



PATIENT

Miss Willis Capello

SPECIES

Canine

BREED

Pit Bull

SEX

Spayed Female

AGE

13

WEIGHT

60 Pounds

INTERPRETED BY

Bradley Harris, DVM,
DACVECC, DACVIM
(Cardiology)

IMAGING PERFORMED BY

D. Laurel Logas

HOSPITAL NAME

Bradenton VH

REFERRING VET

D. Laurel Logas

INVOICE

36831

DATE

12/9/25

PRESENTING CLINICAL SIGNS

History: Pet was fine yesterday. She is still alert and active. She takes Carprofen and gabapentin for arthritis. This morning, she woke up and could not walk. She could not get her balance and could not get her paws under her. She was tilting her head and falling to the right.

Abnormal PE/Chem/CBC/UA Results: Pet was carried into the hospital. She is able to stand with support but scrambling with her legs. She has a right head tilt and horizontal nystagmus when stimulated with partial vertical component. Ears are normal. She has a pot belly with a palpable mid abdominal mass. Chem profile: BUN58, Cholesterol > 450, ALT 235, ALP 230 CBC:WBC 4.64, Neuts 2.38, L 1.9.

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 hyperechoic with a loss of corticomedullary definition. There are numerous renal cortical cysts of varying sizes on both kidneys, more prevalent on the left than the right. The cortex to medulla ratio is appropriate with no pyelectasis or pelvic dilation. The renal capsules are mildly irregular bilaterally. The left kidney measures 5.54 cm. The right kidney measures 5.85 cm.

Adrenal Glands

Both adrenal glands are not definitively visualized.

Spleen

The spleen is smooth with homogeneous parenchyma and hyperechoic to liver and renal cortical parenchyma. The capsule is without noticeable irregularity or deformation. The splenic vasculature is normal without signs of congestion, spontaneous echo contrast, or thrombosis. No evidence of acute or chronic inflammatory, neoplastic, or infarct are documented. The spleen measures 1.53 cm at the hilus.

Liver

The liver is enlarged with rounded margins and a diffusely heterogenous or mottled parenchyma. The mid liver has a large ill-defined mottled mass effect extending caudally with apparent caudal displacement of the stomach. The vasculature appears normal 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.

Gastrointestinal

The stomach is mildly distended with echogenic fluid. The pyloroduodenal junction is not definitively visualized, however, there is no overt indication of pyloric outflow obstruction. The small intestine is



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nondistended with maintenance of normal wall layering and normal thickness. The colon contains normal shadowing feces.

Pancreas

The pancreas is mildly hypoechoic with irregular margins and mixed hyper- and hypoechoic nodular changes throughout the parenchyma. The pancreatic duct is normal and there is mild regional hyperechoic mesentery and omental fat.

Free Abdomen

There is no overt free peritoneal effusion noted, and no significant lymphadenopathy documented.

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 chronic age-related degeneration and remodeling. There is no evidence of abscessation or suspicion of neoplasia.
- There is a large heterogenous ill-defined mass effect of the mid caudal liver. This likely represents infiltrative neoplastic disease, such as hepatocellular carcinoma, however, benign changes, such as vacuolar hepatopathy, nodular hyperplasia, or inflammatory or endocrine disease cannot be definitively excluded.
- 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.
- There is no clear etiology of the reported neurologic signs noted on this study, however, metastatic neoplastic disease cannot be definitively excluded given the potential for possible intraabdominal neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Fine needle aspirates of the 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 urinalysis and urine culture via cystocentesis are recommended to evaluate the urinary tract changes for potential urinary tract infection.

CPLI is recommended for further evaluation of the pancreas for active pancreatitis.



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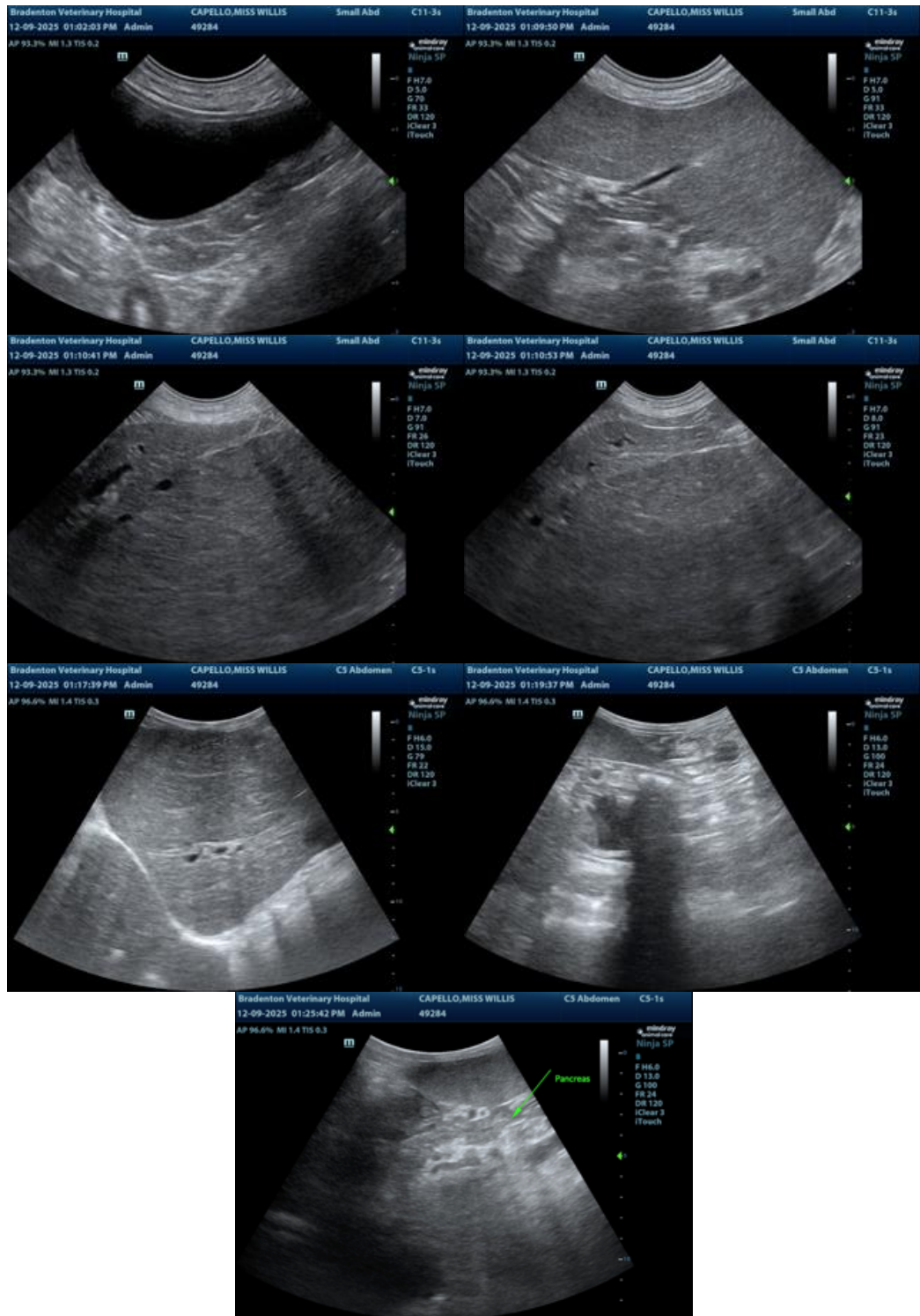
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The information and recommendations provided are based on the images presented by the referring



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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