



## PATIENT

Rosie Oates

## SPECIES

Canine

## BREED

Lab x

## SEX

Spayed Female

## AGE

9 Years

## WEIGHT

51 lbs

## INTERPRETED BY

Brad Harris, DVM,  
DACVECC, Residency  
trained in cardiology

## IMAGING PERFORMED BY

Jill Rumachik

## HOSPITAL NAME

Clarity Imaging LLC

## REFERRING VET

Dr. Kara Hutter

## INVOICE

71526

## DATE

11/3/25

## PRESENTING CLINICAL SIGNS

Acutely lethargic over the weekend (o's report laterally recumbent for most of it) - not eating/drinking; no v/d. O reports lawn was treated with pesticide on 10/7/25 - concerned she ate something in the yard.

Abnormal PE/Chem/CBC/UA Results: 11/3/25: CBC: wnl; ALP = 158; ALT = 155; K+ = 3.5

## 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. The bladder is adequately distended with anechoic urine with a mild amount of suspended echogenic mobile debris. The ureteral papillae appear normal. There is no evidence of inflammatory, infiltrative, or neoplastic disease.

The kidneys are normal in size. The cortices are mildly hyperechoic with a mild decrease in corticomedullary definition. There is mild dystrophic mineralization present with a normal cortex to medulla ratio and no significant pyelectasis or ureteral dilation. The renal capsules were mildly irregular bilaterally. Left kidney measures 5.31 cm. Right kidney measures 5.18 cm.

### *Adrenal Glands*

The adrenal glands are not visualized.

### *Spleen*

The spleen measures 2.78 cm. It is mildly prominent, with a diffuse mildly heterogeneous parenchyma and a smooth capsule without significant irregularity or deformation. The splenic vasculature is normal without signs of congestion, spontaneous echo contrast, or thrombosis.

### *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 partially shadowing contents. The pylorus and pyloroduodenal junction appear patent. There is no significant fluid accumulation or evidence for mechanical pyloric outflow obstruction. The small intestine is non-distended with normal wall thickness and maintenance of normal wall layering. There is no shadowing material or other concern for mechanical obstruction. The colon contains normal shadowing feces.

### *Pancreas*

The pancreas appears mildly prominent and hypoechoic with subtle hyper- and hypoechoic nodular changes. There is mild hyperechoic regional mesentery or omental fat. There is no significant lymphadenopathy or free fluid noted.



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## ULTRASONOGRAPHIC FINDINGS

- The urinary bladder contains echogenic, suspended debris contrasted with anechoic urine. This is often related to urinary tract infection but may represent exfoliated debris or sterile inflammation.
- 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. Dystrophic mineralization was noted and appears non-obstructive at this time, with no evidence of pyelectasis.
- 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 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

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 spleen 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.

Consider a cPLI to further evaluate for potential active pancreatic inflammation or pancreatitis as an underlying cause of the clinical signs.

Pending additional diagnostics, consider supportive care for an acute gastroenteritis.





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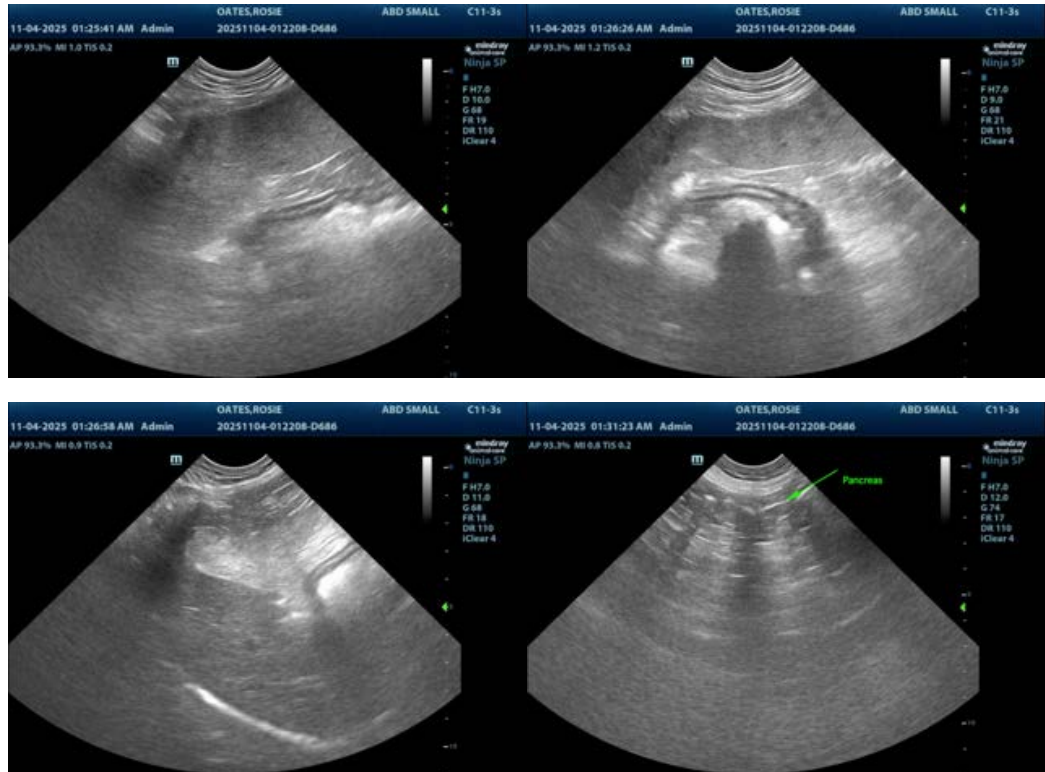
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Brad Harris, DVM, DACVECC, Residency trained in cardiology

[info@SonoPath.com](mailto:info@SonoPath.com)