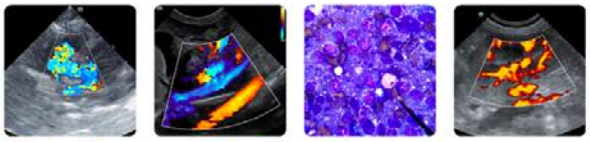

PATIENT

Izzy Francano

SPECIES

Canine

BREED

Pit Bull x

SEX

Spayed Female

AGE

8

WEIGHT

24.6

INTERPRETED BY

Brad Harris, DVM, DACVECC, DACVIM (cardiology)

IMAGING PERFORMED BY

Dr. Harmon

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Harmon

INVOICE

72549

DATE

12/14/25

PRESENTING CLINICAL SIGNS

P presents for bloody d+/ d/c. This morning P v+ 2 times. Has had no interest in eating, last ate yesterday morning. No current meds, had parvo/parasite tested at rdvm last month. P seems more leth.

All started about 2 months ago with first credelio dose then worsened last month with second credelio Abnormal PE/Chem/CBC/UA Results: Preanesthetic BW: CBC: HCT 39.7, WBC 13.87, neut 2.75 (L), suspected bands, lymph 3.46, mono 7.64 (H), eos 0.02 (L), PLT 169 Chem10: BUN 6 (L) ePOC: pH 7.336 (L), sodium 139 (L), Lactate 5.11 (H), BUN 6 (L), HCT 43

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 with no overt pyelectasis or pelvic dilation. There is mild multifocal dystrophic mineralization noted with irregular capsules bilaterally. Left kidney measures 6.84 cm. Right kidney measures 7.86 cm.

Adrenal Glands

The adrenals are not definitively visualized.

Spleen

The spleen measures 1.92 cm at the hilus. It is subjectively enlarged with a diffuse heterogeneous or mottled reticular pattern. The splenic vasculature is normal without signs of congestion, spontaneous echo contrast, or thrombosis.

Liver

The liver is diffusely mottled or heterogeneous with subjectively normal size and contour. Vasculature is within normal limits with no evidence of congestion. The visible gallbladder is normal.

Gastrointestinal

The visible 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

In the region of the pancreas there is hypoechoic and irregular tissue that appears to be mildly enlarged with regional hyperechoic mesentery or omental fat. There is an additional hyperechoic lesion in what is suspected to be the mid abdomen that is suspected to be mesenteric lymphadenopathy. However, this can't be definitively confirmed with the still images provided. There is no overt free fluid noted.

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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. Dystrophic mineralization was noted and appears non-obstructive at this time, with no evidence of pylectasis.

- 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 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.

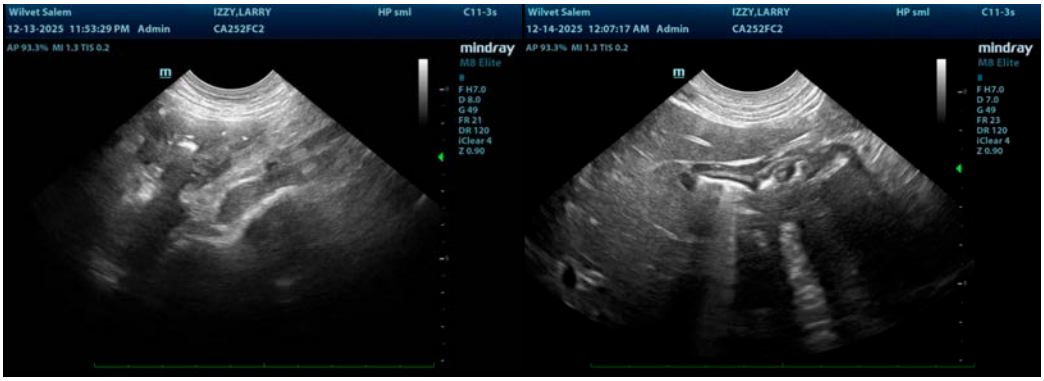
- The prominent, hypoechoic pancreas with an irregular contour and mixed ill-defined hyper and hypoechoic changes is most consistent with pancreatic remodeling and nodular hyperplasia. This may be secondary to active or acute-on chronic inflammatory disease or pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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 and 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.

A cPLI is indicated to evaluate the pancreas for potential active pancreatic inflammation or pancreatitis. Consider supportive care for gastroenteritis or pancreatitis as clinically indicated pending additional diagnostics.



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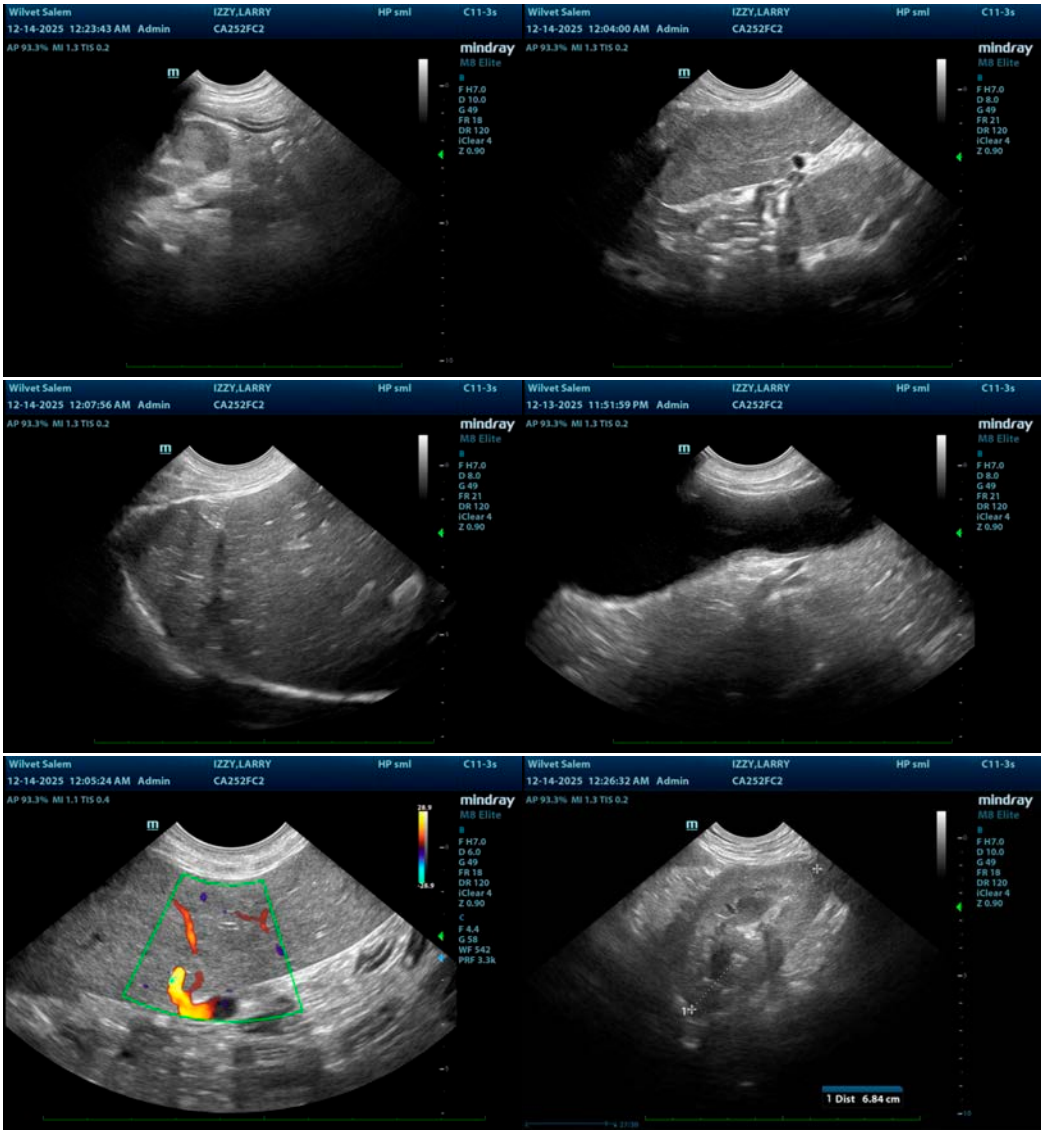

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@SonoPath.com