



PATIENT

Scrappy Solomon

SPECIES

Canine

BREED

Golden Doodle

SEX

Spayed Female

AGE

11 Years

WEIGHT

29 Pounds

INTERPRETED BY

Bradley Harris, DVM,
DACVECC, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Dr. Vincent Tavella

HOSPITAL NAME

Williamsburg VC

REFERRING VET

Dr. Vincent Tavella

INVOICE

35626

DATE

11/24/25

PRESENTING CLINICAL SIGNS

History: Patient presents to clinic following seizure episode at home. Patient is diabetic - managed with vetsulin. BG on intake is 78 g/dL. Patient is also on cyclosporine for chronic management of severe atopic dermatitis.

Abnormal PE/Chem/CBC/UA Results: PE - Active dermatitis. No neurologic deficits. Chem CBC UA pending.

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. The cortices are hyperechoic with a loss of corticomedullary definition. There are renal cortical cystic changes with. Mild dystrophic mineralization noted bilaterally. The cortex to medulla ratio is appropriate with no significant pyelectasis or pelvic dilation. The renal capsules are mildly irregular bilaterally. The left kidney measures 5.34 cm. The right kidney measures 5.34 cm.

Adrenal Glands

The left adrenal gland is visualized and has a 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 0.55 cm at the caudal pole. The right adrenal gland is not definitively visualized.

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 1.3 cm at the hilus.

Liver

The liver is subjectively enlarged and diffusely hyperechoic with scattered hypoechoic nodular changes throughout the parenchyma. The hepatic capsule is mildly rounded at the margins. The vasculature is normal with no evidence of congestion. The gallbladder is mildly distended with a mild to moderate amount of suspended echogenic debris and dependent sediment.

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

There is no overt lymphadenopathy or free fluid noted.

ULTRASONOGRAPHIC FINDINGS

- There is increased renal cortical echogenicity and thickening with a mildly irregular capsular contour. Multifocal cystic cortical changes are noted. This is secondary cystic formation consistent with degenerative changes and remodeling. There is no evidence of abscessation or suspicion of neoplasia. Dystrophic mineralization was noted and is non-obstructive at this time, with no evidence of pyelectasis.
- The liver is mildly enlarged and uniform with hyperechoic parenchymal changes. There were subtle, hypoechoic heterogenous nodular changes. The gallbladder and common bile duct were unremarkable other than a minor amount of gallbladder sludge/debris. This is a common finding in patients with diabetes mellitus or other endocrinopathies.
- There is no overt underlying etiology for the reported neurologic episode noted in the history.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A urinalysis and urine culture via cystocentesis are recommended to evaluate the urinary tract changes for potential urinary tract infection.

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.

If the patient is hypoglycemic, an insulin:glucose ratio is recommended to further evaluate for potential occult insulinoma despite lack of overt pancreatic nodules or masses noted on ultrasound.



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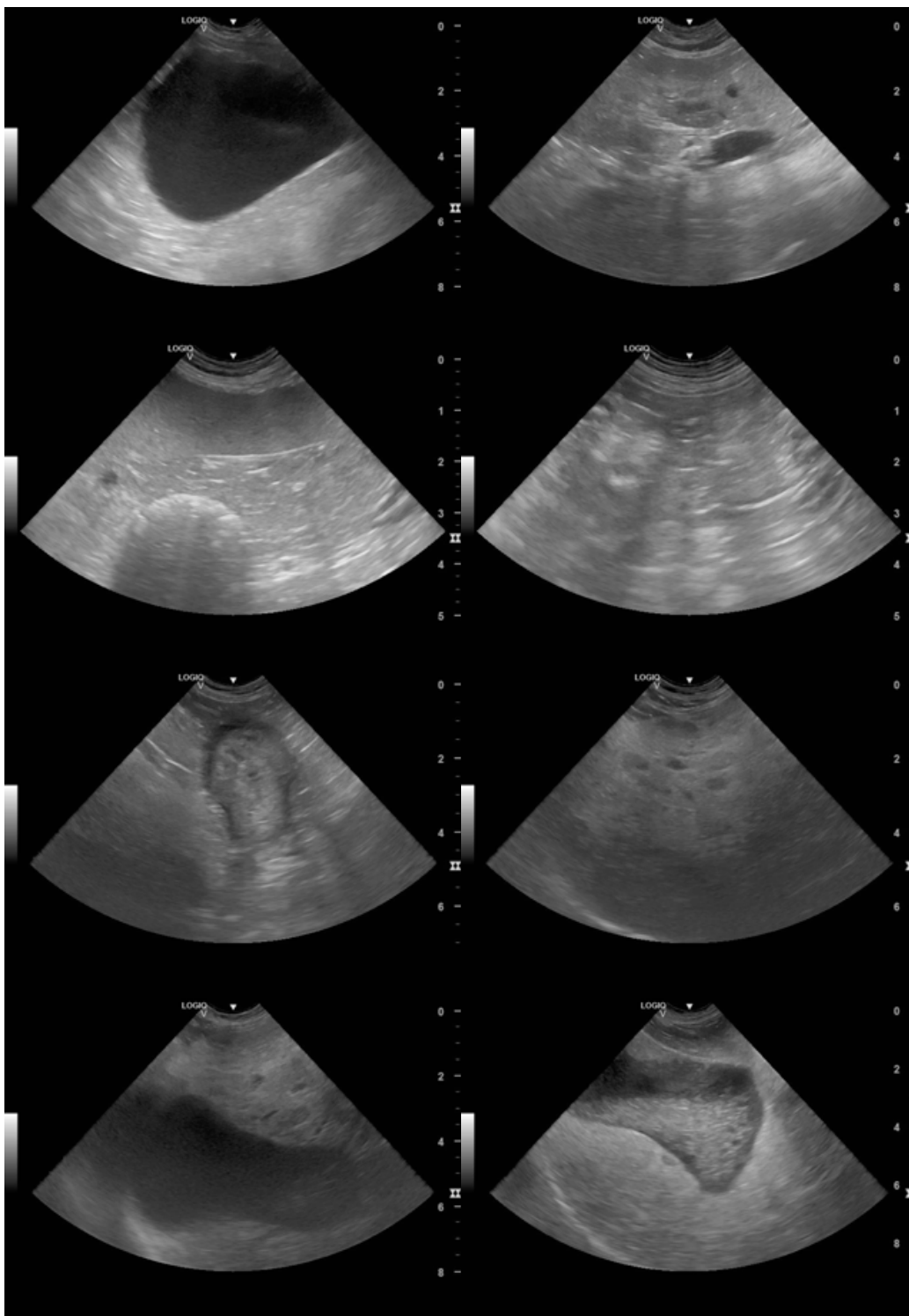
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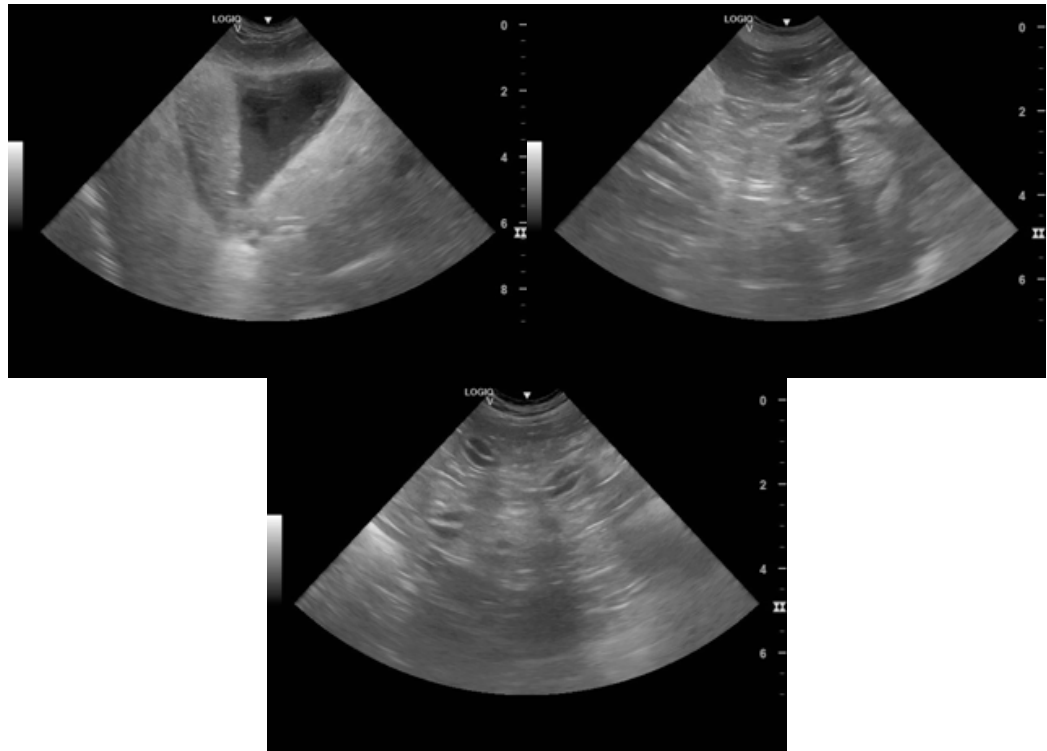
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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