



PATIENT

Hodgkins Annie

SPECIES

Canine

BREED

Poodle

SEX

Spayed Female

AGE

13 Years

WEIGHT

22.4

INTERPRETED BY

Brad Harris, DVM,
DACVECC, DACVIM
(cardiology)

IMAGING PERFORMED BY

Dr. Maria Lara

HOSPITAL NAME

Allure Veterinary
Hospital & Urgent Care

REFERRING VET

Dr. Maria Lara

INVOICE

72553

DATE

12/14/25

PRESENTING CLINICAL SIGNS

Patient presented for acute onset of lethargy, vomiting and diarrhea. Physical exam revealed elevated HR, significant dehydration, continued hematochezia and severe abdominal pain. Owner reports that the patient has a history of elevated kidney values and pcDVM has raised a concern for hyperadrenocorticism. 12/13 Patient was diagnosed with Pancreatitis.

Abnormal PE/Chem/CBC/UA Results: 12/13 CBC RBC 9.16 M/mcL (5.65-8.87) H Retuc. 120.9 K/mcL (10.0-100.0) H LYMP 1.04 K/mcL (1.05-5.1) L Chem CREA 3.3 mg/dL (0.5-1.8) H BUN 29 mg/dL (7-27) H K 3.2 mmol/L (3.5-5.8) L ALT 306 U/L (10-125) H ALP >2000 U/L (23-212) H GGT 30 U/L (0-11) H CHOL 489 mg/dL (110-320) H TBIL 1.0 mg/dL (0.0-0.9) H LIP 3,596 U/L (200-1800) H Pancreatic Lipase 807 U/L (0-200) H Recheck 12/14 AM Chem CREA 2.6 mg/dL (0.5-1.8) H K 6.9 (3.5-5.8) H (Was being supplemented, stopped after this result was obtained) TP 4.8 g/dL (5.2-8.2) H ALT 182 U/L (10-125) H ALP 1923 U/L (23-212) H GGT 34 U/L (0-11) H CHOL 418 mg/dL (110-320) H

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 contains a mild amount of suspended mobile echogenic 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 hyperechoic with a loss of corticomedullary definition. There is multifocal dystrophic mineralization noted with no pyelectasis or pelvic dilation. The cortex to medulla ratio is appropriate. The renal capsules are mildly irregular bilaterally. Left kidney measures 5.53 cm. Right kidney measures 5.84 cm.

Adrenal Glands

Both adrenal glands are 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. Left measures 0.47 cm at the caudal pole. Right measures 0.56 cm at the caudal pole.

Spleen

The spleen measures 1.26 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 enlarged with rounded margins and a diffusely hyperechoic and mottled parenchymal echotexture. The gallbladder contains a mild amount of suspended echogenic, partially organizing debris and inspissated bile. The gallbladder walls are appropriately thin, and there is no evidence of intra- or extrahepatic biliary dilation. The cystic and common bile ducts were normal.



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Gastrointestinal

The gastrointestinal tract is multifocally distended with anechoic fluid and mild echogenic contents with a to-fro motion consistent with ileus. The gastrointestinal wall is normal in thickness with maintenance of normal wall layering. The colon contains normal shadowing feces.

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 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 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 gallbladder contains echogenic, suspended and dependent unorganized debris. This is not yet to the level of an organized mucocele, however early/developing mucocele cannot be ruled out. This dependent sediment is often an incidental finding or may be associated with concurrent endocrine disease such as hyperadrenocorticism or diabetes mellitus.
- The mild changes to the gastrointestinal tract dilation and echogenic contents likely represents a functional ileus. However, a mechanical ileus secondary to foreign body obstruction cannot be definitively excluded at this time. Similarly, the normal appearing pancreas does not definitively excluded pancreatitis as an underlying cause of the clinical signs, especially given the biochemical profile changes that are consistent with pancreatitis.

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.



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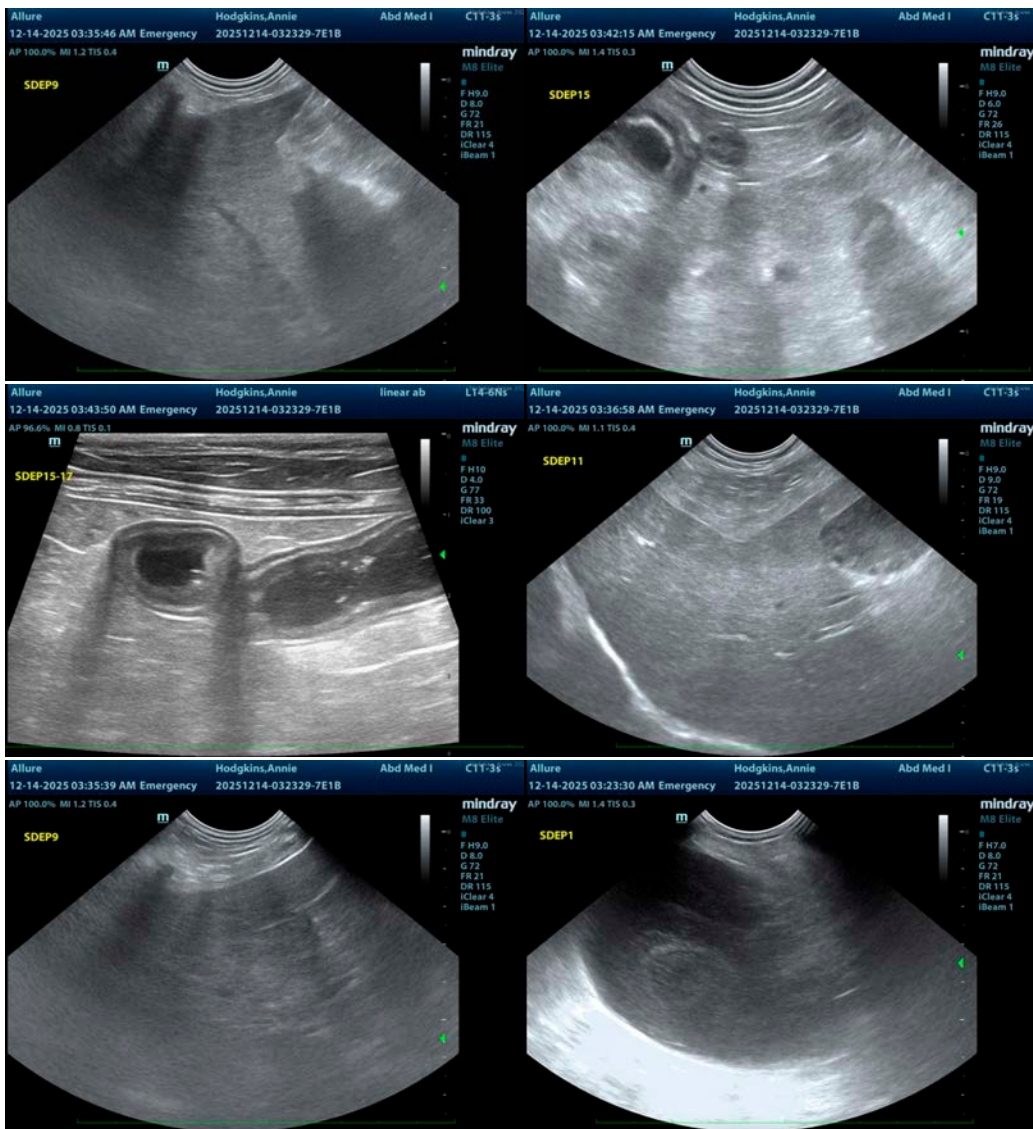
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Supportive care for gastroenteritis and pancreatitis, as clinically indicated, is recommended at this time. Serial imaging should also be considered, especially if the patient does not improve, or clinically worsens in the next 12-24 hours.





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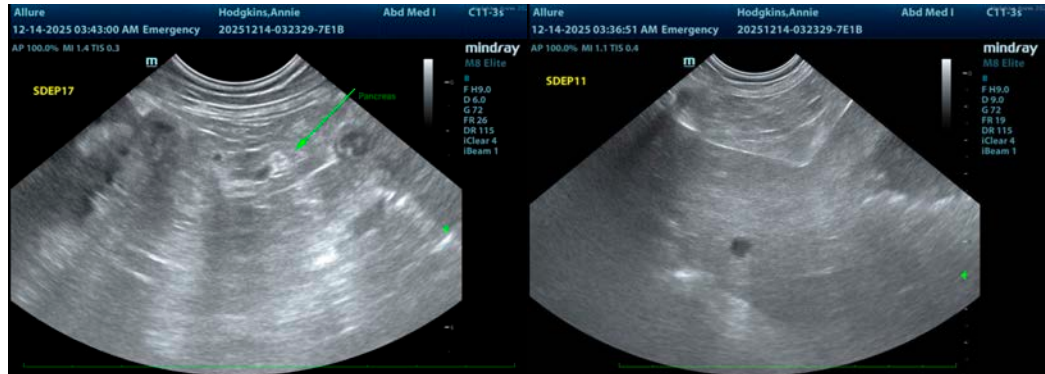
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, DACVIM (cardiology)

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