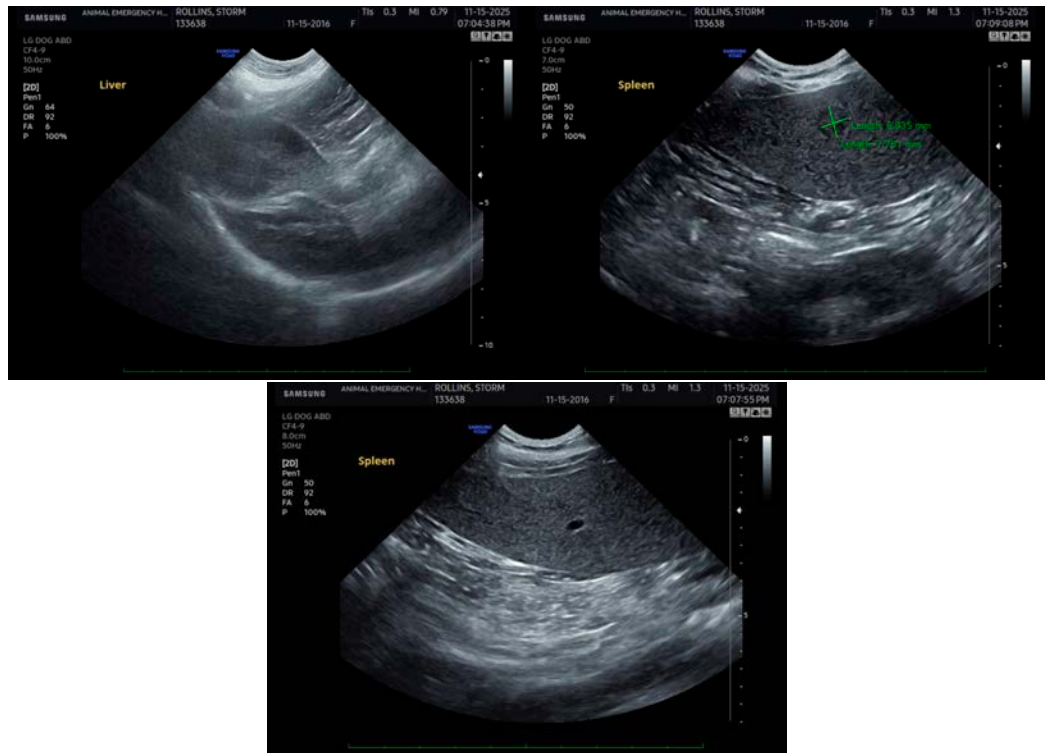
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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