PATIENT

Charlie Gall

SPECIES

Canine

BREED

Yorkie X

SEX

Neutered Male

AGE

14 Years

WEIGHT

7.7 kg

INTERPRETED BY

Bradley Harris, DVM, DACVECC, DACVIM (Cardiology)

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Dundas AH

REFERRING VET

Dr. Hall

INVOICE

35627

DATE

11/24/25

PRESENTING CLINICAL SIGNS

History: First presented Friday (Nov 21) for vomiting, unable to keep water/food down. Was given Emavert injection. No further vomiting until Sunday Started vomiting up water again, no interest in food Had a dark, tarry stool yesterday. On PE today - very tense and painful in abdomen. Salivating and lip licking constantly. Due to temperament very difficult to look in mouth/ back of throat. Dark/ tarry stool on thermometer probe. Temperature normal (38.7), HR 124 bpm, panting

Abnormal PE/Chem/CBC/UA Results: CBC and chem 17 + lytes: WBC 18.19 (5.05 - 16.76) Neutrophils 13.26 (2.95- 11.64) Monocytes 2.13 (0.16 - 1.12) Pancreatic lipase 349 (0 - 200) HCT WNL at 42.9 %

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is minimally 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 4.38 cm. The right kidney measures 4.06 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. The left adrenal gland measures 0.54 cm x 1.78 cm. The right adrenal gland measures 0.75 cm x 2.17 cm.

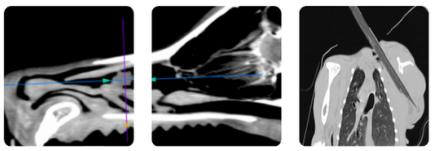
Spleen

The spleen is smooth with homogeneous parenchyma and hyperechoic to liver and renal cortical parenchyma. The capsule is without noticeable irregularity or deformation. The splenic vasculature is normal without signs of congestion, spontaneous echo contrast, or thrombosis. No evidence of acute or chronic inflammatory, neoplastic, or infarct are documented. The spleen measures 1.2 cm at the hilus.

Liver

The liver is subjectively normal in size and contour with a diffusely mottled or heterogenous parenchymal pattern and ill-defined subtle hypoechoic nodular changes throughout the parenchyma. The capsule is smooth with no irregularity. The vasculature is normal 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.



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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 ileocecocolic 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.

Pancreas

The base pancreas is prominent and hypoechoic with irregular margins and mixed hyper- and hypoechoic nodular changes.

Free Abdomen

There is no significant lymphadenopathy or free fluid.

ULTRASONOGRAPHIC FINDINGS

- 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 prominent, hypoechoic pancreas with an irregular contour and mixed ill-defined hyper and hypoechoic changes is most consistent with pancreatic remodeling and nodular hyperplasia. This may be secondary to active or acute-on chronic inflammatory disease or pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Fine needle aspirates of the liver 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.

A spec cPLI is recommended for further evaluation of the pancreas for active inflammation or pancreatitis.

Pending additional diagnostics, supportive care for pancreatitis or acute hemorrhagic diarrhea syndrome is recommended, as clinically indicated.

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info@thefocalzone.com
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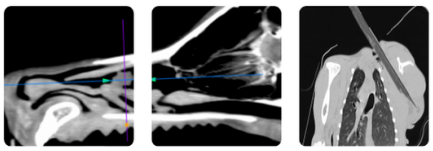

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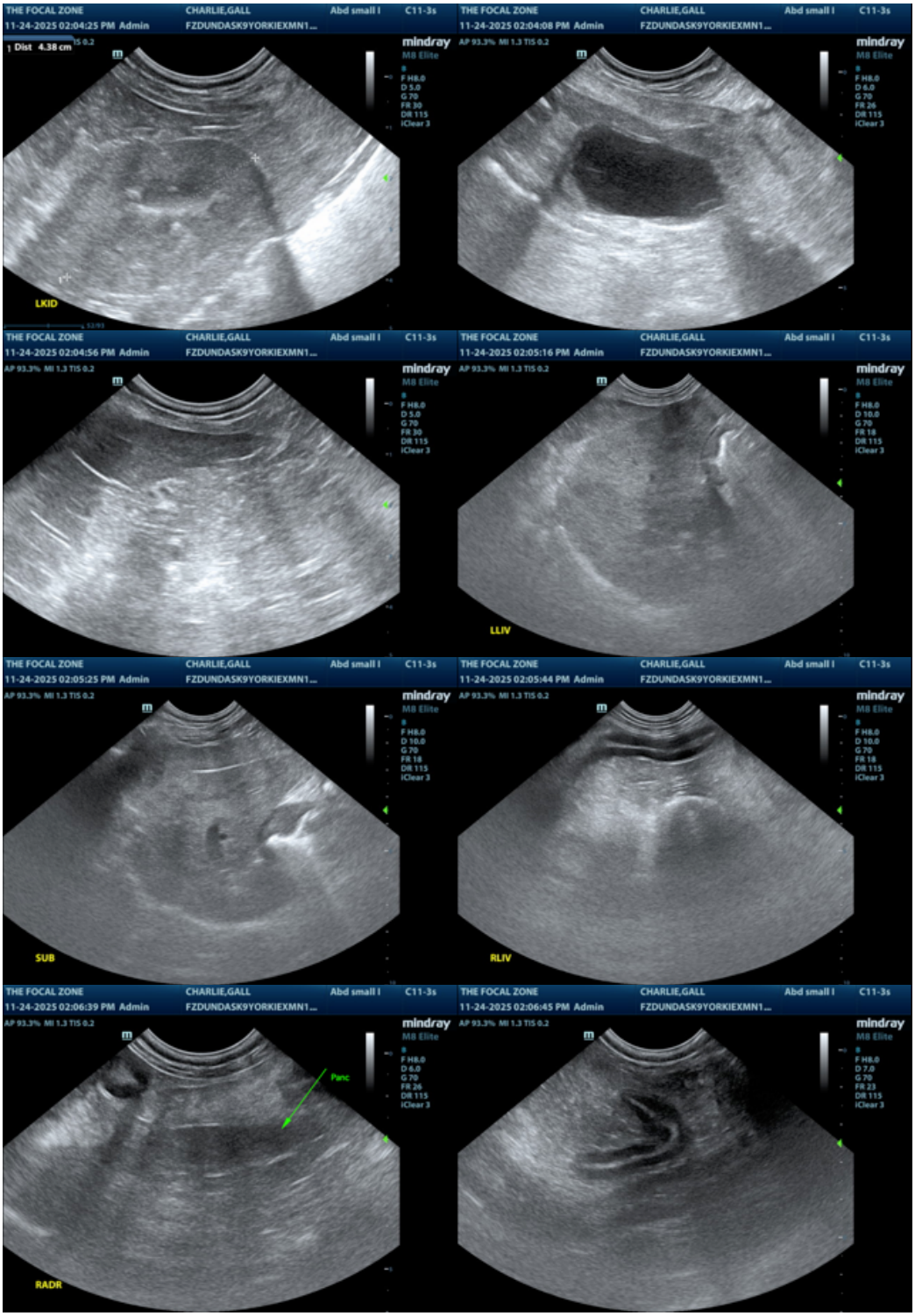

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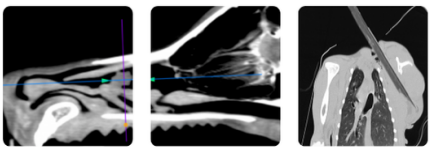

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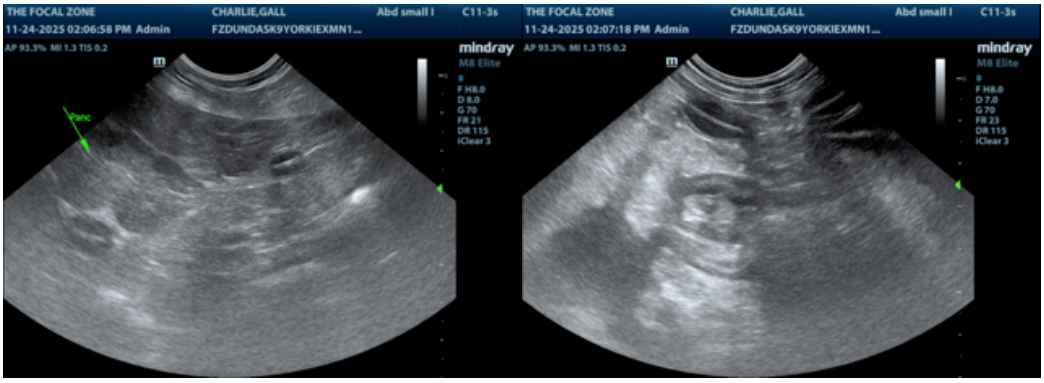

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Bradley Harris, DVM, DACVECC, DACVIM (Cardiology)

info@SonoPath.com