



PATIENT PRESENTING CLINICAL SIGNS

Sadie Virgin
 History of suspect ingestion of tampon several days ago. Initial physical exam on April 26 revealed 5% dehydration & abdominal discomfort, no other significant findings. Baseline blood showed mild hepatopathy, otherwise no clinically significant findings. Further work-up was offered but declined. Patient discharged with maropitant injection (given in hospital), famotidine, and GI food. Patient regurgitated GI food this morning. Current Medications maropitant 1mg/kg SC, famotidine 1mg/kg SC

SPECIES

Canine

BREED

Shepherd/Collie Mix

Abnormal PE/Chem/CBC/UA Results: blood done on Apr 26: TP 83, globulin 48, mildly elevated ALT (140) & ALP (273)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Spayed Female

Urinary System

The urinary bladder is adequately distended with anechoic urine. 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. There are no uroliths or sediment noted. The ureteral papillae appear normal. There is no evidence of inflammatory, infiltrative, or neoplastic disease.

AGE

14 Years

The renal cortices are hyperechoic with a loss of corticomedullary distinction. The cortex to medulla ratio is appropriate with no significant pyelectasis or pelvic dilation. The left renal capsule is moderately irregular with lesions consistent with chronic renal infarcts. The right kidney is minimally irregular but less significantly affected compared to the left. The left kidney measures 7.17 cm. The right kidney measures 6.92 cm.

WEIGHT

28.7 kg

INTERPRETED BY

Bradley Harris, DVM,
 DACVECC, DACVIM
 (cardiology)

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. The left adrenal gland measures 0.57 cm x 2.62 cm. The right adrenal gland measures 0.60 cm x 2.78 cm.

IMAGING PERFORMED BY

Kelly Reschny

Spleen

The spleen is diffusely homogenous with a hyperechoic parenchyma compared to the liver and renal cortices. There's a large mid-abdominal mass effect with focal regions of cavitation and a heterogeneous parenchyma that is suspected to originate from the tail of the spleen. However, this can't be definitively determined due to the size of the mass. There's a secondary small hypoechoic nodule at the cranial aspect of the splenic head that mildly distorts the otherwise smooth splenic capsule. The vasculature is normal with no evidence of congestion, spontaneous echocontrast or thrombosis.

HOSPITAL NAME

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 Veterinary Emergency
 Clinic

REFERRING VET

Dr. Ho

Liver

The liver is subjectively normal in size with a diffusely mottled or heterogeneous parenchyma. The vasculature is normal with no evidence of congestion.

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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.



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Gastrointestinal

The stomach is mildly distended with echogenic fluid. There's no shadowing foreign material or overt evidence of pyloric outflow obstruction. The remainder of the small intestine is unremarkable, non-distended with adequate peristaltic activity. The gastrointestinal walls are normal in thickness with maintenance of normal wall layering. The colon contains normal shadowing feces.

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 or free fluid.

ULTRASONOGRAPHIC FINDINGS

- 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 large heterogeneous mid-abdominal mass is suspected to be splenic in origin, however mesenteric or intestinal origin can't be definitively excluded at this point or lymphatic origin.
- The mild gastric distension is suspected to be secondary to nonspecific gastroenteritis and likely due to the presence of the large mass effect. An occult mechanical obstruction can't be definitively excluded but is not readily suspected based on this study.
- 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.

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 mid abdominal mass 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.

Alternatively, an exploratory laparotomy with mass resection +/- splenectomy, as well as hepatic biopsies with histopathology and copper quantification will likely provide more definitive diagnostic results. Additionally, this will allow for a full exploration of the gastrointestinal tract to rule out any potential occult mechanical obstruction.



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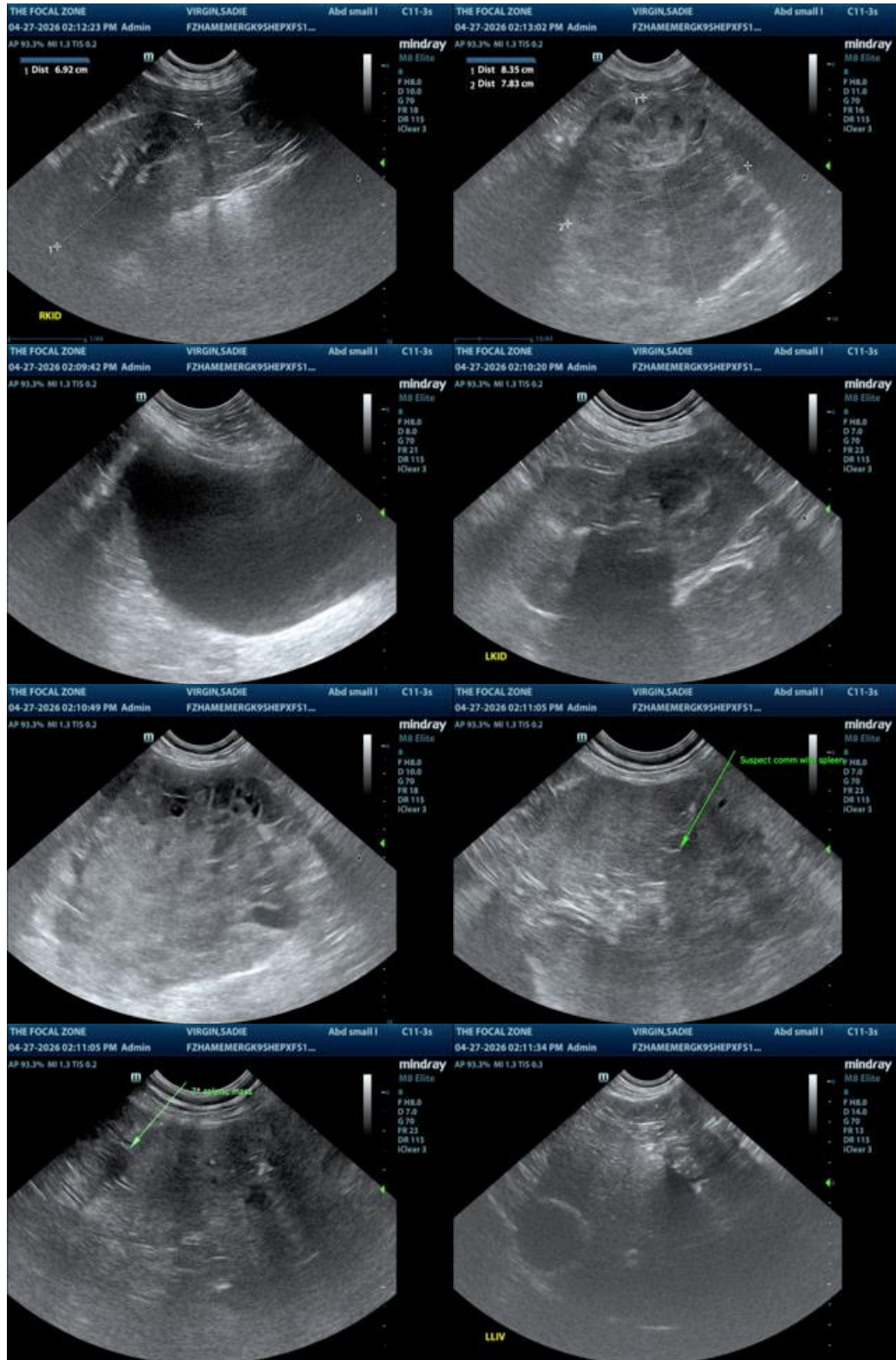
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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