



PATIENT

Harley Koch

SPECIES

Canine

BREED

Pitbull Mix

SEX

Spayed Female

AGE

8 Years

WEIGHT

52.4 Pounds

INTERPRETED BY

Bradley Harris, DVM,
DACVECC, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Shari Reffi

HOSPITAL NAME

Farview AC

REFERRING VET

Dr. Mosaad

INVOICE

36816

DATE

12/8/25

PRESENTING CLINICAL SIGNS

History: BCS 6/9; recheck AUS -mildly enlarged spleen (prev. report attached for reference). Current Meds: N/A. Abnormal PE/Chem/CBC/UA Results: N/A

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

The kidneys are normal in size. The cortices are mildly hypoechoic with a slight decrease in normal corticomedullary definition. The cortex to medulla ratio is appropriate with no significant pyelectasis or pelvic dilation. There are mild renal cortical cystic changes, as well as mild dystrophic mineralization that is nonobstructive, noted bilaterally. The renal capsules are minimally irregular bilaterally. The left kidney measures 6.74 cm. The right kidney measures 6.72 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. The left adrenal gland measures 0.57 cm x 1.66 cm. The right adrenal gland measures 0.79 cm x 1.92 cm.

Spleen

The splenic parenchyma is slightly mottled with a single solitary hypoechoic nodule to mass effect within the mid body of the spleen that. Minimally distorts the splenic capsule, and is static and size from the previous evaluation, measuring approximately 1.88 cm x 2.0 cm. The remainder of the capsule is smooth and the vasculature is normal without evidence of congestion, spontaneous echo contrast, or thrombosis. The spleen measures 2.23 cm at the hilus.

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.

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 base and limbs of the pancreas are 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

There is no significant lymphadenopathy or free fluid.

Other

An abbreviated cardiac evaluation reveals no evidence of heart based or right auricular mass effect.

ULTRASONOGRAPHIC FINDINGS

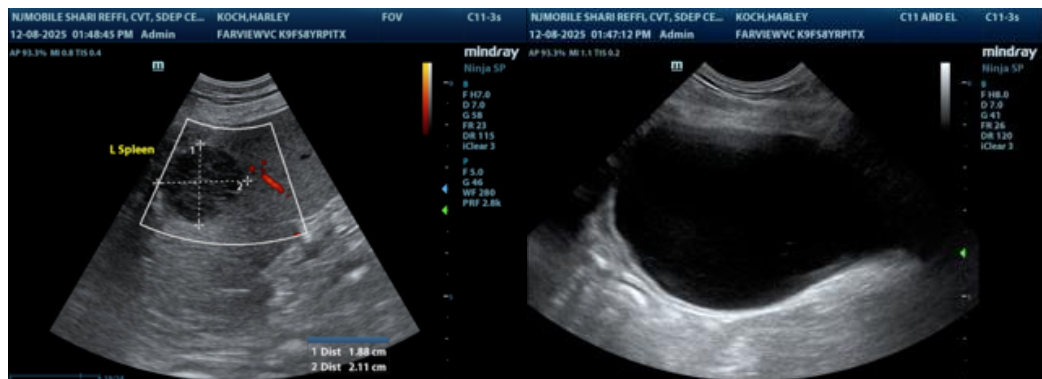
- There is increased renal cortical echogenicity and thickening with a mildly irregular capsular contour. Multifocal cystic cortical changes are noted. This is secondary cystic formation consistent with degenerative changes and remodeling. There is no evidence of abscessation or suspicion of neoplasia. Dystrophic mineralization was noted and is non-obstructive at this time, with no evidence of pyelectasis.
- The previously noted hypoechoic splenic mass appears static from previous evaluation. There is no evidence of other intraabdominal metastatic disease identified.

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.

If not previously performed, consider fine needle aspirates of the spleen with cytology. 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.

Alternatively, serial imaging and monitoring of the spleen is also reasonable given the lack of evidence for significant progression from previous evaluation.





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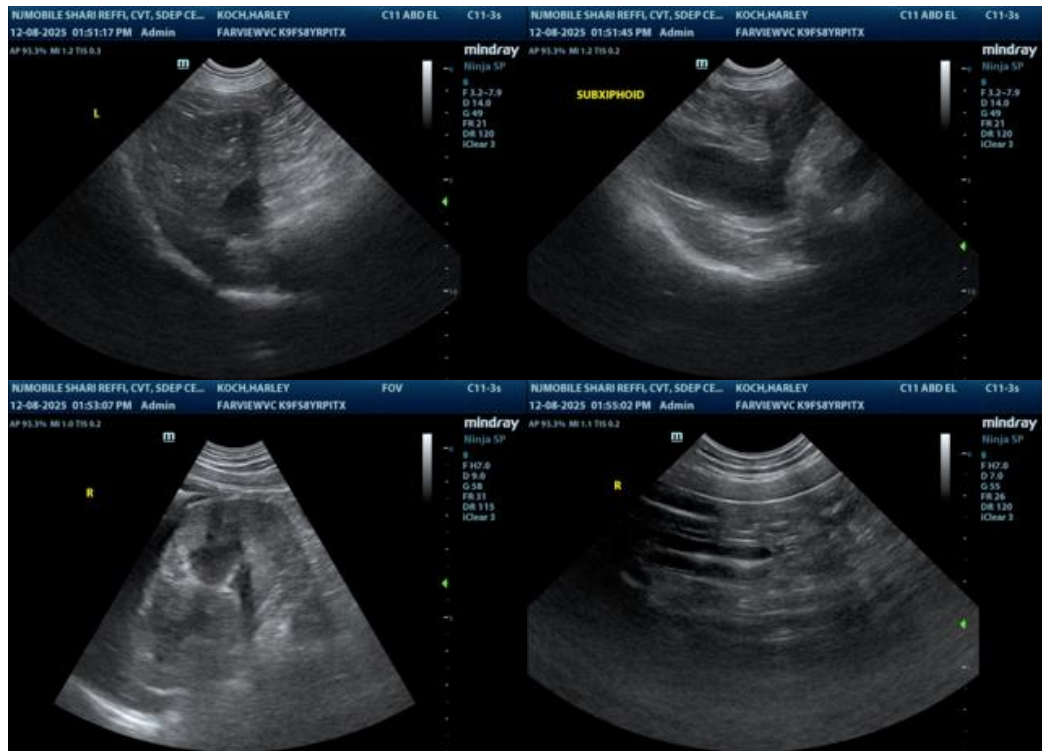
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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