



PATIENT

Elixir Snodgrass

SPECIES

Canine

BREED

German Shepherd

SEX

Neutered Male

AGE

8 Years

WEIGHT

44 kg

INTERPRETED BY

Bradley Harris, DVM,
DACVECC, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Seyler

HOSPITAL NAME

Wilvet South

REFERRING VET

Dr. Wayland

INVOICE

37396

DATE

6/7/26

PRESENTING CLINICAL SIGNS

History: Acute onset lethargy in the last 24 hours. Did not E evening meal 6/5. V+ multiple times overnight, Ur in bed. Blood noted in urine. Noted hind limb weakness over the last 2 days, increased drinking. Previous Medical Conditions: UTI May 2026. Cyclical illness every month or so. Abnormal PE/Chem/CBC/UA Results: Lact 3.14 BUN 55 Creat 2.31

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder contains a mild amount of suspended echogenic mobile debris. The bladder wall is mildly thickened with irregular hyperechoic mucosal changes. The bladder trigone appears patent and proximal pelvic urethra appears patent.

The prostate is slightly prominent with heterogeneous parenchyma.

The kidneys are normal in size. The kidneys revealed hyperechoic cortices, loss of corticomedullary distinction, normal cortex to medulla ratio, no pyelectasis or pelvic dilation, and mildly irregular capsule bilaterally. The left kidney measures 6.6 cm. The right kidney measures 8.8 cm.

Adrenal Glands

The left adrenal gland is visualized and has 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 0.7 cm. The right adrenal gland is not visualized.

Spleen

The spleen measures 2.5 cm at the hilus. It is subjectively markedly enlarged with a diffusely mottled or heterogeneous parenchyma and ill-defined hypoechoic nodular changes throughout. The capsule appears mildly irregular with no overt mass effects noted. The vasculature is normal with no evidence of congestion, spontaneous echocontrast, or thrombosis.

Liver

The liver is subjectively mildly enlarged with slightly rounded margins. The parenchyma is diffusely heterogeneous or mottled with ill-defined hypoechoic nodules throughout that do not distort the smooth hepatic capsule. Vasculature is normal with no evidence of congestion.

The gallbladder has appropriately thin walls with anechoic bile. There is a mild to moderate amount of echogenic debris and dependent sediment. The cystic and common bile ducts are normal. There is no evidence of intra- or extrahepatic biliary dilation.

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



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evidence of shadowing obstructive material or overt infiltrative disease noted. No associated abnormal lymphatic activity is documented.

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. There's a mild volume of anechoic free peritoneal effusion throughout the abdomen.

ULTRASONOGRAPHIC FINDINGS

- There is thickening of the cranioventral and craniodorsal urinary bladder wall with mucosal changes and echogenicity consistent with suspended debris. This is most consistent with chronic cystitis. Technically transitional cell carcinoma cannot be ruled out without histopathology but is not overtly suspected based on this pattern.
- 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 enlarged and diffusely mottled spleen is concerning for potential infiltrative disease such as round cell neoplasia. However, benign changes such as extramedullary hematopoiesis and lymphoid hyperplasia can't be definitively excluded.
- 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 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.
- Mild volume of free peritoneal effusion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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.

Abdominocentesis with fluid analysis and cytology is recommended to further characterize and evaluate the abdominal effusion.



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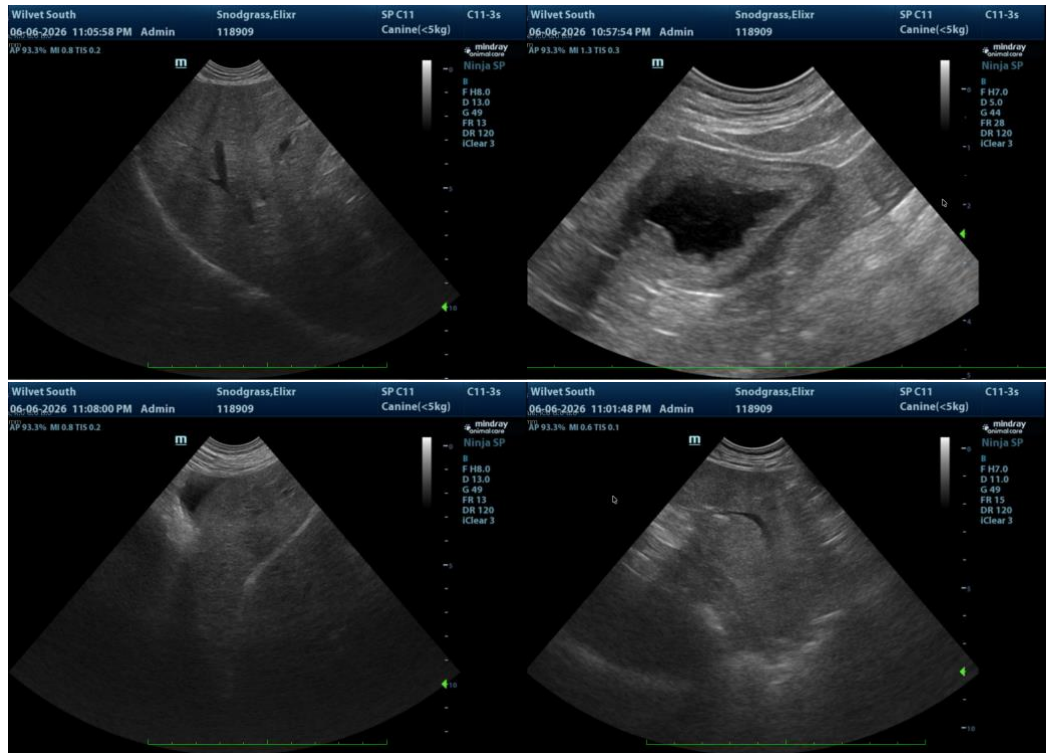
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A urinalysis and urine culture via cystocentesis are recommended to evaluate the urinary tract changes for potential urinary tract infection.





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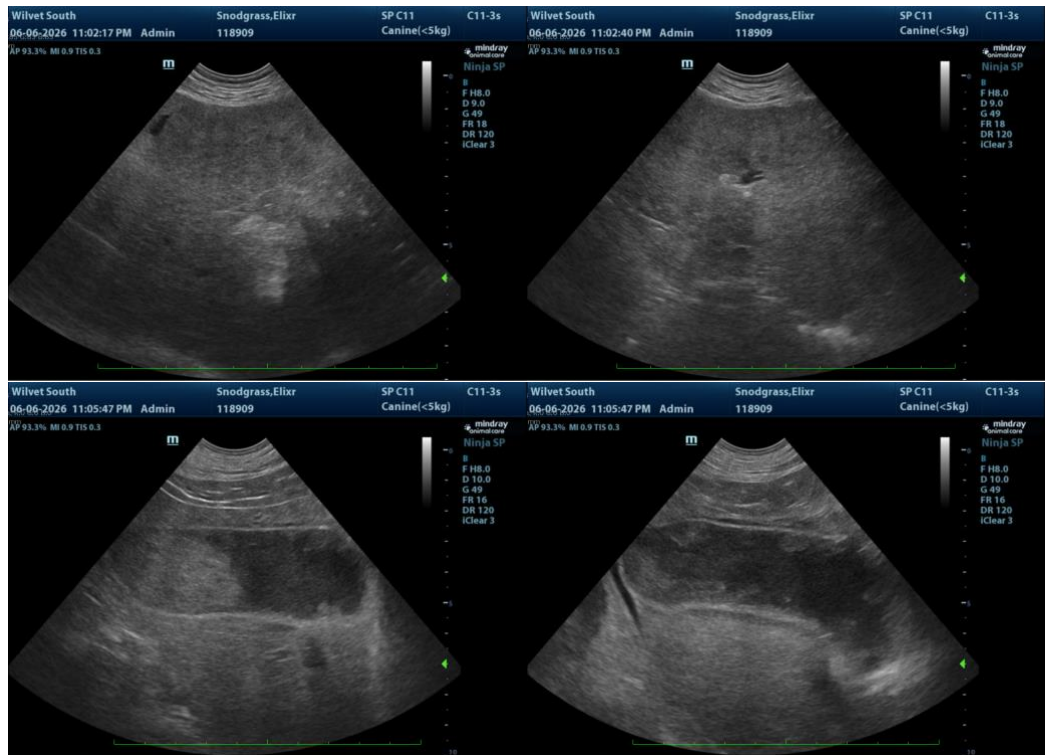
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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