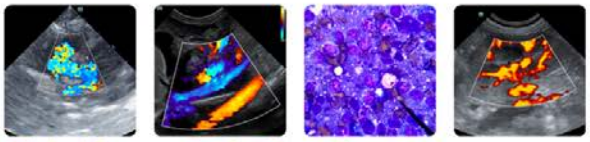


PATIENT

Cooper Chapman

SPECIES

Canine

BREED

Pug x

SEX

Neutered Male

AGE

7 Years

WEIGHT

14.2

INTERPRETED BY

Brad Harris, DVM, DACVECC, DACVIM (cardiology)

IMAGING PERFORMED BY

Dr. Dakota Harmon

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Dakota Harmon

INVOICE

72550

DATE

12/14/25

PRESENTING CLINICAL SIGNS

P presents as a transfer from VCA. Vomited twice 3 days ago (undigested food), continuing thru today (3 times). U/D & E/D wnl. No D. Decreased energy during walk today Temperature | 101°F Pulse/Heart Rate | 180bpm Respiratory Effort | Pant Mucous Membranes | Pk/M Capillary Refill Time (CRT) | <2s Mentation/Attitude | Dull

Abnormal PE/Chem/CBC/UA Results: CBC: HCT 50.9 (N), WBC 12.38 (N), PLT 310 (N)- normal CBC Chem17: Glu 108 (N), BUN 7 (N), Creat 0.6 (N), ALT 985 (H), ALP 607 (H), GGT 16 (H), Cholesterol 345 (H) CPL: 349 (equivocal range) PT: 14 (N) PTT: 106 (H) Cardiovascular- normal rate and rhythm. No Murmur Respiratory/Thorax-normal Bronchovesicular sounds bilaterally. Eupnic No coughing/sneezing. Abdomen/Gastrointestinal- Not painful, soft. No organomegaly or obvious masses. Rectal- Normal stool. No masses or swellings Integument- Clean hair, no ectoparasites or lesions. Lymphatic- No external lymphadenopathy Musculoskeletal- Ambulatory on all limbs. Normal range of motion. No muscle atrophy Neurologic- Appropriate mentation. Normal cranial nerve. Normal postural reflexes. Urinary- Small and soft bladder.

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 cortices are hyperechoic with a decrease in corticomedullary definition. The cortex to medulla ratio is appropriate. There is no significant pyelectasia or pelvic dilation identified. Left kidney measures 5.0 cm. Right kidney measures 5.67 cm.

Adrenal Glands

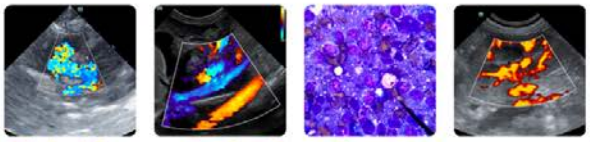
The adrenals are not definitively visualized.

Spleen

The spleen measures 1.66 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 mildly enlarged with a slightly hyperechoic parenchyma. The hepatic vasculature appears normal with no evidence of congestion. The gallbladder has thin walls which contain anechoic bile.



PATIENT

Cooper Chapman

SPECIES

Canine

BREED

Pug x

SEX

Neutered Male

AGE

7 Years

WEIGHT

14.2

INTERPRETED BY

Brad Harris, DVM, DACVECC, DACVIM (cardiology)

IMAGING PERFORMED BY

Dr. Dakota Harmon

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Dakota Harmon

INVOICE

72550

DATE

12/14/25

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

There is hyperechoic tissue in the region of what is suspected to be the right pancreas that is prominent and slightly irregular with mildly hyperechoic mesentery or omental fat. There is no overt lymphadenopathy or free fluid noted.

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 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

Note: Only still images were provided, so complete evaluation is limited.

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.

Given the borderline or equivocal pancreatic lipase value on chemistry panel, consider supportive care for pancreatitis at this time.

PATIENT

Cooper Chapman

SPECIES

Canine

BREED

Pug x

SEX

Neutered Male

AGE

7 Years

WEIGHT

14.2

INTERPRETED BY

Brad Harris, DVM, DACVECC, DACVIM (cardiology)

IMAGING PERFORMED BY

Dr. Dakota Harmon

HOSPITAL NAME

Wilvet Salem

REFERRING VET

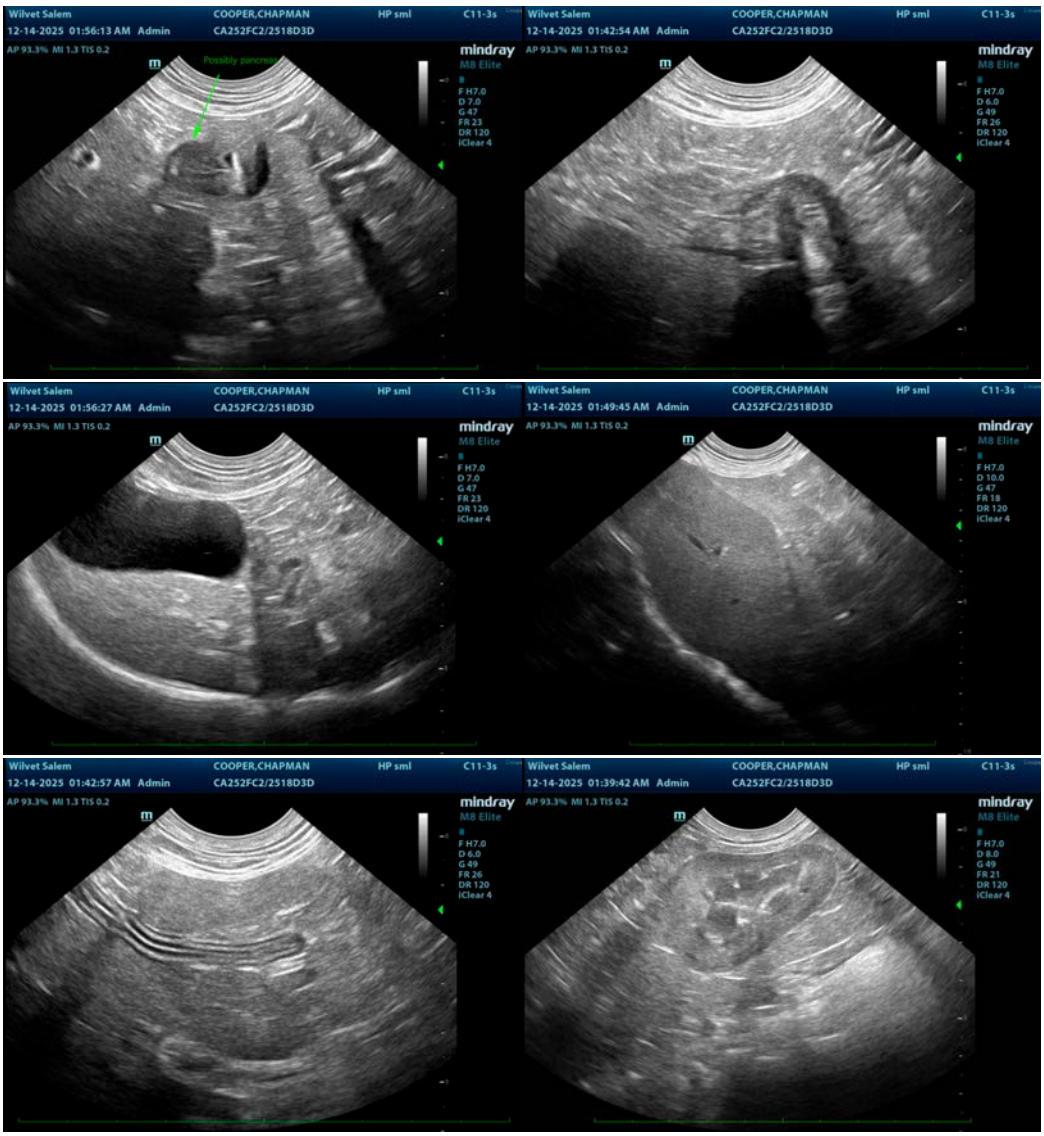
Dr. Dakota Harmon

INVOICE

72550

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