

PATIENT

Prince Harry Carter

SPECIES

Canine

BREED

Yorkie

SEX

Male

AGE

7

WEIGHT

2.44

INTERPRETED BY

Bradley Harris, DVM,
DACVECC, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Dr. Mora

HOSPITAL NAME

Animal Emergency
Hospital Deland

REFERRING VET

Dr. Mora

INVOICE

37389

DATE

6/7/26

PRESENTING CLINICAL SIGNS

History: For the last three days, patient has been vomiting (coffee grounds) and having dark black diarrhea. owner makes his food and he wasn't eating until this morning, he ate a small amount of chicken. history of collapsing trachea. Fasted Ultrasound. Cryptochid, historical.

Abnormal PE/Chem/CBC/UA Results: CBC. NSF Chemistry. calcium 7.5, glucose 133 EPOC. glucose 12 CpLi. Abnormal.

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, 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. The left kidney measures 3.2 cm. The right kidney measures 2.8 cm.

Adrenal Glands

Both adrenal glands are not visualized.

Spleen

The splenic parenchyma is largely homogenous and hyperechoic to the liver. There are several discrete hypoechoic nodules that do not distort the splenic capsule. The capsule is smooth without significant irregularity. The vasculature is normal with no evidence of congestion, spontaneous echocontrast or thrombosis. The spleen measures 0.9 cm at the hilus.

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 is mildly dilated with echogenic luminal fluid. There is also echogenic swirling debris within the gastric lumen. The pylorus and pyloroduodenal junction are patent. There is no evidence of a pyloric outflow obstruction. The small intestine is nondistended with normal wall thickness and layering. The colon contains normal shadowing feces.

Pancreas



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The pancreas is incompletely visualized; however, the views that are present reveal a slightly hypoechoic and prominent pancreas with mildly irregular contour. There is no overt regional hyperechoic mesentery or omental fat noted.

Free Abdomen

There is no significant lymphadenopathy or free fluid.

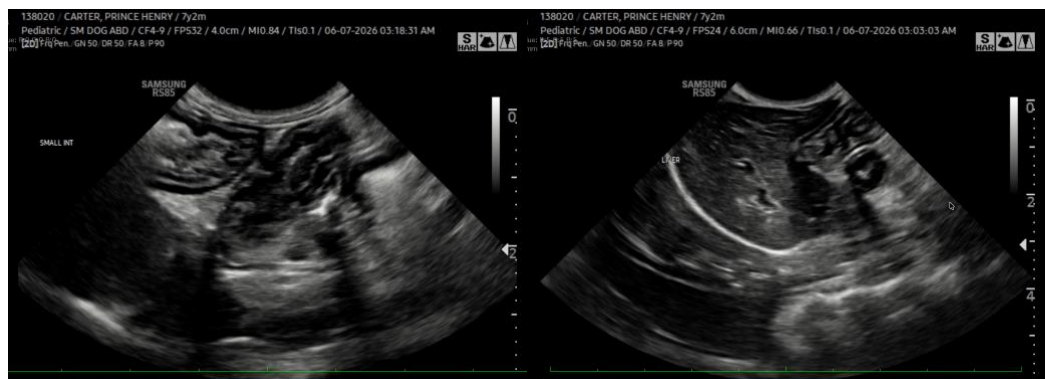
ULTRASONOGRAPHIC FINDINGS

- The discrete hypoechoic splenic nodules may represent benign change such as extramedullary hematopoiesis or lymphoid hyperplasia, however, infiltrative disease such as round cell neoplasia or hemangiosarcoma can't be definitively excluded.
- The mild gastric luminal distension is likely secondary to a gastroparesis or ileus.
- The appearance of the pancreas is indicative of potential inflammation or pancreatitis.
- The intraabdominal testicle is consistent with the patient's history of cryptorchidism,

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Fine needle aspirates of the spleen 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.

Continued supportive care is clinically indicated for suspected pancreatitis and gastric ileus given the abnormal CPLI values and the ultrasonographic appearance of the pancreas.





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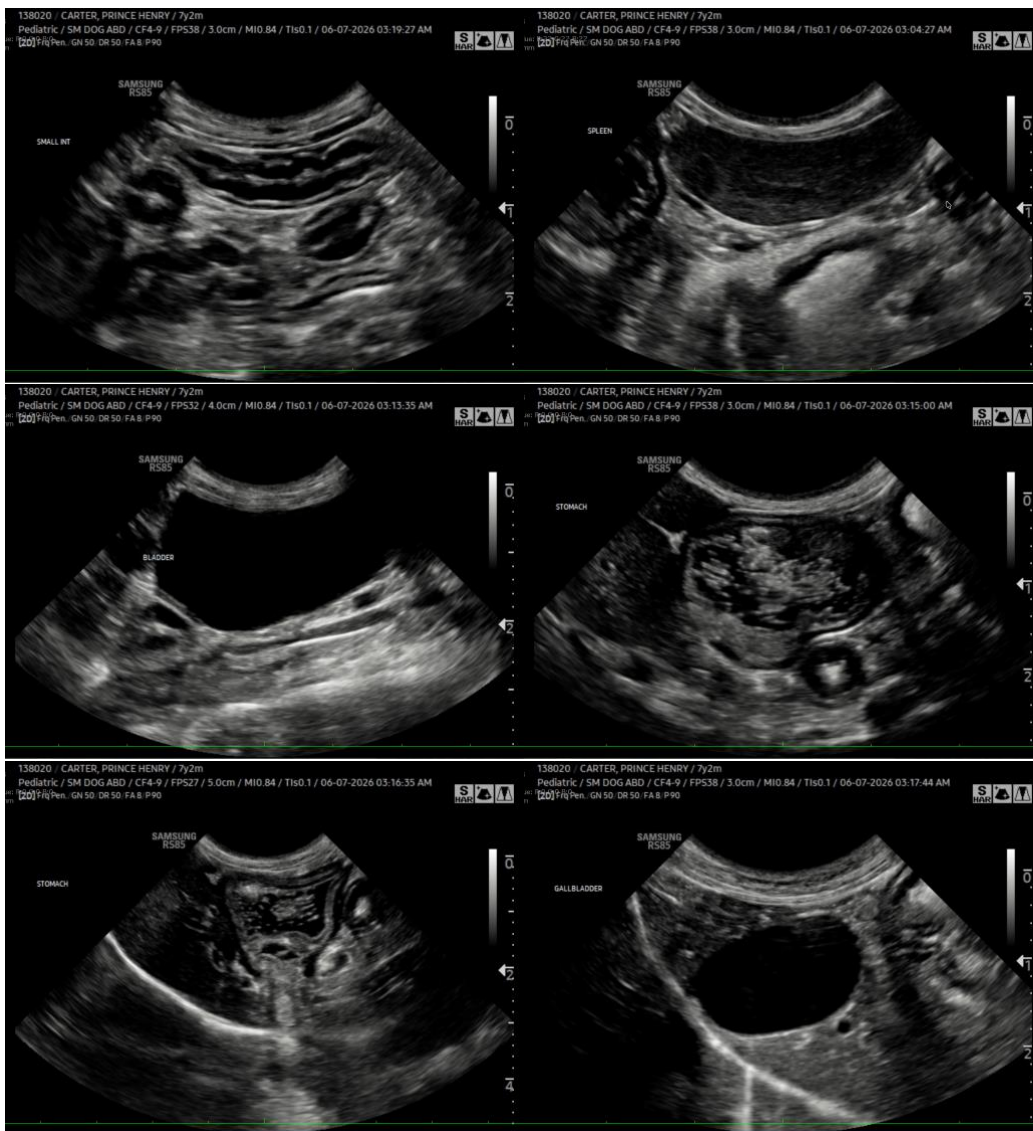
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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