



PATIENT

Reese Seville

SPECIES

Canine

BREED

Pitbull

SEX

Spayed Female

AGE

7 Years

WEIGHT

63.3 Pounds

INTERPRETED BY

Bradley Harris, DVM,
DACVECC, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Dr. Mary Pearce

HOSPITAL NAME

Chambersburg AH

REFERRING VET

Dr. Mary Pearce

INVOICE

35623

DATE

11/24/25

PRESENTING CLINICAL SIGNS

History: Presenting for reevaluation after hospitalization at an emergency hospital on Saturday night. She initially presented to the ER with bloody diarrhea following a four-day history of lethargy. The diarrhea began in the morning, was dark and tarry, and then progressed to frank blood. Reese had not eaten in four days, but she was managed to eat a little bit of chicken on Saturday. She is drinking significantly more than usual but is not vomiting. There is no known ingestion of toxins or foreign bodies. The owner reports difficulty in administering the prescribed medications, which include omeprazole, sucralfate, gabapentin, and amoxiclav. Reese was febrile with a temperature of 104.9°F at the emergency hospital and was also dehydrated. P did not improve significantly with in hosp treatment and was discharged for further workup here. ER diagnostics: PCV 41%, TS 7.5, ALP 1,177, amylase 2,361, and lipase 5,342. BG 68, while K was normal with an Na/K ratio of 38. WBC were normal at 11.71, with normal neutrophils and decreased eosinophils at 0.01. PLT low at 95, confirmed low with a blood smear. BG improved to 86, HCT dropped to 33.5%, and WBCs remained stable, PLT dropped to 67. 4Dx negative. AFAST ultrasound performed, no evidence of free fluid and no obvious masses. Radiographs indicated gas throughout intestines with some food in stomach and a possibly enlarged spleen, no obvious FB or obstructive pattern. O is currently declining liver FNA and lymph node FNA.

Abnormal PE/Chem/CBC/UA Results: PE: Febrile 103.3. Hemorrhagic stools. Dehydrated 3-5%, lethargic, enlarged right submandibular LN and left inguinal LN palpable, slightly enlarged popliteal LNs. BW today: HCT 34.6%, WBC 13.48, immature neutrophils present, lymph low 0.54, PLT estimate 50-100, ALT 153, ALP 1832, pancreatic lipase 958 (0-200), amylase 1789.

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 8.47 cm. The right kidney measures 8.80 cm.

Adrenal Glands

The left adrenal gland is 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 0.67 cm x 2.75 cm.

The right adrenal gland is not definitively imaged.

Spleen



PATIENT

Reese Seville

SPECIES

Canine

BREED

Pitbull

SEX

Spayed Female

AGE

7 Years

WEIGHT

63.3 Pounds

INTERPRETED BY

Bradley Harris, DVM,
DACVECC, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Dr. Mary Pearce

HOSPITAL NAME

Chambersburg AH

REFERRING VET

Dr. Mary Pearce

INVOICE

35623

DATE

11/24/25

The spleen is prominent with a diffuse heterogenous mottled reticular pattern. There is subtle hyperechoic nodular changes that do not distort the otherwise smooth splenic capsule. The vasculature is normal with no evidence of spontaneous echo contrast, congestion, or thrombosis. The hyperechoic nodules are most consistent with myelolipomas. The spleen measures 3.0 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

The stomach is mildly distended with echogenic ingesta, as well as gas artifact shadowing. The pylorus and pyloroduodenal junction are patent with. No evidence of mechanical obstruction. The small intestine is minimally distended with echogenic ingesta with a slight to/fro motion consistent with ileus. The gastrointestinal wall is normal in thickness with maintenance of normal wall layering. There's no evidence of shadowing foreign material or mechanical obstruction identified. The colon contains normal shadowing feces.

Pancreas

The visible 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 or free fluid noted.

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.
- There are areas of minor gastrointestinal luminal fluid noted with echogenic contents and a to-fro motion consistent with ileus. There was no evidence of an obstructive pattern, and normal wall thickness and layering is retained throughout the gastrointestinal tract. This is a consistent response to irritation or inflammation. Gastroenteritis or pancreatitis should be considered.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Continued supportive care for presumptive acute hemorrhagic diarrhea syndrome or occult pancreatitis is indicated at this time. Consider a spec CPLI to further evaluate the pancreas for potential occult inflammation or pancreatitis.

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



PATIENT

Reese Seville

SPECIES

Canine

BREED

Pitbull

SEX

Spayed Female

AGE

7 Years

WEIGHT

63.3 Pounds

INTERPRETED BY

Bradley Harris, DVM,
DACVECC, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Dr. Mary Pearce

HOSPITAL NAME

Chambersburg AH

REFERRING VET

Dr. Mary Pearce

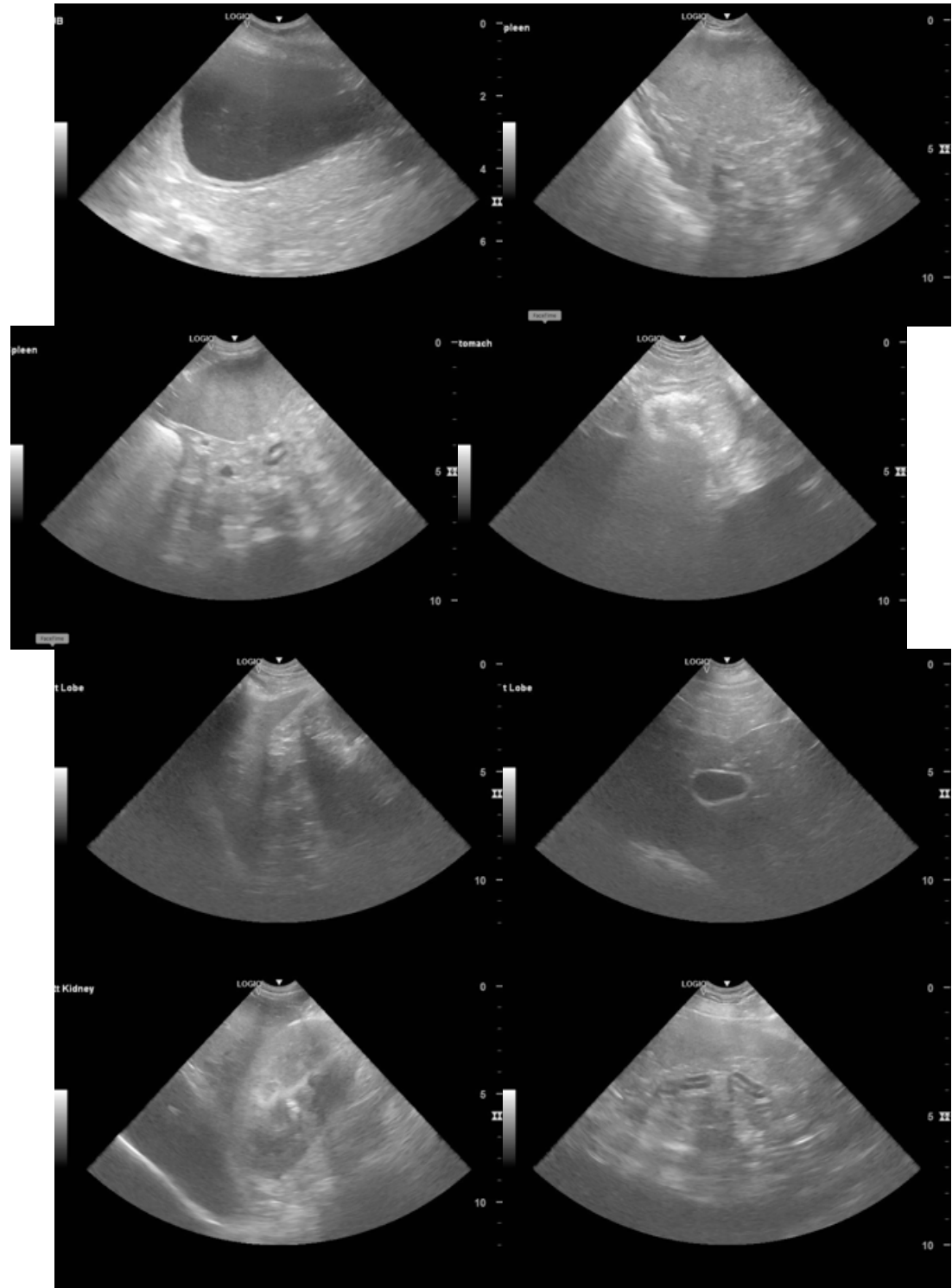
INVOICE

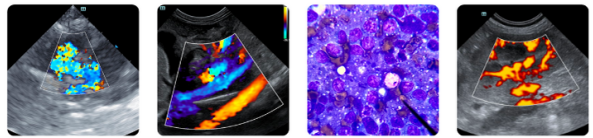
35623

DATE

11/24/25

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





PATIENT

Reese Seville

SPECIES

Canine

BREED

Pitbull

SEX

Spayed Female

AGE

7 Years

WEIGHT

63.3 Pounds

INTERPRETED BY

Bradley Harris, DVM,
DACVECC, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Dr. Mary Pearce

HOSPITAL NAME

Chambersburg AH

REFERRING VET

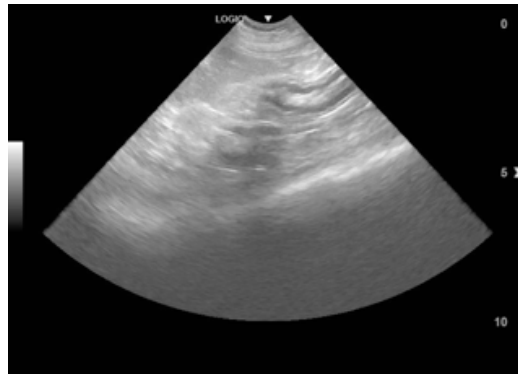
Dr. Mary Pearce

INVOICE

35623

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.

Bradley Harris, DVM, DACVECC, DACVIM (Cardiology)

info@SonoPath.com