



## PATIENT

Dexter Cruz

## SPECIES

Canine

## BREED

Mix

## SEX

Neutered male

## AGE

5 years

## WEIGHT

55.7 lbs

## INTERPRETED BY

Bradley Harris, DVM,  
DACVECC, DACVIM  
(cardiology)

## IMAGING PERFORMED BY

Rebecca Hamilton

## HOSPITAL NAME

Midland Park AH

## REFERRING VET

Dr. Shokoff

## INVOICE

69487

## DATE

12/22/25

## PRESENTING CLINICAL SIGNS

History: Weight loss, GI signs, Soft stool, intermittent vomiting, Dec. appetite, straining to defecate, decreased body condition.

Abnormal PE/Chem/CBC/UA Results: ^ ALT 272, ^ WBC 19400, Dec. RBC 4.1, Dec. HGB 11.1, ^ MCV 87, Moderate anisocytosis, slight polychromasia, Dec. platelets 128K, ^ Abs. Neuts 16,102, ^ Abs. Monocytes 970

## 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 a hyperechoic, corticomedullary rim or band and a normal cortex to medulla ratio. The cortices are uniform in echotexture in relationship to the liver and spleen. The medullary structure differed distinctly from the cortex with no evidence of pyelectasia or pelvic dilation. The capsules are uniform without significant irregularities noted. The left kidney measured 6.55 cm. The right kidney measured 6.99 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 measured 0.5 x 1.89 cm. The right adrenal gland measured 0.54 x 2.84 cm.

### *Spleen*

The spleen is slightly prominent with a mildly heterogenous, remodeled reticular pattern. The splenic vasculature is normal without signs of congestion. The spleen measured 2.1 cm at the hilus.

### *Liver*

The liver is subjectively enlarged with slightly rounded margins and a diffusely heterogenous, remodeled parenchyma. The vasculature is normal 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.



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## *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 ileoceocolic 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 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 evidence of abdominal lymphadenopathy. No free fluid was noted. There are no overt mass effects noted.

## ULTRASONOGRAPHIC FINDINGS

There is a hyperechoic renal corticomedullary band present, with a uniform corticomedullary ratio. This is most consistent with a medullary rim sign. There are mild degenerative renal changes noted, with a uniform capsular contour. This is an idiopathic finding, yet at times this finding in dogs can be related to tubular disease. Assessment for any proteinuria would be warranted if not already performed.

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.

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.

## 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.

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.

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.



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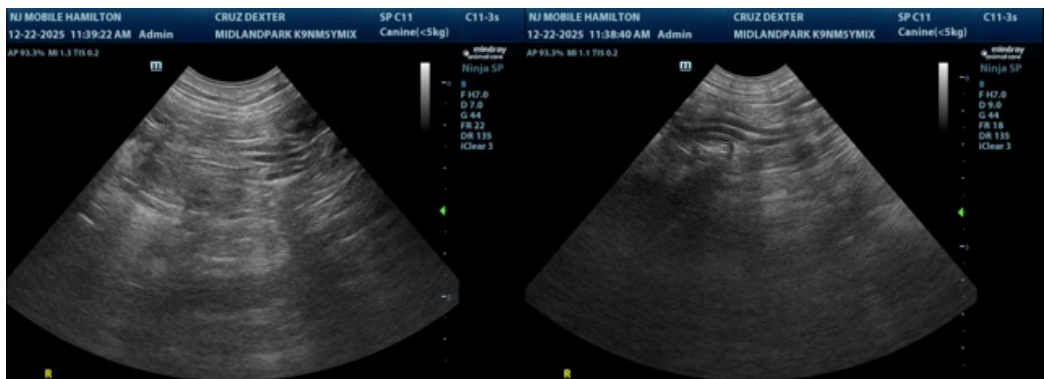
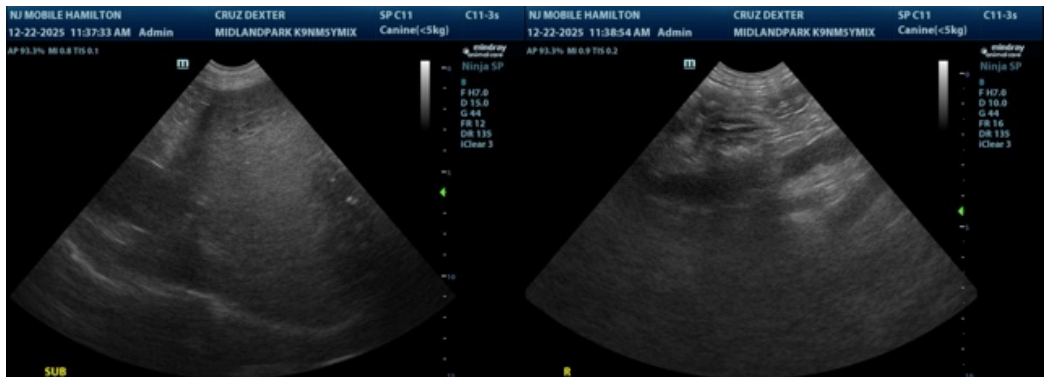
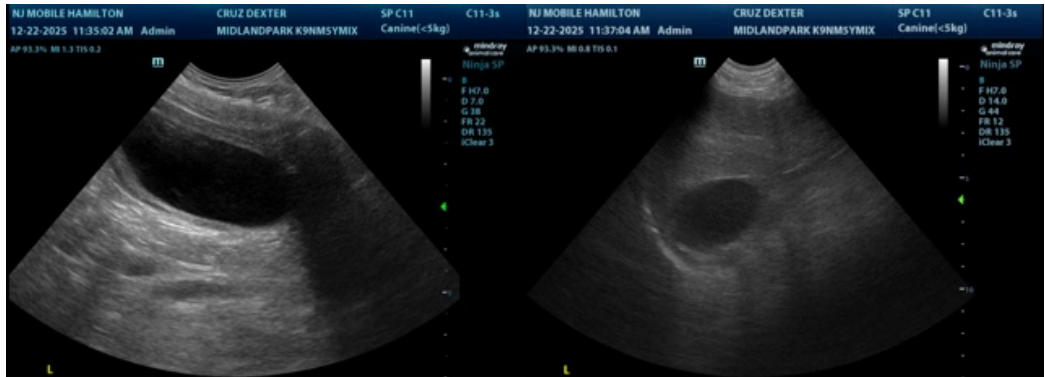
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

[info@SonoPath.com](mailto:info@SonoPath.com)