



PATIENT

Emmy Olson

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed Female

AGE

10 Years

WEIGHT

31 kg

INTERPRETED BY

Bradley Harris, DVM,
DACVECC, DACVIM
(cardiology)

IMAGING PERFORMED BY

Nicole DeFalco

HOSPITAL NAME

PetMedic Urgent Care
Westborough

REFERRING VET

Dr. Katie Sakakeeny

INVOICE

16419

DATE

06/06/26

PRESENTING CLINICAL SIGNS

Presenting Concerns: Emmy presented for further evaluation of elevated liver values and an elevated kidney value (creatinine) found on recent blood work. The client also reports that her urine was very dark yesterday. Historical Conditions: Blood work from 06/05/2026 showed elevated liver values and creatinine. Diet/Appetite: The client reports that her appetite was decreased yesterday morning but was normal last night. She was fasted for today's visit. Her diet was changed on 05/20/2026 from Open Farm Ancient Grains (grass-fed beef) to a different Open Farm kibble. She was switched back to her original diet last night. The diet is not raw or grain-free. Drinking/Urination: The client reports increased water consumption. Urine was noted to be very dark yesterday. V/D/C/S: She was recently treated for diarrhea with metronidazole up until yesterday. Stools were reported as normal last night and this morning. Current Medications: Amoxicillin: Started today, given twice daily. Metronidazole: Discontinued on 06/05/2026 after a 4-day course. Carprofen: Was given for 7 days starting 05/20/2026. An unknown antibiotic was given for 7 days starting 05/20/2026. Lifestyle/Risk Factors: Potential exposure to rabbit and geese feces

Abnormal PE/Chem/CBC/UA Results: PU/PD, ELEs

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 hyperechoic with a mild decrease in corticomedullary distinction. Normal cortex to medulla ratio. Mildly irregular renal capsules with no pyelectasis. The left kidney measures 6.0 cm. The right kidney measures 6.0 cm.

Adrenal Glands

Both adrenal glands are not visualized.

Spleen

The spleen is subjectively prominent with a diffusely mottled or heterogeneous parenchyma. The spleen measures 1.7 cm at the hilus.

Liver

The liver is subjectively enlarged with a diffusely mottled parenchyma. There is mixed hyper- and hypoechoic nodular changes throughout, some of which mildly distort the hepatic capsule. 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



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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.

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Pancreas

The pancreas was not visualized.

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Free Abdomen

There is no significant lymphadenopathy. There is a mild volume of anechoic free peritoneal effusion. The mesentery is slightly hyperechoic and irregular with mild nodular changes.

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ULTRASONOGRAPHIC FINDINGS

AGE

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- 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.

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- The mildly enlarged spleen with a coarse/mottled reticular pattern is most consistent with a reactive spleen, or possible splenitis. Round cell neoplasia is considered less likely but cannot be definitively excluded.

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- 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.

- The changes to the mesentery may represent a secondary peritonitis. This can sometimes be seen with acute pancreatitis. However, this is not identified on this study. An infiltrative neoplastic process within the omentum or mesentery cannot be definitively excluded.

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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. A spec cPLI is recommended to further evaluate the pancreas for active inflammation. Fine needle aspirates of the spleen 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. An abdominocentesis with fluid analysis and cytology is recommended to further evaluate and characterize the peritoneal effusion.

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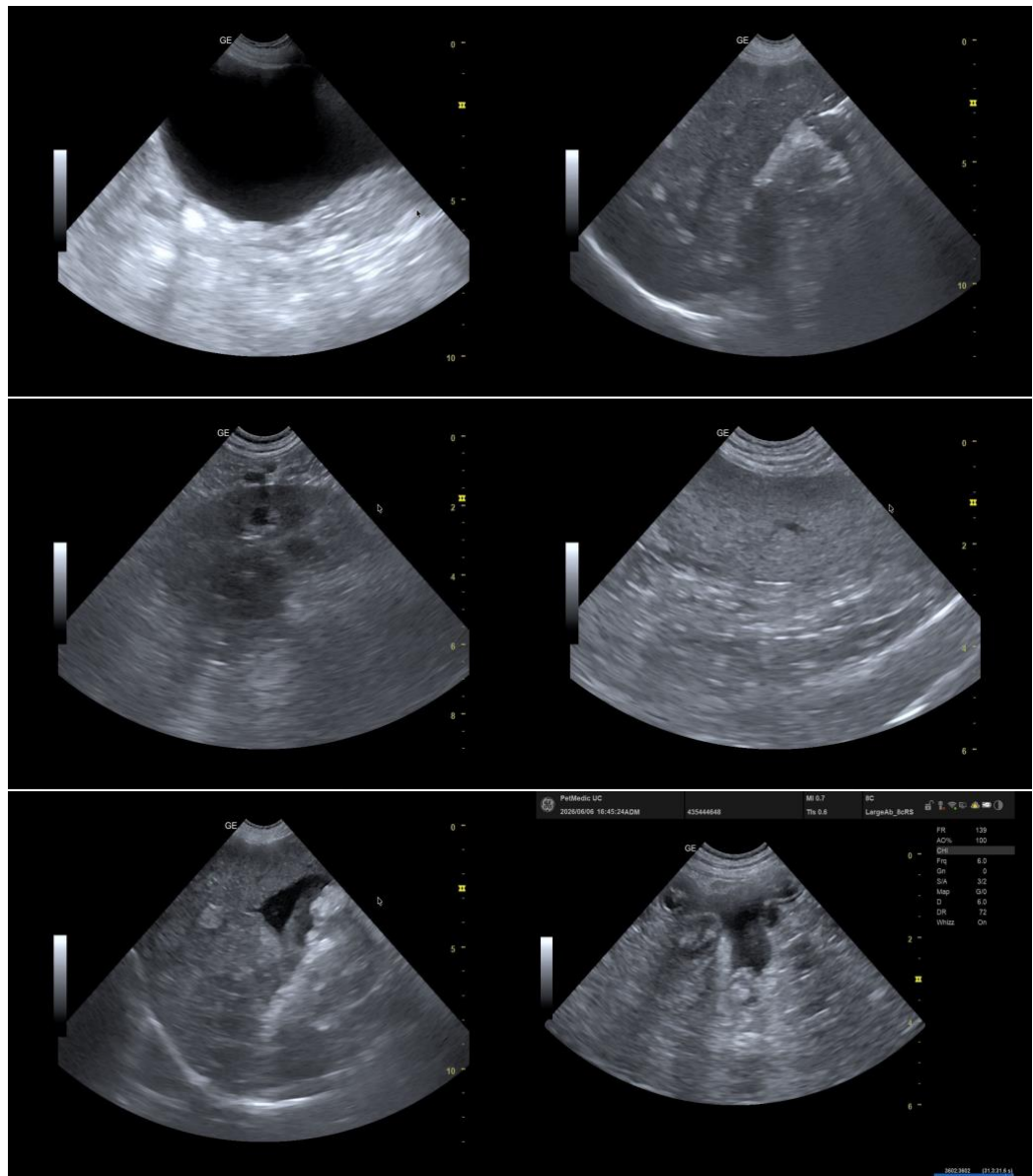
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

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