



**PATIENT**

Bella Wood

**SPECIES**

Canine

**BREED**

Bichon Frise

**SEX**

Spayed Female

**AGE**

7 Years 11 Months

**WEIGHT**

6.2 kg

**INTERPRETED BY**

Brad Harris, DVM,  
 DACVECC, DACVIM  
 (cardiology)

**IMAGING PERFORMED BY**

Kathleen Byrnes

**HOSPITAL NAME**

Animal Emergency  
 Clinic of the High  
 Country

**REFERRING VET**

Dr. Phipps

**INVOICE**

73466

**DATE**

3/7/26

**PRESENTING CLINICAL SIGNS**

P became ADR, lethargic, retching/gagging Wednesday night. He is not eating, doesn't want to go outside. This morning seemed a little more energetic and ate a treat. Now her stomach appears distended tight and uncomfortable.

Rad report Mild hepatomegaly, GI changes consistent with non specific functional ileus and diarrhea/colitis

Abnormal PE/Chem/CBC/UA Results: CBC Mono 1.79 Glob 4.7

**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. The cortices are mildly hyperechoic with a slight decrease in corticomedullary definition. Normal cortex to medulla ratio. No significant pyelectasis or pelvic dilation. Renal capsules are mildly irregular bilaterally. Left kidney measured 4.28 cm. Right kidney measured 4.19 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 0.40 cm x 1.74 cm. Right measures 0.54 cm x 1.84 cm.

**Spleen**

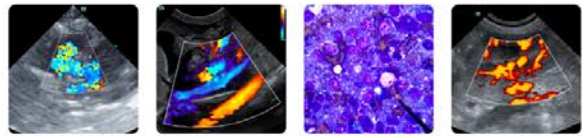
The spleen measures 1.61 cm at the hilus. It is smooth with homogeneous parenchyma and hyperechoic to liver and renal cortical parenchyma. The capsule is without noticeable irregularity or deformation. The splenic vasculature is normal without signs of congestion, spontaneous echo contrast, or thrombosis. No evidence of acute or chronic inflammatory, neoplastic, or infarct are documented.

**Liver**

The liver is subjectively slightly prominent with a diffusely mottled or heterogeneous parenchymal echotexture. The vasculature appears normal. No evidence of congestion. There is a small, hyperechoic lesion at the cranial most aspect of the liver that is suspected to represent intraabdominal or falciform fat. However, a small hepatic nodule cannot be definitively excluded. The gallbladder appears 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.



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**Pancreas**

The right limb of the pancreas is prominent and hypoechoic with irregular capsular contour. There is mixed hyper- and hypoechoic nodular changes throughout with slightly hyperechoic mesentery or omental fat.

**Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

- The kidneys are relatively normal in size and structure, and cortex:medulla ratio (cortex 1/3 of medulla) is essentially maintained. There is age-related loss of the normal smooth capsular contour and C/M junction definition. The cortices are largely uniform in texture with mild hyperechogenicity expected for this patient's age. There is no evidence of pelvic dilation present.
- 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**

A cPLI is recommended to further evaluate the pancreas for evidence of inflammation or pancreatitis.

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.

Pending additional diagnostics, continue supportive or symptomatic care for suspected pancreatitis as clinically indicated.



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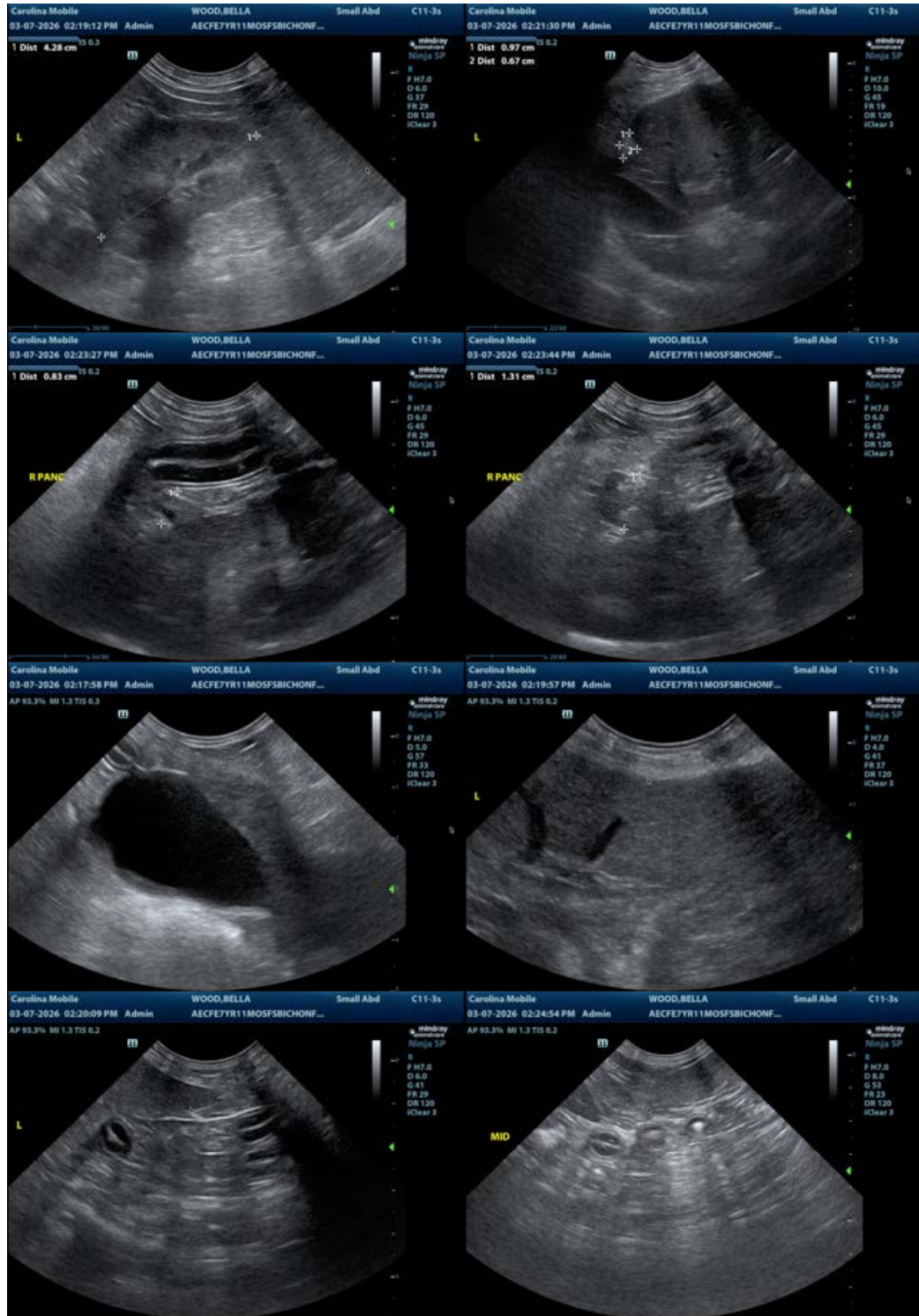
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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