



## PATIENT

Champ Popoff

## SPECIES

Feline

## BREED

DSH

## SEX

Not Provided

## AGE

15

## WEIGHT

10 lbs

## INTERPRETED BY

Brad Harris, DVM,  
DACVECC, DACVIM  
(cardiology)

## IMAGING PERFORMED BY

Michael Schacher

## HOSPITAL NAME

Emergency Vets of  
Idaho, LLC

## REFERRING VET

Dr. Agalaia Cardona

## INVOICE

73469

## DATE

3/7/26

## PRESENTING CLINICAL SIGNS

Pancreatic lipase elevated at rDVM - sent to ER to treat for pancreatitis. Bloodwork otherwise unremarkable, no other imaging performed.

## 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 is a moderate amount of suspended echogenic debris or sediment. 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 pyelectasis noted. Mildly irregular capsules noted bilaterally. Left kidney measures 4.9 cm. Right kidney measures 5.5 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 0.41 cm. Right measures 0.47 cm.

### *Spleen*

The spleen measures at the upper limits of normal at 1.0 cm thick at the hilus. The parenchymal echotexture is smooth with homogeneous with no significant irregularity to the capsule. Vasculature is normal with no evidence of congestion, spontaneous echotexture or thrombosis.

### *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 is bilobed, which is considered an incidental finding, with no other significant abnormalities. The gallbladder wall is appropriately thin. No gallbladder debris noted. There is no evidence of intra- or extrahepatic biliary dilation. The cystic and common bile ducts are normal.

### *Gastrointestinal*

The gastrointestinal tract is multifocally minimally distended with a mild amount of echogenic luminal contents consistent with normal ingesta. There is no shadowing foreign material or evidence for mechanical obstruction. The gastrointestinal walls appear normal in wall thickness with maintenance of normal wall layering.

### *Pancreas*

The visible pancreas is 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*

No overt lymphadenopathy or peritoneal effusion was present.



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## ULTRASONOGRAPHIC FINDINGS

- The urinary bladder contains echogenic, suspended debris contrasted with anechoic urine. This is often related to urinary tract infection but may represent exfoliated debris or sterile inflammation.
- 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 spleen measures at the upper limits of normal, which may be a normal variant for this patient. However, early infiltrative disease cannot be definitively excluded.

## 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.

An fPLI is recommended to further evaluate the pancreas for evidence of inflammation or pancreatitis.

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.

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.





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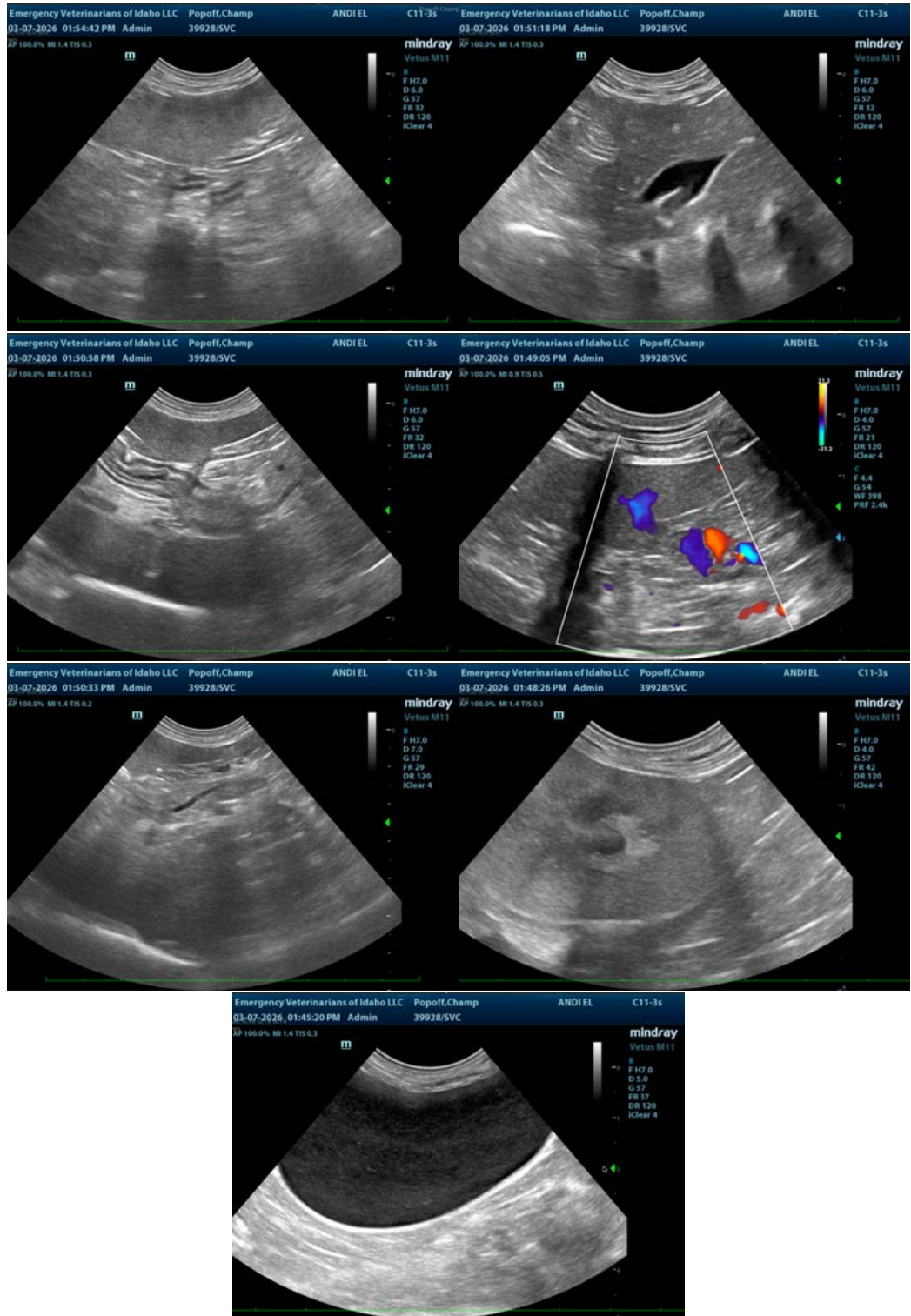
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)**

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