



PATIENT

Bunny Pirkey

SPECIES

Canine

BREED

French Bulldog

SEX

Spayed Female

AGE

3 years 1 month

WEIGHT

29 lbs

INTERPRETED BY

Bradley Harris, DVM,
 DACVECC, DACVIM
 (cardiology)

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

After Hours Veterinary
 Emergency Clinic

REFERRING VET

Dr. Samoska

INVOICE

11009

DATE

12/30/2025

PRESENTING CLINICAL SIGNS

P presented for lethargy ADR for a few weeks, HCT 25% and Tbili 1.3 on presentation. Now HCT 22 and Tbili 6, albumin also dropping.

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 kidney measures 5.96 cm, and the right kidney measures 5.75 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 adrenal measures 0.58 cm x 2.31 cm. The right adrenal measures 0.75 cm x 1.99 cm.

Spleen

The spleen is thickened with a heterogenous parenchyma and multiple large heterogenous to mildly cavitated masses that the distort the normal smooth splenic capsule. The vasculature is normal without signs of congestion, spontaneous echo contrast, or thrombosis. The spleen measures 2.51 cm at the hilus.

Liver

The liver appears subjectively mildly prominent with normal contour and structure. The parenchyma is normal. No evidence of congestion. Vasculature is within normal limits. The gallbladder has mildly hyperechoic walls with normal anechoic bile and no evidence of intra- or extra-hepatic biliary dilation. The cystic and common bile ducts were normal.

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.

Pancreas

The pancreas is prominent and irregular with a hypoechoic parenchyma. There is a mild amount of pancreatic edema. The pancreatic duct appears normal.



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Free Abdomen

There is a mild to moderate amount of anechoic free peritoneal effusion. There is no overt lymphadenopathy noted.

ULTRASONOGRAPHIC FINDINGS

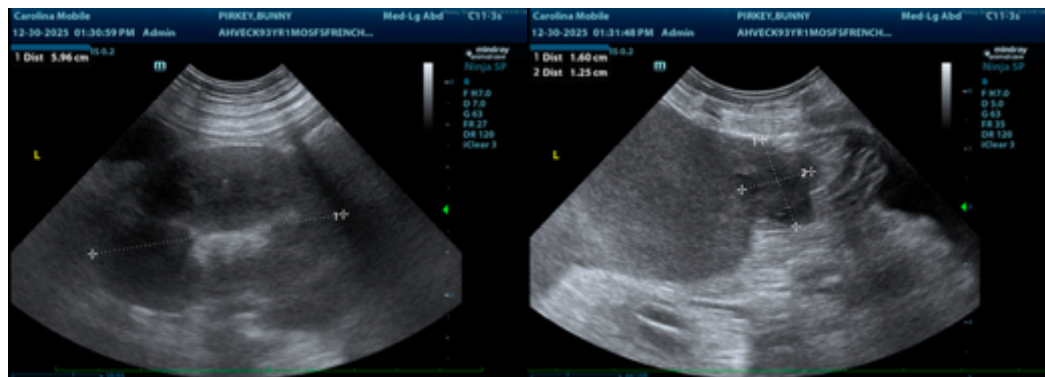
- The large splenic masses are suspected to be neoplastic in origin. Round cell neoplasia or hemangiosarcoma are considered most likely. However, benign changes such as lymphoid hyperplasia or extramedullary hematopoiesis can't be definitively excluded.
- The prominent hyperechoic gallbladder wall is suspected to be due to congestion, given the presence of peritoneal effusion.
- Similarly, the pancreatic edema is suspected to be secondary to the presence of the moderate volume of peritoneal effusion, however, an active pancreatitis can't 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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Abdominocentesis with fluid analysis and cytology is recommended to further characterize the serosanguinous effusion.

Fine needle aspirates of the liver, and spleen pending 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.

Consider exploratory laparotomy with splenectomy.





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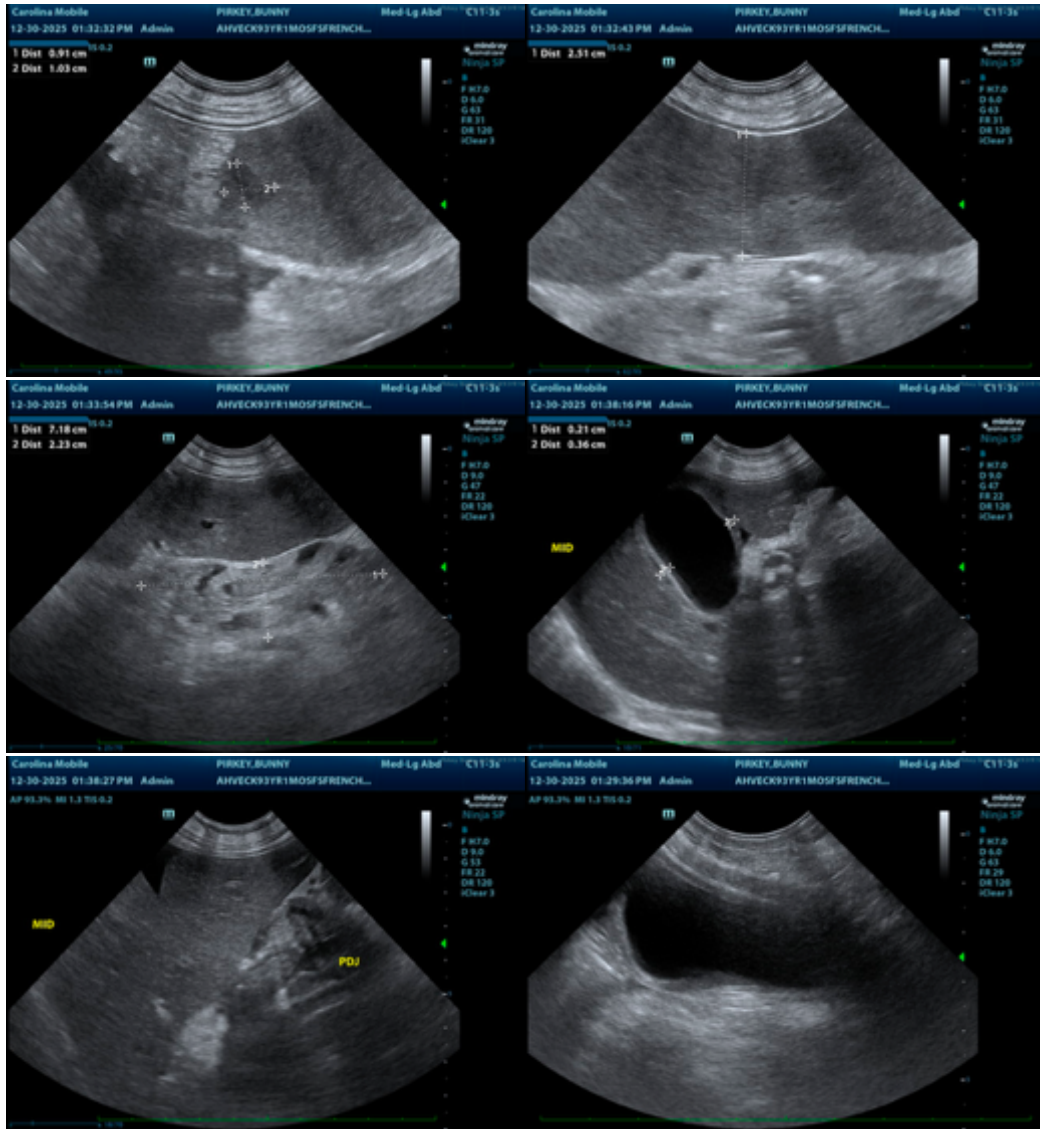
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

info@SonoPath.com