

PATIENT

Elwood Faulkner

SPECIES

Canine

BREED

Bluetick Coonhound

SEX

Neutered Male

AGE

7 Years

WEIGHT

40.6 kg

INTERPRETED BY

Brad Harris, DVM,
DACVECC, DACVIM
(cardiology)

IMAGING PERFORMED BY

Melissa Randolph

HOSPITAL NAME

Shores Veterinary
Emergency Center

REFERRING VET

Dr. Julia Kerr

INVOICE

74584

DATE

4/18/26

PRESENTING CLINICAL SIGNS

*P presented today for labored breathing and distended abdomen. Owner noted increased respiratory rate last evening and worsening today. P has had off and on increased panting. This morning P reluctant to walk and owner noted hunched back. pain. P anorexia today. P history of lyme positive.

*concern for abdominal mass, effusion, pancreatitis, other.

Abnormal PE/Chem/CBC/UA Results: PE: P dull, depressed; mild pain 2/4; BCS 8/9; muffled heart sounds bilaterally; abdomen tense/hard to palpate, organomegaly palpated in the cranial to mid abdomen, very firm on palpation; Blood pressure: 156/113, 171/126, 216/101 proBNP: less than 500 (normal) Tru rapid 4: negative X4 cbc: neu 14.10 H, ret# 117.8 H epoc: BE,ECF -6.0 L, lactate 4.29 chem: ALT 129 H rads: Decreased serosal detail and possible streaky increased soft tissue opacities in the peritoneal fat, which could represent a mild peritoneal effusion; this finding is not definitive and could be artifactual. No additional lesions identified, but survey radiographs have limited sensitivity for intra-abdominal organ lesions.

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 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 7.07 cm. Right kidney measures 7.03 cm.

Adrenal Glands

The adrenal glands are not visualized.

Spleen

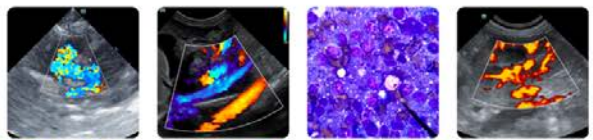
The spleen appears subjectively enlarged, measuring 2.8 cm at the hilus, with a slightly mottled or heterogeneous parenchymal echotexture. In the head of the spleen a mass effect can't be definitively excluded based on this study. The splenic vasculature is normal without signs of congestion, spontaneous echo contrast, or thrombosis.

Liver

The liver is subjectively normal liver size, contour, and echotexture. Vasculature is within normal limits with no evidence of congestion. A hepatic mass can't be completely excluded on the provided images. The gallbladder has thin walls which contain anechoic bile.

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



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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.

Pancreas

The pancreas is not visualized.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

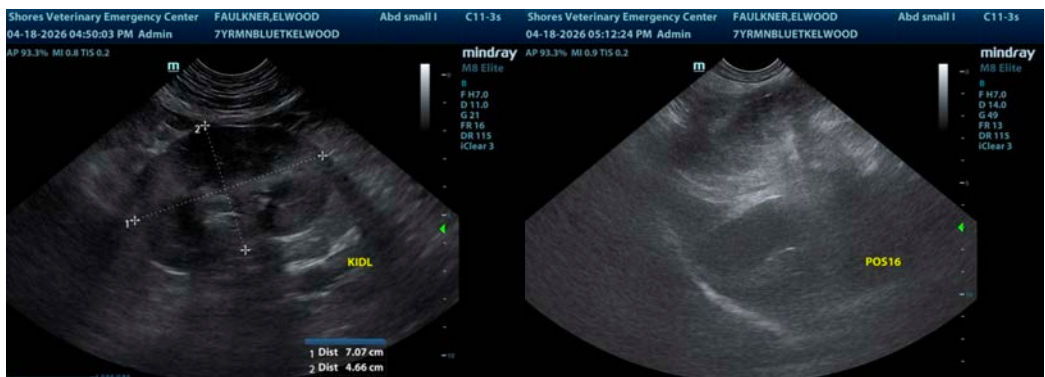
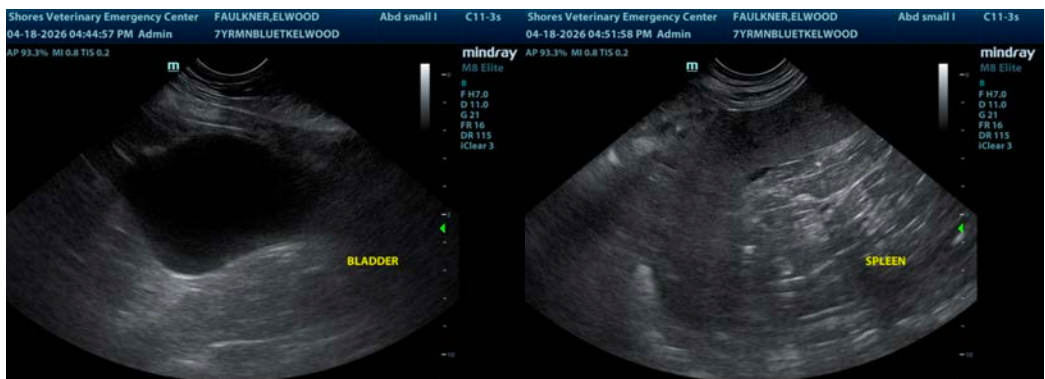
- Based on the current images there is no overt intraabdominal mass effect. However, an occult splenic or hepatic mass can't be definitively excluded.

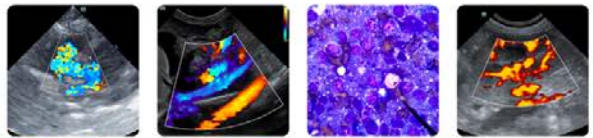
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A cPLI should be considered to further evaluate the pancreas for active 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.

Consider supportive therapy as clinically indicated, and serial imaging if clinical signs do not resolve over the next 24 hours.





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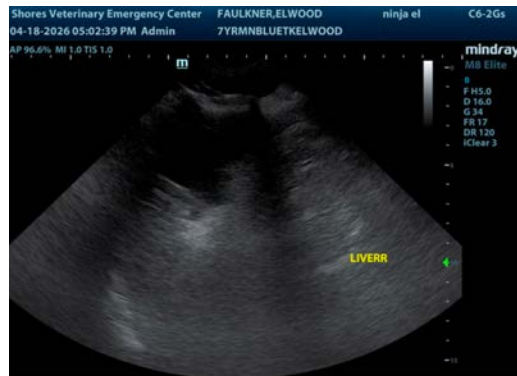
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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