



**PATIENT**

Stella Napholc

**SPECIES**

Canine

**BREED**

Aussie

**SEX**

Spayed Female

**AGE**

9 Years

**WEIGHT**

41.2 lbs

**INTERPRETED BY**

Brad Harris, DVM,  
 DACVECC, DACVIM  
 (cardiology)

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Village Centre Animal  
 Hospital

**REFERRING VET**

Dr. Muthalavi

**INVOICE**

74624

**DATE**

4/20/26

**PRESENTING CLINICAL SIGNS**

Multiple episodes of imbalance/weakness of short duration in past 3 weeks  
 Normal physical exam.

Abnormal PE/Chem/CBC/UA Results: Labs 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. There is a mild amount of suspended echogenic debris 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 4.8 cm. Right kidney measured 5.48 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 0.82 cm x 2.2 cm. Right measures 0.59 cm x 2.04 cm.

**Spleen**

The spleen measures 1.89 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 has thin walls which contain anechoic bile. There is no evidence of intra- or extra-hepatic biliary dilation. The cystic and common bile ducts were normal. No hepatic lymphadenopathy is documented. There is no overt structural evidence of inflammatory, infiltrative or regenerative pathology evident.

**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 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**

No overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

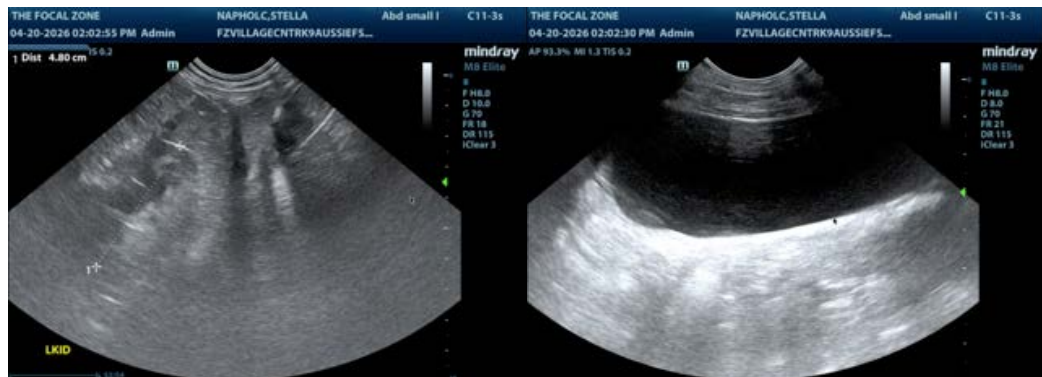
- The urinary bladder contains echogenic, suspended debris contrasted with anechoic urine. This is often related to urinary tract infection but may represent exfoliated debris or sterile inflammation.
- There is no overt explanation for the episodes noted in the history. Consider cardiac disease or dysrhythmia as potential etiologies.

**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.

Consider an echocardiogram with diagnostic ECG +/- 24 hour holter.

Additionally, a neurologic consult may be indicated.





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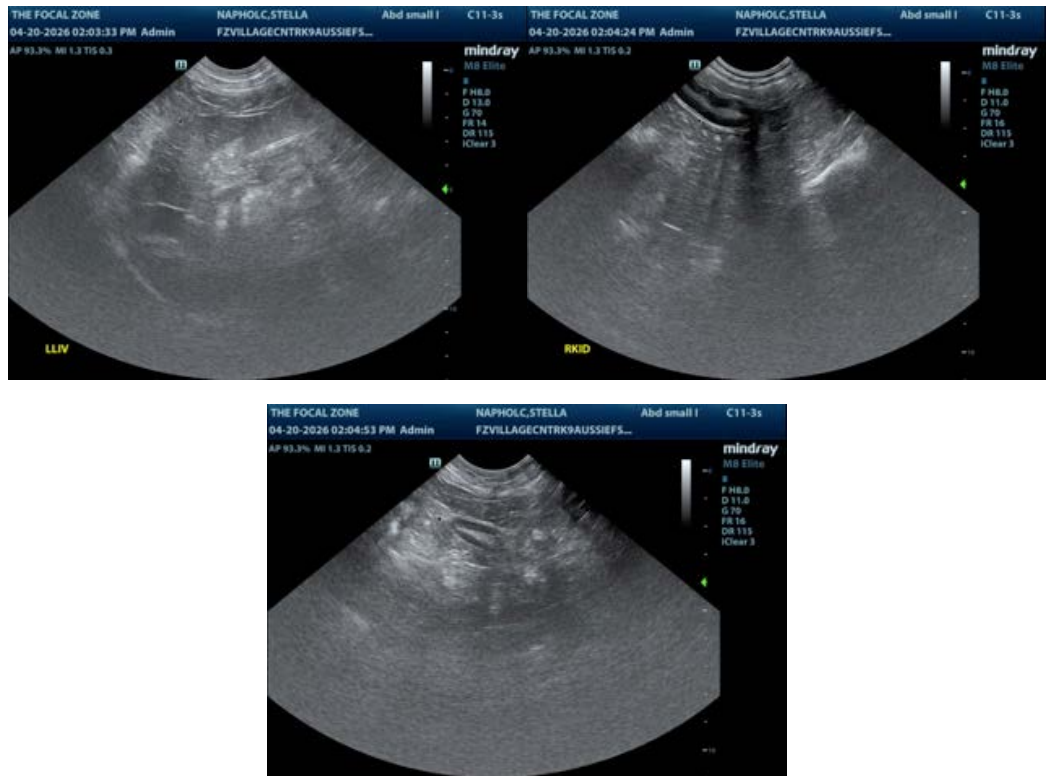
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)**

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