



PATIENT

Jager Faust

SPECIES

Canine

BREED

Pitbull Mix

SEX

Neutered Male

AGE

4 Years

WEIGHT

55.2

INTERPRETED BY

Bradley Harris, DVM,
DACVECC, DACVIM
(cardiology)

IMAGING PERFORMED BY

Jessica Green

HOSPITAL NAME

Stanglein Veterinary
Clinic

REFERRING VET

Dr. Erin Rothrock

INVOICE

15047

DATE

04/13/26

PRESENTING CLINICAL SIGNS

Patient was presented 4/8/26 for 1-2 month history of lethargy. Physical exam fairly unremarkable, other than being febrile at 104.4 on 4/8. Started on Carprofen while awaiting bloodwork results, no significant improvement. Rechecked 4/11/26, fever resolved and patient showing very slight improvements but had lost 2 lbs in 3 days.

Abnormal PE/Chem/CBC/UA Results: Moderate anemia (29.5%), severe neutrophilic leukocytosis (neuts 39.17 K/uL, WBC 47.2 K/uL), mild lymphocytosis (lymphs 5.6 K/uL), mild monocytosis (monos K/uL), moderate thrombocytopenia (104 K/uL); creatinine high end of normal (1.5 mg/dL), moderate hyperglobulinemia (globs 5.2 g/dL), moderate hypoalbuminemia (1.7 g/dL); ALP moderately elevated (679 U/L); otherwise unremarkable RADS: thorax subjectively unremarkable, on lateral views the cranial thorax appears a little hazy but is normal on VD; mild hepatomegaly, moderate ingesta within gastric lumen, mild splenomegaly, concern for bilateral renomegaly, no obvious masses or other abnormalities

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder contains a moderate amount of suspended echogenic mobile debris. 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. The ureteral papillae appear normal. There is no evidence of inflammatory, infiltrative, or neoplastic disease.

The kidneys are normal in size and structure. Cortices are hyperechoic with a loss of corticomedullary distinction. There's no significant pelvic dilation or pyelectasis noted. Renal capsule is mildly irregular bilaterally. Cortex to medulla ratio is appropriate. The left kidney measures 7.56 cm. The right kidney measures 7.88 cm.

Adrenal Glands

The left adrenal gland is 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 0.78 cm x 2.77 cm.

The right adrenal gland is not visualized.

Spleen

The spleen is subjectively enlarged with a diffusely heterogeneous or mottled reticular pattern with ill-defined hyper- and hypoechoic nodular changes. The splenic capsule is mildly distorted and irregular with concern for potential mass effects. The spleen measures 2.87 cm at the hilus.

Liver

The liver is subjectively enlarged with a diffusely heterogeneous parenchymal echotexture. The vasculature is normal with no evidence of congestion. The gallbladder is mildly distended with anechoic bile and echogenic suspended and dependent sediment. The common bile ducts are normal. No intra-or extrahepatic biliary dilation.

Gastrointestinal



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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 ileoceocolic 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 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. There is a scant to mild volume of anechoic free peritoneal effusion noted.

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 changes to the spleen are concerning for potential infiltrative neoplastic disease such as round cell neoplasia or sarcoma.
- 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 gallbladder contains echogenic, suspended and dependent unorganized debris. This is not yet to the level of an organized mucocele, however early/developing mucocele cannot be ruled out. This dependent sediment is often an incidental finding or may be associated with concurrent endocrine disease such as hyperadrenocorticism or diabetes mellitus.

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. Fine needle aspirates of the spleen and 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. Abdominocentesis with fluid analysis is recommended if clinically feasible given the small volume of fluid.



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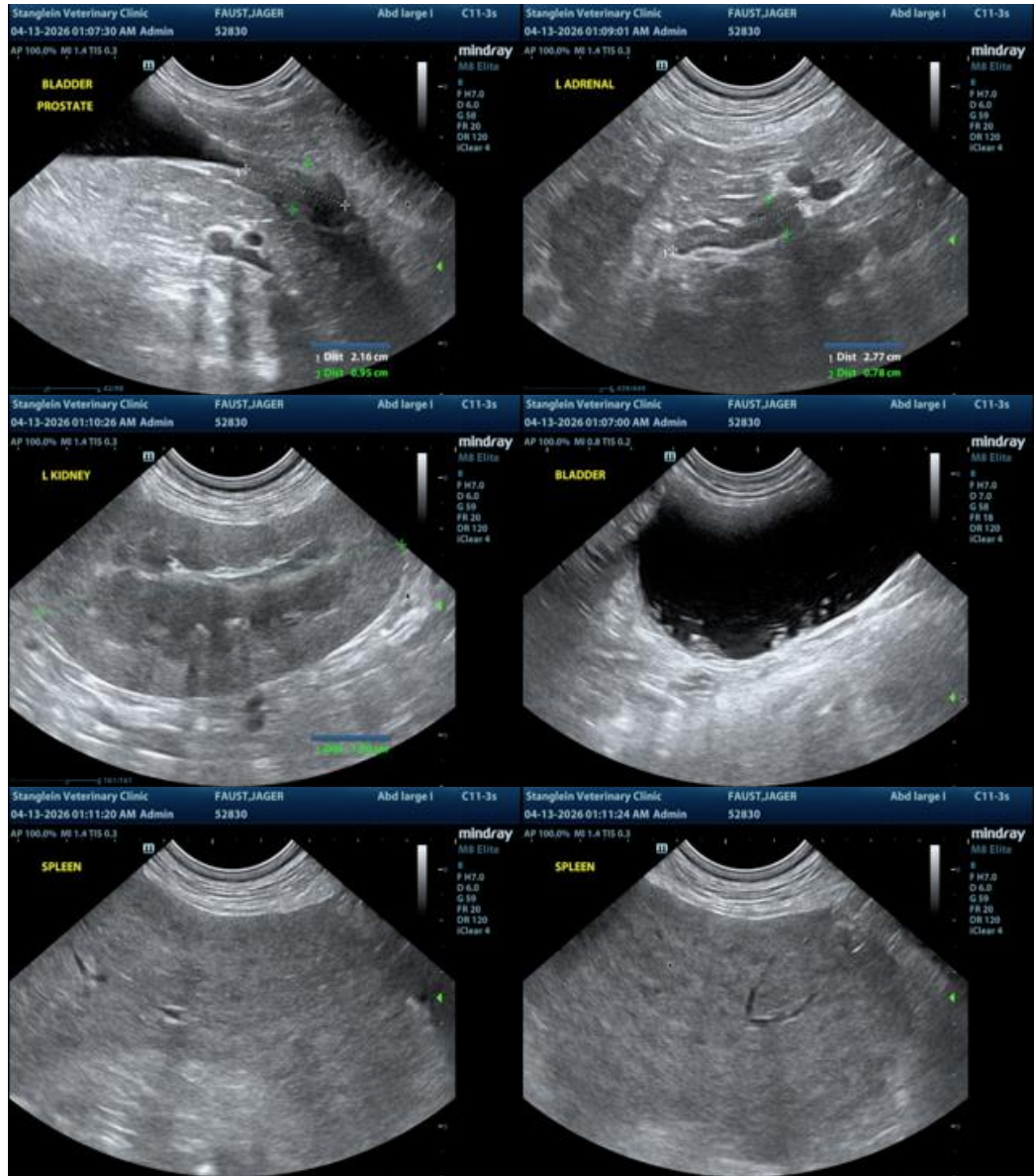
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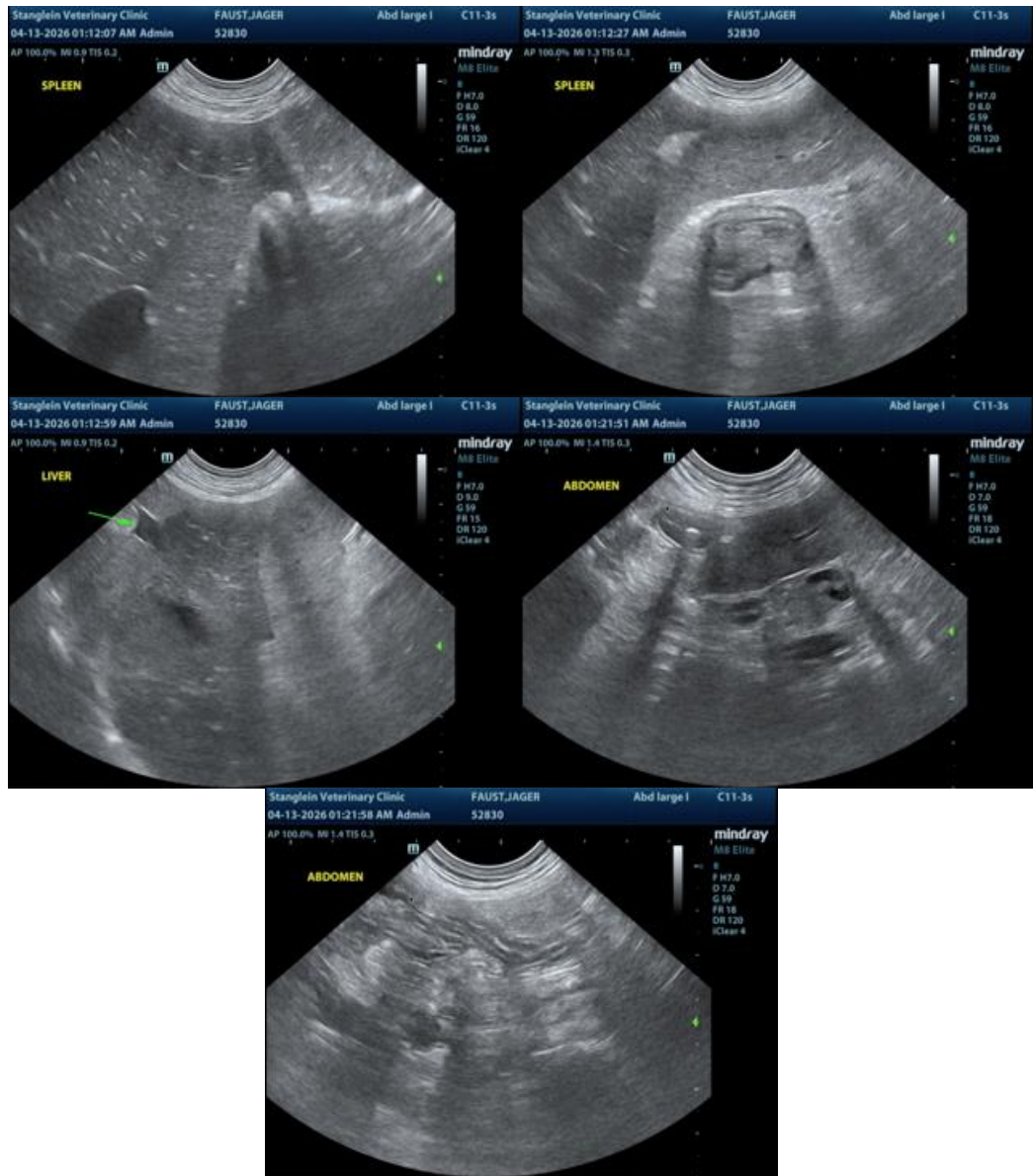
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@SonoPath.com



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