



**PATIENT PRESENTING CLINICAL SIGNS**

Mieke Veltri not eating and lost 8 pounds and wobbly gait.

**SPECIES** Abnormal PE/Chem/CBC/UA Results: labs attached

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED** *Urinary System*

German Shepherd The urinary bladder is adequately distended with anechoic urine. The 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. The ureteral papillae appear normal. There is no evidence of inflammatory, infiltrative, or neoplastic disease.

**SEX**

Spayed Female

The kidneys are incompletely visualized, however, the visual portions appear normal. The left kidney measures 7.98 cm. The right kidney measures 6.94 cm.

**AGE**

9 Years

**Adrenal Glands**

**WEIGHT**

88.6 pounds

The adrenal glands are not visualized.

**Spleen**

The spleen is slightly prominent with a mildly heterogenous or mottled reticular pattern. The vasculature is normal with no evidence of congestion, spontaneous echocontrast or thrombosis. The spleen measures 2.8 cm at the hilus.

**INTERPRETED BY**

Bradley Harris, DVM,  
 DACVECC, DACVIM  
 (cardiology)

**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.

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Dog and Cat Clinic of  
 Niagara

**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.

**REFERRING VET**

Dr. Haidy

**INVOICE**

12845

**Pancreas**

The pancreas is not definitively visualized.

**DATE**

12/29/25

**Free Abdomen**

There is no overt lymphadenopathy or free fluid.



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**DATE**

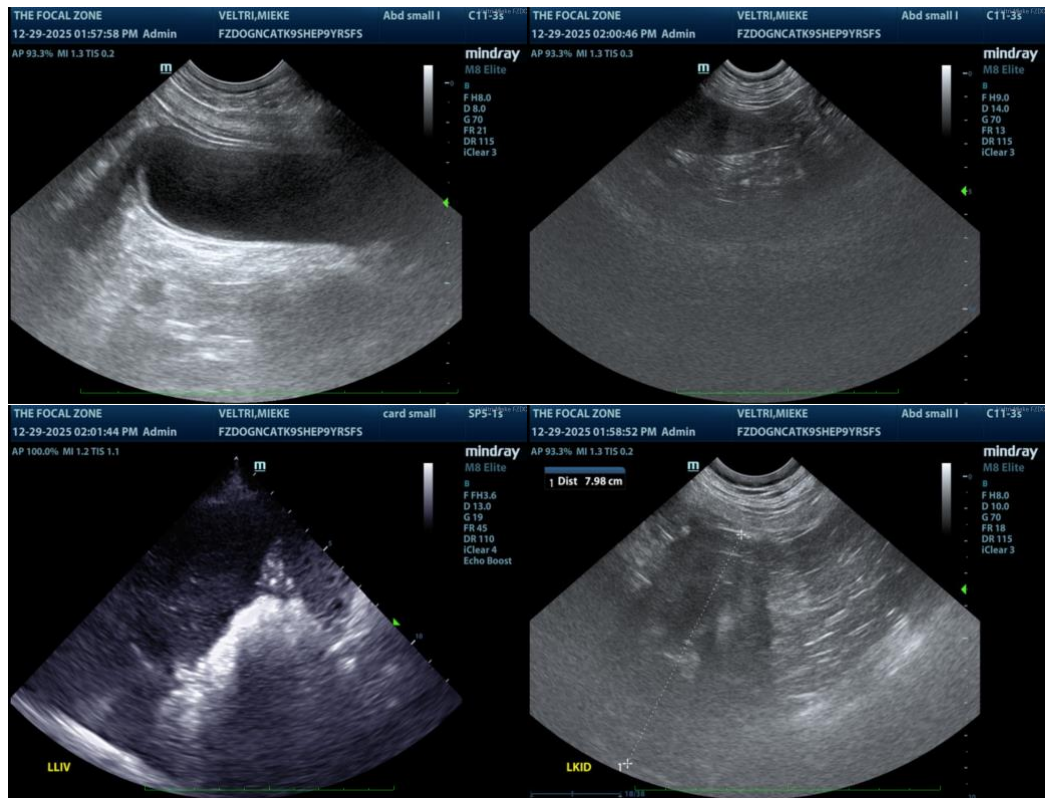
12/29/25

**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.
- There is no overt underlying etiology for the reported clinical signs noted on this scan.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

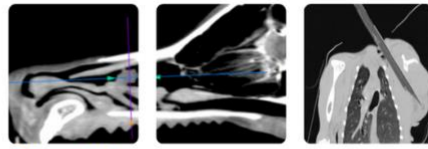
Fine needle aspirates of the spleen with cytology are recommended. A coagulation profile and platelet estimate prior to sampling are indicated to ensure the absence of coagulopathy. Occasionally some tissues are poorly exfoliative, or cytology is non-specific, in which case biopsy with histopathology may be required for a definitive diagnosis. A 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. Consider neurological consultation as degenerative myelopathy may be responsible for the reported ataxia.



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.

**Bradley Harris, DVM, DACVECC, DACVIM (cardiology)**



**PATIENT** [info@SonoPath.com](mailto:info@SonoPath.com)

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