

PATIENT

Tate Herren

SPECIES

Canine

BREED

Miniature Poodle

SEX

Neutered male

AGE

8 years

WEIGHT

9.5 lbs

INTERPRETED BY

Bradley Harris, DVM,
 DACVECC, DACVIM
 (cardiology)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Banfield Pet Hospital
 North Eugene

REFERRING VET

Dr. Fioretti

INVOICE

75314

DATE

5/11/26

PRESENTING CLINICAL SIGNS

PE Resting cortisol: 3.7 (WNL)

1 Prognosis: good

2 Client Education: Discussed PE findings, lab results. Resting cortisol is normal, no overt dx of Addison's or Cushing's. Next step to determine what is causing his clinical signs and weight loss is abdominal ultrasound.

3 Recheck: pending improvement

4 Follow-Up Therapy: AUS

Current Medications Apoquel, Gabapentin

CBC: NSF

IOF/Lytes: ALB 1.8(2.2-3.9); BUN 32(7-27); TP 4.9(5.2-8.2)

SDMA: 13(0-14)

T4: 3.0(1.0-4.0)

4Dx: negative

cPL: negative

has lost 2.2 pounds. Vomiting and diarrhea indicates problem in GI area, however way P is being held may indicate to pain in upper chest area. Abdominal ultrasound will show what all those organs look like, and can show if there's a partial foreign body.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary 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, and anechoic urine is present. 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 pyelectasia is present. The capsules are uniform without significant irregularities noted. The left kidney measured 4.26 cm and the right kidney measured 4.48 cm.

Adrenal Glands

The right adrenal gland is 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 right adrenal gland measured 0.5 x 1.58 cm. The left adrenal gland is not visualized.

Spleen

The spleen is incompletely visualized, but appears normal with a smooth homogeneous parenchyma that is hyperechoic to the liver and renal cortices. The capsule is smooth without significant irregularity.



PATIENT

Tate Herren

SPECIES

Canine

BREED

Miniature Poodle

SEX

Neutered male

AGE

8 years

WEIGHT

9.5 lbs

INTERPRETED BY

Bradley Harris, DVM,
DACVECC, DACVIM
(cardiology)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Banfield Pet Hospital
North Eugene

REFERRING VET

Dr. Fioretti

INVOICE

75314

DATE

5/11/26

The splenic vasculature is normal without signs of congestion, spontaneous echo contrast, or thrombosis.

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 with contains 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 gastrointestinal tract are non-distended with adequate peristaltic activity, and no significant dilation. There is normal wall thickness with multi-focal regions that have slightly prominent muscularis layer that distorts a normal 1:3 muscularis to mucosal ratio as well as a slightly irregular submucosa layer, but is hyperechoic in some regions. 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

No lymphadenopathy was noted.

There is diffuse, hyperechoic mesentery with a mild to moderate volume of anechoic free peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

- The intestinal submucosa is slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. There is mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. This is most consistent with chronic enteropathy. No concerning lymphadenopathy or evidence of mechanical obstruction is present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma.
- The free peritoneal effusion is secondary to the hypoalbuminemia; however, a neoplastic effusion cannot be definitively excluded especially given the hyperechoic and omental fat within the abdomen.



PATIENT

Tate Herren

SPECIES

Canine

BREED

Miniature Poodle

SEX

Neutered male

AGE

8 years

WEIGHT

9.5 lbs

INTERPRETED BY

Bradley Harris, DVM,
 DACVECC, DACVIM
 (cardiology)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Banfield Pet Hospital
 North Eugene

REFERRING VET

Dr. Fioretti

INVOICE

75314

DATE

5/11/26

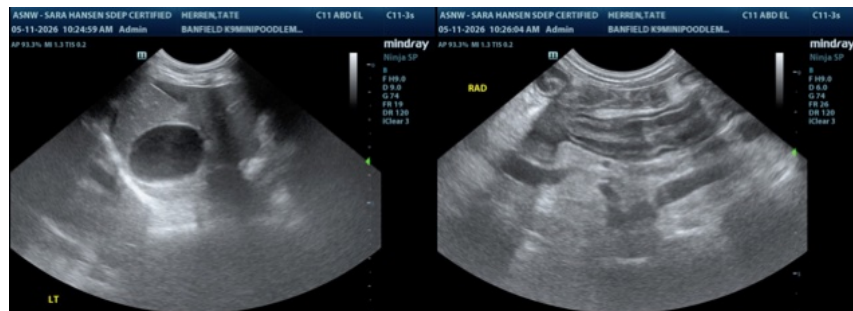
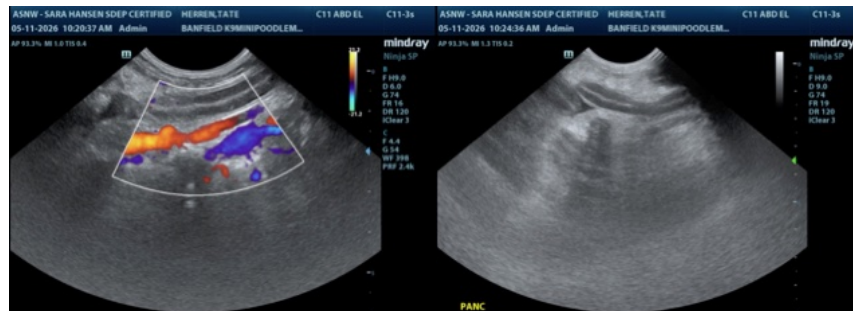
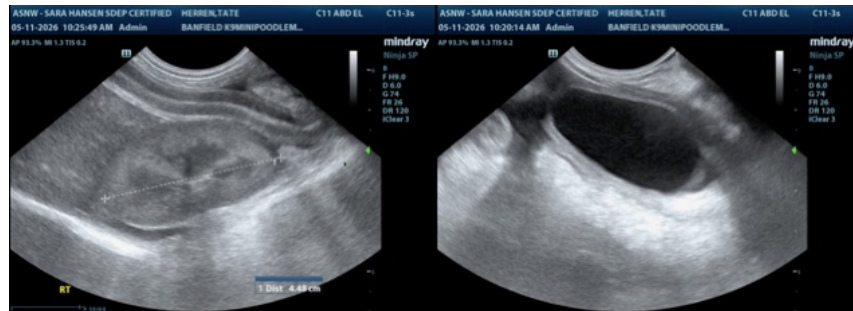
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

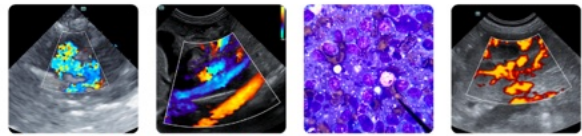
Further evaluation of the hypalbuminemia is recommended to include urinalysis and urine protein to creatinine ratio if the sediment appears inactive. If protein losing nephropathy is considered less likely in this case, especially given the gastrointestinal signs and appearance of the gastrointestinal tract.

Additionally, pre and post prandial bile acids should be performed to evaluate liver function as cause of the low albumin, but ultimately a gastrointestinal panel (TLI, PLI, B12, folate) via Texas A&M gastrointestinal laboratory is indicated to further evaluate for potential chronic enteropathy. Ultimately, gastrointestinal biopsies may be required for a definitive diagnosis.

An abdominocentesis with fluid analysis should also be performed to ensure that the effusion is not neoplastic in nature. However, it appears to be transudate.

Pending additional diagnostics, after the gastrointestinal panel has been performed, consider B12 injection with transition to a novel protein or hydrolyzed protein diet for presumptive protein losing enteropathy and chronic inflammatory bowel disease.





PATIENT

Tate Herren

SPECIES

Canine

BREED

Miniature Poodle

SEX

Neutered male

AGE

8 years

WEIGHT

9.5 lbs

INTERPRETED BY

Bradley Harris, DVM,
DACVECC, DACVIM
(cardiology)

**IMAGING
PERFORMED BY**

Sara Hansen

HOSPITAL NAME

Banfield Pet Hospital
North Eugene

REFERRING VET

Dr. Fioretti

INVOICE

75314

DATE

5/11/26

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