



PATIENT

Duke Jacobson

SPECIES

Canine

BREED

Yorkshire Terrier x

SEX

Neutered Male

AGE

10 Years

WEIGHT

5.2 kg

INTERPRETED BY

Brad Harris, DVM,
DACVECC, DACVIM
(cardiology)

IMAGING PERFORMED BY

Dr. Carver

HOSPITAL NAME

Animal Emergency
Hospital Volusia

REFERRING VET

Dr. Carver

INVOICE

74585

DATE

4/18/26

PRESENTING CLINICAL SIGNS

P presented for V+ and D+. P has had a chronic hx of D+ and intermittent V+ for several weeks. P has been on Metronidazole and probiotics with no improvement. Rads reveal peritoneal effusion & pleural effusion.

Abnormal PE/Chem/CBC/UA Results: Alb <1.0 Ca 3.9 TP 2.3 Radiograph report attached

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. The bladder contains a minimal amount of suspended echogenic mobile sediment. The ureteral papillae appear normal.

The kidneys are normal in size and structure, with appropriate corticomedullary definition and cortex to medulla ratio. The cortices are uniform in texture with normal echogenic relationship to liver and spleen. The medullary structure differed distinctly from the cortex and no evidence of pyelectasis is present. The capsules are uniform without significant irregularities noted. Left kidney measures 3.84 cm. Right kidney measures 4.12 cm.

Adrenal Glands

The left adrenal gland is visualized and has 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 0.56 cm x 2.06 cm.

The right adrenal gland is not readily visualized.

Spleen

The spleen measures 1.0 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 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 contains a mild amount of suspended echogenic debris and dependent sediment. There is no evidence of intra- or extra-hepatic biliary dilation. The cystic and common bile ducts were normal. No hepatic lymphadenopathy is documented.

Gastrointestinal

The stomach is non-distended with normal wall thickness and maintenance of normal wall layering. The small intestine is non-distended with apparently adequate peristaltic activity. The small intestinal mucosal contains multifocal hyperechoic foci and linear striations, most consistent with lymphangiectasia. The colon contains normal shadowing feces.



PATIENT

Duke Jacobson

SPECIES

Canine

BREED

Yorkshire Terrier x

SEX

Neutered Male

AGE

10 Years

WEIGHT

5.2 kg

INTERPRETED BY

Brad Harris, DVM,
DACVECC, DACVIM
(cardiology)

IMAGING PERFORMED BY

Dr. Carver

HOSPITAL NAME

Animal Emergency
Hospital Volusia

REFERRING VET

Dr. Carver

INVOICE

74585

DATE

4/18/26

Pancreas

The pancreas appears mildly edematous with no significant evidence of focal hyperechoic mesentery or omental fat.

Free Abdomen

No significant lymphadenopathy noted.

There is a moderate amount of anechoic free peritoneal effusion noted.

Diffusely the mesentery is mildly irregular and hyperechoic.

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 liver and kidneys appear normal, making acute hepatic failure or protein losing nephropathy less likely. Ultimately, additional diagnostics will be required to completely exclude these conditions as a cause for the hypoalbuminemia and ascites.
- 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.
- The striations within the small intestinal mucosa are likely consistent with lymphangiectasia and chronic protein losing enteropathy.
- The moderate volume of anechoic free fluid is likely secondary to the hypoalbuminemia and most likely consistent with a pure transudate.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Abdominocentesis with fluid analysis and cytology is recommended. If the fluid is not consistent with a pure transudate, a urinalysis and urine protein to creatinine ratio would be recommended to further excluded protein losing nephropathy.

A pre- and post-prandial bile acids is indicated to exclude acute hepatic failure as a cause of the hypoalbuminemia.

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.

An ACTH stimulation test is indicated to evaluate for potential hypoadrenocorticism. A baseline/resting cortisol less than 0.52 µg/dL significantly increases the index of suspicion for hypoadrenocorticism.



PATIENT

Duke Jacobson

SPECIES

Canine

BREED

Yorkshire Terrier x

SEX

Neutered Male

AGE

10 Years

WEIGHT

5.2 kg

INTERPRETED BY

Brad Harris, DVM,
DACVECC, DACVIM
(cardiology)

IMAGING PERFORMED BY

Dr. Carver

HOSPITAL NAME

Animal Emergency
Hospital Volusia

REFERRING VET

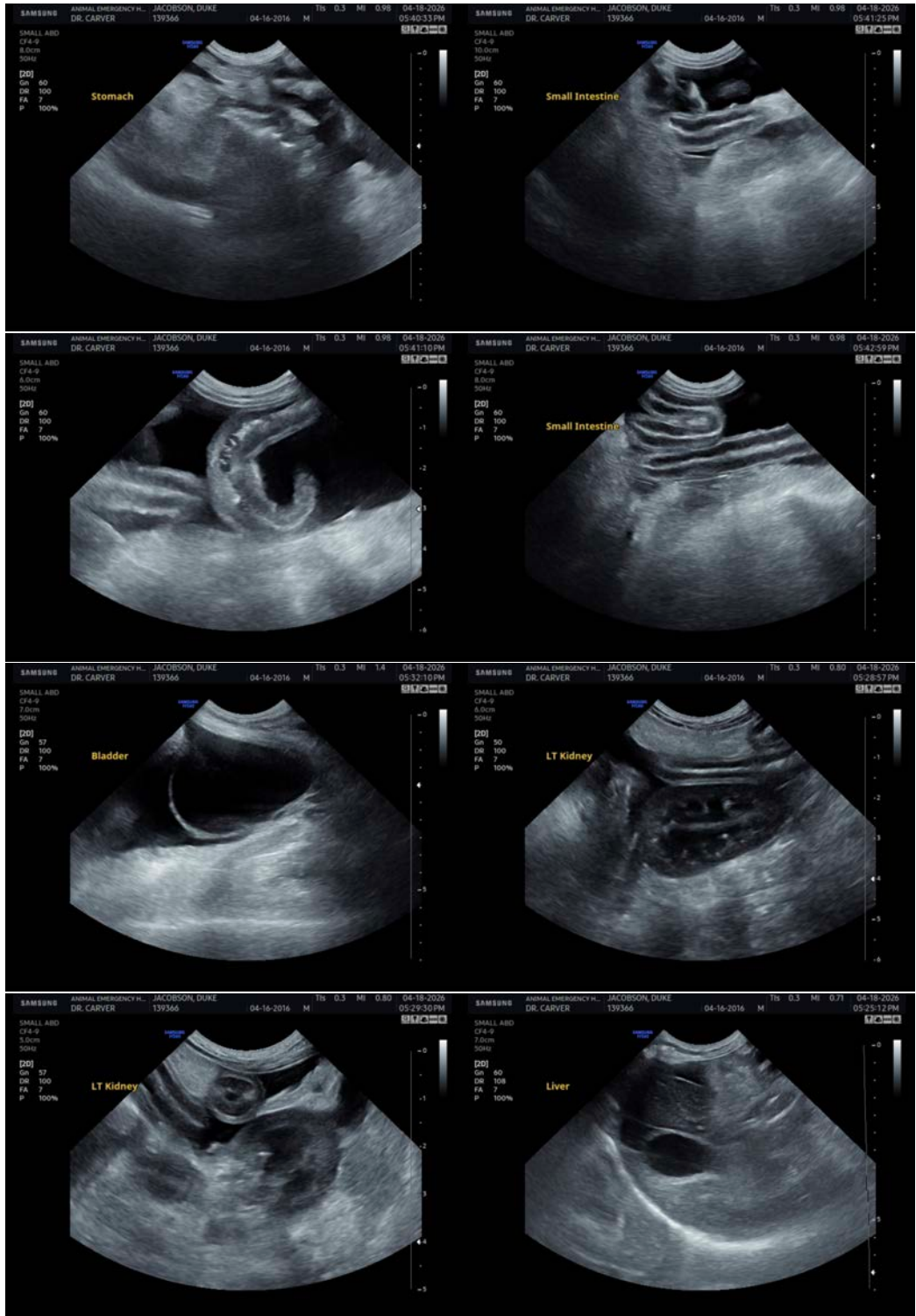
Dr. Carver

INVOICE

74585

DATE

4/18/26





PATIENT

Duke Jacobson

SPECIES

Canine

BREED

Yorkshire Terrier x

SEX

Neutered Male

AGE

10 Years

WEIGHT

5.2 kg

INTERPRETED BY

Brad Harris, DVM,
DACVECC, DACVIM
(cardiology)

IMAGING PERFORMED BY

Dr. Carver

HOSPITAL NAME

Animal Emergency
Hospital Volusia

REFERRING VET

Dr. Carver

INVOICE

74585

DATE

4/18/26



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