



PATIENT

Charlie Peterson

SPECIES

Canine

BREED

Poodle x

SEX

Neutered Male

AGE

6

WEIGHT

7.6 kg

INTERPRETED BY

Brad Harris, DVM,
DACVECC, DACVIM
(cardiology)

IMAGING PERFORMED BY

Dr. Chris Hovenden

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Chris Hovenden

INVOICE

72560

DATE

12/14/25

PRESENTING CLINICAL SIGNS

pt stopped eating around Thanksgiving and was acting lethargic. Owners took pt to rDVM on the 2nd where bloodwork was ran and pt had a cPL of 1388 U/L. Owners took pt home and was giving the meds and a bland diet can food that pt did not like. Pt was barely eating and was getting about 1/2 can of food, boiled chicken, rice and chicken stock when pt does eat. Owners did switch pt to a different bland diet to see if pt like it more but pt did not eat it and so they switched to another food. Owners called the rDVM about a week ago where they added ondansetron. Thursday was the last day that pt had a small normal BM, Saturday pt had a small amount of D+ and has been lethargic since. pt has lost weight within the past few weeks as well. Pt started at 19 lbs last month and is now around 16 lbs per owner. Pt has not vomited at all, no c/s, shaking more and not e/d.

Abnormal PE/Chem/CBC/UA Results: EPOC: pH 7.475(H), HCT 50%(N)

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 cortex is hyperechoic with a decrease in corticomedullary definition. The cortex to medulla ratio is normal with no pyelectasis or pelvic dilation. The renal capsules are mildly irregular bilaterally. Left kidney measures 4.2 cm. Right kidney measures 4.47 cm.

Adrenal Glands

The adrenal glands are not definitively visualized.

Spleen

The spleen measures 1.04 cm at the hilus. It 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.

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 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



PATIENT

Charlie Peterson

SPECIES

Canine

BREED

Poodle x

SEX

Neutered Male

AGE

6

WEIGHT

7.6 kg

INTERPRETED BY

Brad Harris, DVM,
DACVECC, DACVIM
(cardiology)

IMAGING PERFORMED BY

Dr. Chris Hovenden

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Chris Hovenden

INVOICE

72560

DATE

12/14/25

evidence of shadowing obstructive material or overt infiltrative disease noted. No associated abnormal lymphatic activity is documented.

Pancreas

The visible pancreas is 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 overt lymphadenopathy or peritoneal effusion was present.

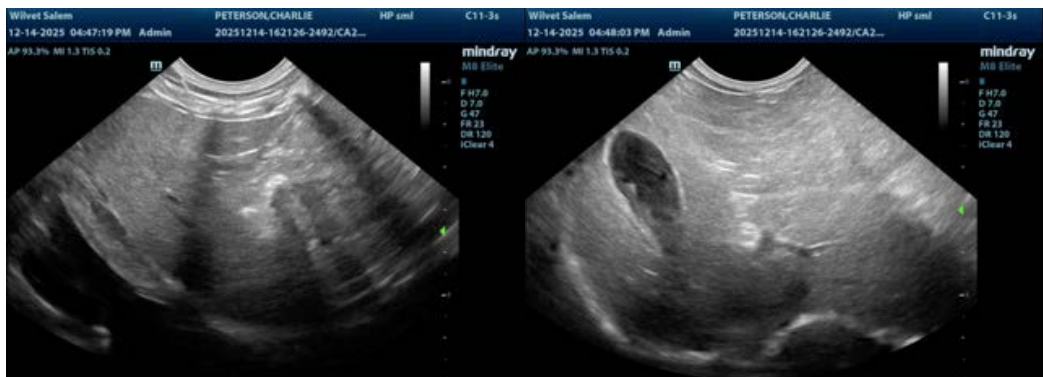
ULTRASONOGRAPHIC FINDINGS

- 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 normal appearance of the pancreas does not exclude resolving or chronic pancreatitis as an underlying cause of the clinical signs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Continued supportive care for suspected pancreatitis, as clinically indicated, is recommended.

A gastrointestinal panel (TLI, PLI, B12, folate) via Texas A&M gastrointestinal laboratory is indicated to further evaluate for potential chronic enteropathy. Ultimately, gastrointestinal biopsies may be required for a definitive diagnosis.





PATIENT

Charlie Peterson

SPECIES

Canine

BREED

Poodle x

SEX

Neutered Male

AGE

6

WEIGHT

7.6 kg

INTERPRETED BY

Brad Harris, DVM,
DACVECC, DACVIM
(cardiology)

IMAGING PERFORMED BY

Dr. Chris Hovenden

HOSPITAL NAME

Wilvet Salem

REFERRING VET

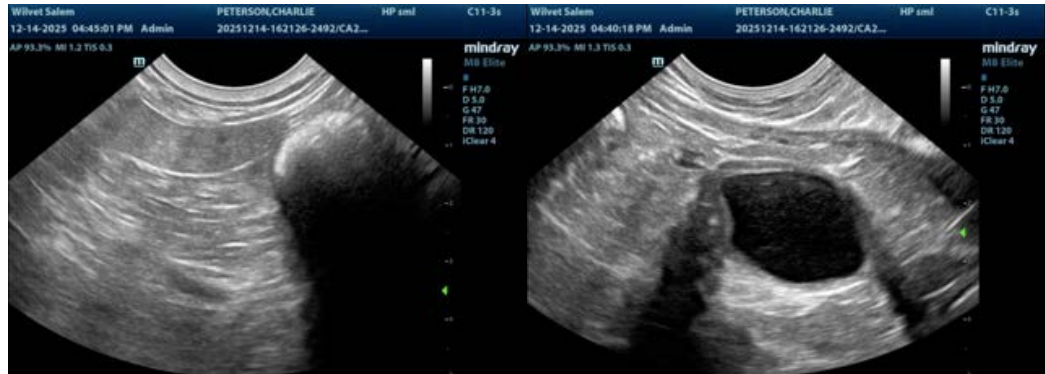
Dr. Chris Hovenden

INVOICE

72560

DATE

12/14/25



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.

Brad Harris, DVM, DACVECC, DACVIM (cardiology)

info@SonoPath.com