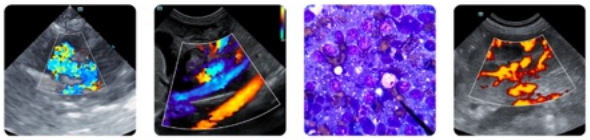


PATIENT

Didi Wechsler

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed female

AGE

11 years

WEIGHT

-

INTERPRETED BY

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Animal General on Hudson

REFERRING VET

Dr. Lang

INVOICE

69487

DATE

12/22/25

PRESENTING CLINICAL SIGNS

History: Diagnosed with occasional VPC's on EKG. Owner scheduling cardiac consult for holter monitor; Would like to rule out systemic causes for VPCs especially in light of normal echo per Dr. Brad Harris on 12/15/25.
Abnormal PE/Chem/CBC/UA Results: Unremarkable CBC/Chem/T4, Heartworm test and fecal negative

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 left renal cortices are hyperechoic with a mild decrease in the corticomedullary definition and mild, cystic cortical changes. There is no significant mineralization and pyelectasia or pelvic dilation. The left capsule is mildly irregular. The left kidney measured 6.19 cm. The right kidney is incompletely visualized due to the patient's tense abdomen. The right kidney appears to have similar changes despite lack of complete evaluation.

Adrenal Glands

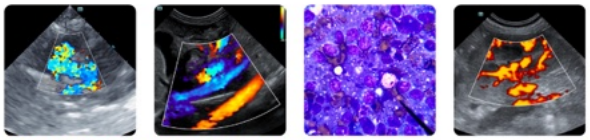
The left adrenal gland is visualized and have normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.62 x 1.67 cm. The right adrenal gland is not visualized.

Spleen

The spleen measured 2.21 cm at the hilus and is subjectively, mildly enlarged or prominent with a slightly mottled reticular parenchymal pattern. The capsule is smooth without significant irregularity. The vasculature is normal without evidence 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 contains a mild amount of suspended echogenic debris and dependent sediment. The gallbladder wall is appropriately thin and there is no evidence of intra or extrahepatic biliary dilation. The cystic and common bile ducts are normal.



PATIENT

Didi Wechsler

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed female

AGE

11 years

WEIGHT

-

INTERPRETED BY

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Animal General on Hudson

REFERRING VET

Dr. Lang

INVOICE

69487

DATE

12/22/25

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 ileocecocolic 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 increased renal cortical echogenicity and thickening with a mildly irregular capsular contour. Multifocal cystic cortical changes are noted. This is secondary cystic formation consistent with chronic age related degeneration and remodeling. There is no evidence of abscessation or suspicion of neoplasia.

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 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.

There is no definitive etiology of the ventricular dysrhythmia noted on this study. Occult disease especially of splenic origin cannot be definitively excluded. However, there is no overt hepatic or adrenal abnormalities to explain the dysrhythmia.

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 with cytology are recommended. A coagulation profile and platelet estimate prior to sampling are indicated to ensure the absence of coagulopathy. Occasionally some

PATIENT

Didi Wechsler

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed female

AGE

11 years

WEIGHT

-

INTERPRETED BY

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Animal General on Hudson

REFERRING VET

Dr. Lang

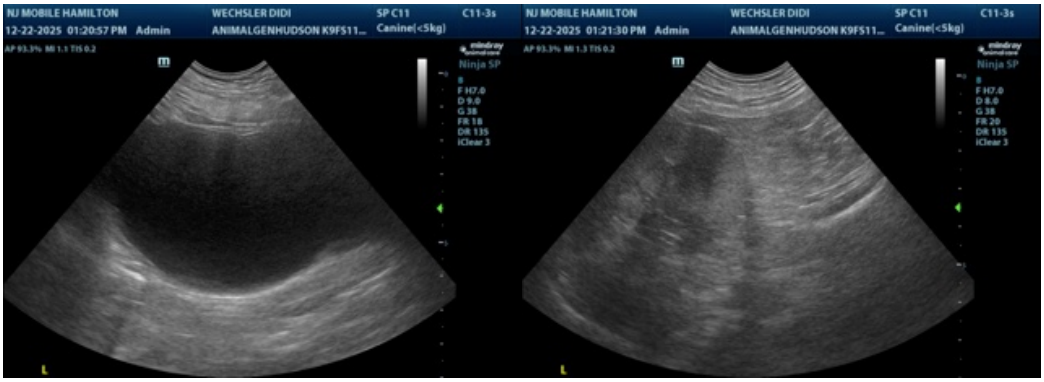
INVOICE

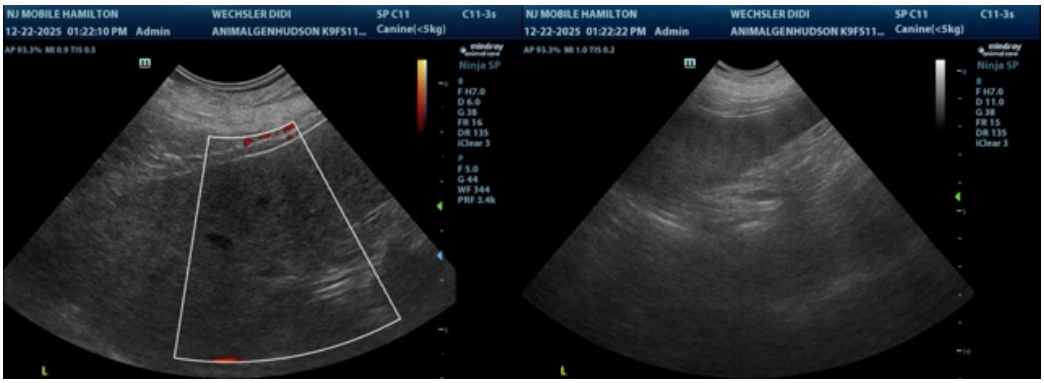
69487

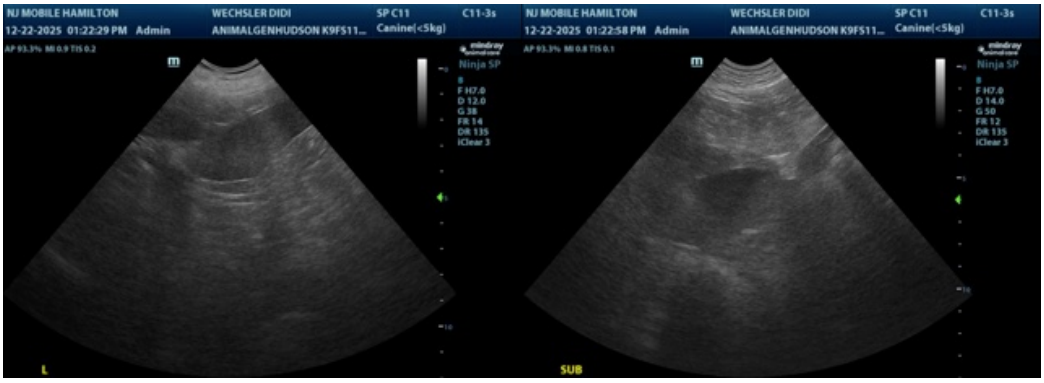
DATE

12/22/25

tissues are poorly exfoliative, or cytology is non-specific, in which case biopsy with histopathology may be required for a definitive diagnosis.







PATIENT

Didi Wechsler

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed female

AGE

11 years

WEIGHT

-

INTERPRETED BY

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Animal General on Hudson

REFERRING VET

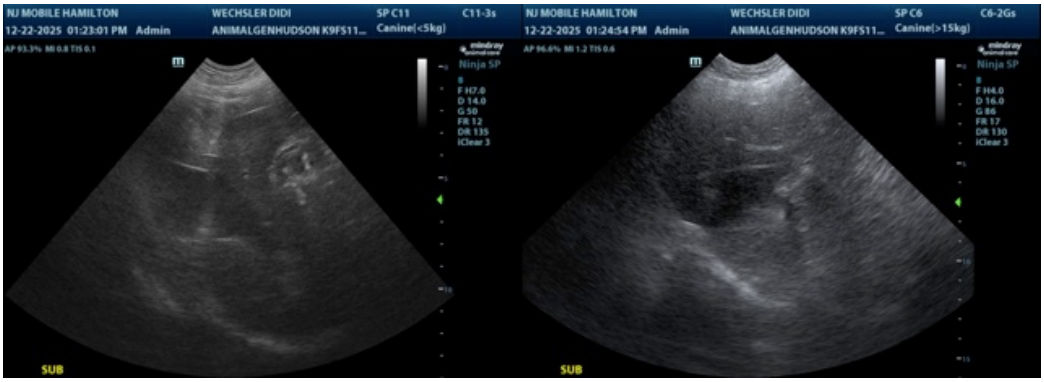
Dr. Lang

INVOICE

69487

DATE

12/22/25



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