



PATIENT

Fergus Oldenshawa

SPECIES

Canine

BREED

Shep x

SEX

Neutered Male

AGE

4 Years

WEIGHT

43.9 kg

INTERPRETED BY

Brad Harris, DVM,
 DACVECC, DACVIM
 (cardiology)

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

BPH Stoney Creek

REFERRING VET

Dr. Salib

INVOICE

72817

DATE

12/29/25

PRESENTING CLINICAL SIGNS

Elevated liver enzymes Current Medications Gabapentin 400mg, Cerenia 160mg, Zentonil 400mg

Abnormal PE/Chem/CBC/UA Results: In-house Blood Work: Mild dehydration was noted. ALT: 1739 U/L (reference range 10-125 U/L). This value was obtained after multiple dilutions. ALP: Unreadably high on the in-house analyzer. GGT: 31 U/L (reference range 0-11 U/L). Total Bilirubin: 11 umol/L (reference range 0-15 umol/L). Within normal limits.

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 and structure, with appropriate corticomedullary definition and cortex to medulla ratio. The cortices are uniform in texture with normal echogenic relationship to liver and spleen. The medullary structure differed distinctly from the cortex and no evidence of pyelectasis is present. The capsules are uniform without significant irregularities noted. Left measures 7.66 cm. Right measures 8.03 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 0.88 cm x 3.0 cm. Right measures 0.73 cm x 2.96 cm.

Spleen

The spleen measures 2.7 cm at the hilus. It is prominent and diffusely hyperechoic with a mottled or heterogeneous reticular parenchymal pattern. The vasculature is normal without signs of congestion, spontaneous echo contrast, or thrombosis.

Liver

The liver is subjectively normal liver size and contour, with a diffusely heterogeneous or mottled parenchymal echotexture. Vasculature is within normal limits with no evidence of congestion. The gallbladder has thin walls which contain anechoic bile.

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 ileocecolic 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.



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Pancreas

The pancreas is moderately to severely enlarged with irregular margins, and significant regional hyperechoic mesentery or omental fat consistent with steatitis. There are mixed hyper- and hypoechoic nodular changes.

Free Abdomen

There is no significant lymphadenopathy noted. There is a scant to mild volume anechoic free peritoneal effusion.

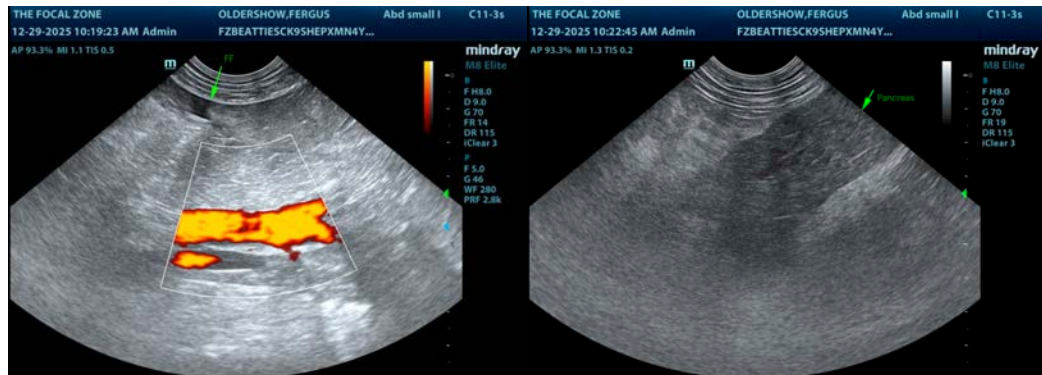
ULTRASONOGRAPHIC FINDINGS

- 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

Fine needle aspirates of the liver and 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.

A cPLI is recommended to further evaluate the pancreas for active inflammation or pancreatitis. Supportive care for suspected pancreatitis as clinically indicated is recommended pending additional diagnostics.





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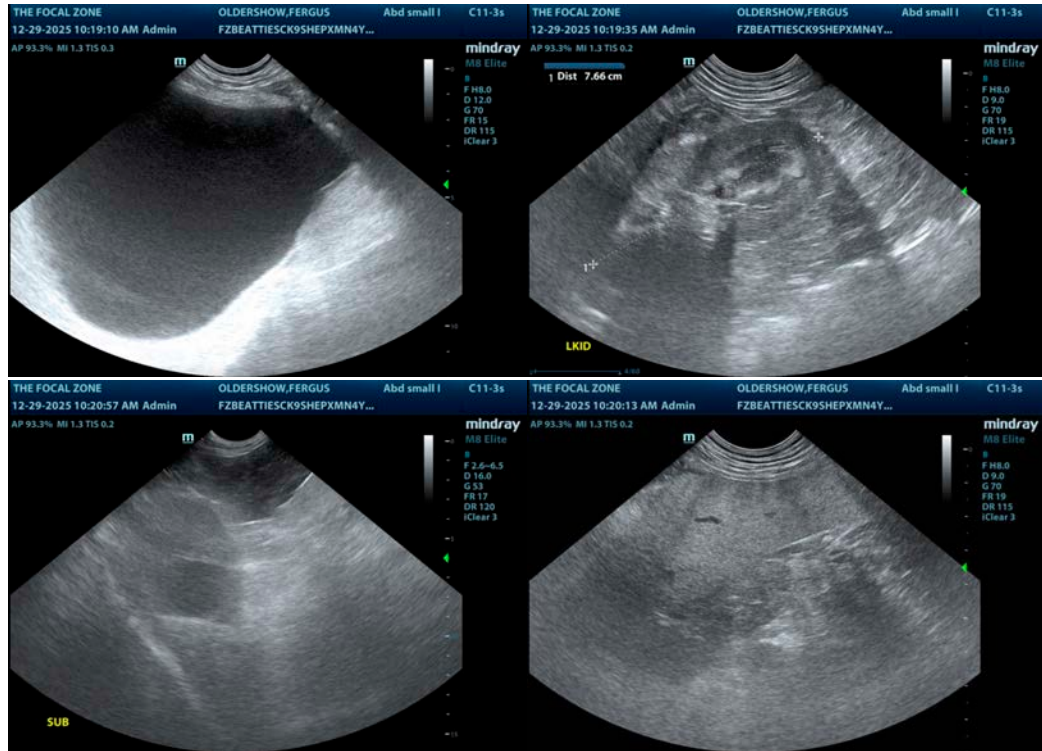
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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