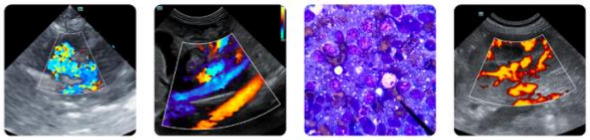


PATIENT

Beau Estrada

SPECIES

Canine

BREED

Large Mixed Breed

SEX

Neutered Male

AGE

9 Years

WEIGHT

77.4

INTERPRETED BY

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

IMAGING PERFORMED BY

Dr. Jenny Russell

HOSPITAL NAME

Southwest Texas veterinary Medical Center

REFERRING VET

Dr. Brianna Stofas

INVOICE

16418

DATE

06/06/26

PRESENTING CLINICAL SIGNS

Patient presented last night for vomiting and hemorrhagic diarrhea. Diarrhea started that morning and progressed to vomiting. Vaccines updated April 28, 2026.

PE: Severe, mucoid, hemorrhagic diarrhea. Tacky, muddled mucous membranes, moderate tachycardia and tachypenia. Painful on abdominal palpation and moderately distended abdomen FAST Scan: free blood in abdomen, suspect splenic mass, no halo sign in gallbladder CBC: HCT 33, Monocytes 1.22, Eosinophils 0.02, Mild to moderate thrombocytopenia on blood smear Chem: SDMA 20, Creatinine 3.0, BUN 44, ALT 406 cPL: POSTIVE pT/pTT: WNL Fecal and Giardia: Neg

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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.

The kidneys are normal in size and structure. The cortices are mildly hyperechoic with a slight decrease in corticomedullary distinction and normal cortex to medulla ratio. No pyelectasis and mildly irregular renal capsules bilaterally. The left kidney measures 7.75 cm. The right kidney measures 8.0 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. The left adrenal gland measures 0.5 cm. The right adrenal gland measures 0.55 cm.

Spleen

The spleen is enlarged and effaced by multiple variably sized, heterogeneous to partially cavitated mass lesions. There is little normal splenic architecture identified. The splenic capsule is moderately to severely deformed.

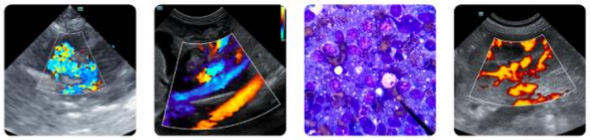
Liver

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 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. 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



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and ileocecocolic 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 slightly prominent and hypoechoic with no overt regional hyperechoic mesentery or omental fat.

Free Abdomen

There is no significant lymphadenopathy. There is a moderate volume of echogenic free peritoneal effusion.

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 multiple large splenic lesions are likely the source of the intra-abdominal hemorrhage. Infiltrative neoplastic disease such as hemangiosarcoma is of concern. There is no overt evidence of hepatic metastasis at this time, however, occult metastatic disease cannot be definitively excluded.
- 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 prominent hypoechoic pancreas is considered likely secondary to the presence of intra-abdominal hemorrhage and the splenic mass, however, concurrent pancreatitis cannot be definitively excluded.

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.

Exploratory laparotomy with splenectomy and liver biopsies with histopathology is recommended given the presence of intra-abdominal hemorrhage.

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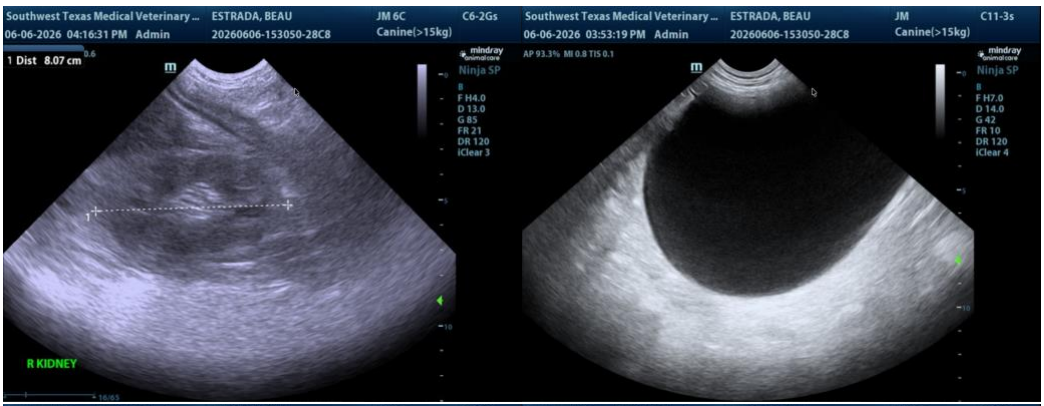

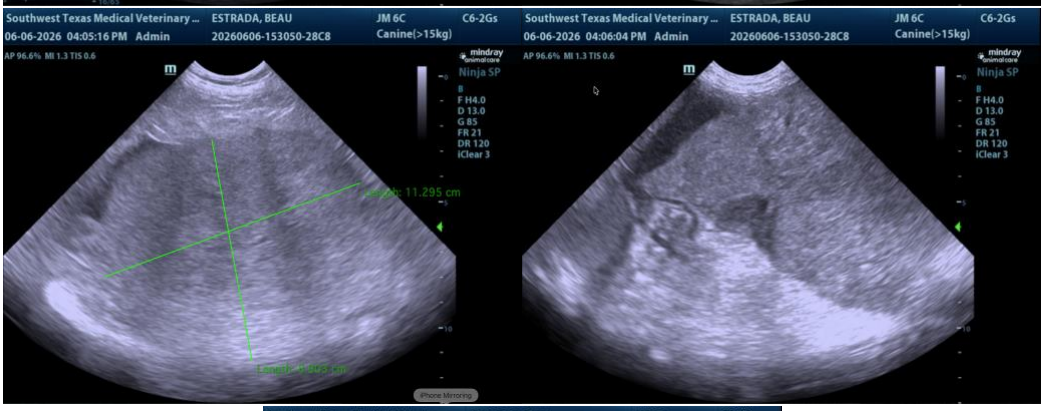

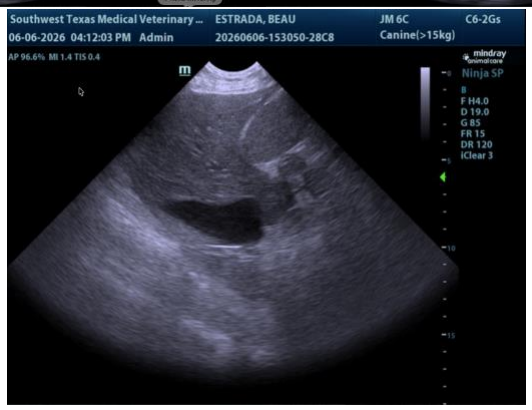

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

info@SonoPath.com