



PATIENT

Sully Jackson

SPECIES

Canine

BREED

Miniature Schnauzer/
American Stafford
Terrier Mix

SEX

Neutered male

AGE

12 years

WEIGHT

37 lbs

INTERPRETED BY

Bradley Harris, DVM,
DACVECC, DACVIM
(cardiology)

IMAGING PERFORMED BY

Vincent Ravancho,
CVT

HOSPITAL NAME

Martinsville VH

REFERRING VET

Dr. Shendell

INVOICE

75316

DATE

5/11/26

PRESENTING CLINICAL SIGNS

History: Annual ultrasound, met check - AGASACA excised 2023 followed by chemotherapy (Carboplatin). Chronic colitis, Diabetes Insipidus. Current medications - Hydrolyzed diet, Apoquel, Carprofen, Trazodone, desmopressin.
ALT 240, ALP 922. **LDDS Normal 2026** USG - 1.012

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. The cortices are hyperechoic with a mild decrease in the corticomedullary distinction. Normal cortex to medulla ratio. The renal capsular mildly irregular bilaterally. The left kidney measured 6.44 cm. The right kidney measured 6.44 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 0.77 x 2.9 cm and the right adrenal gland measured 0.53 x 2.6 cm.

Spleen

The spleen is smooth with homogeneous parenchyma and hyperechoic to liver and renal cortical parenchyma. The capsule is without noticeable irregularity or deformation. The splenic vasculature is normal without signs of congestion, spontaneous echo contrast, or thrombosis. No evidence of acute or chronic inflammatory, neoplastic, or infarct are documented. The spleen measured 2.2 cm at the hilus.

Liver

The liver is subjectively normal in size and contour with a diffusely mottled or heterogenous parenchyma. There are subtle, ill-defined, hyperechoic nodular changes throughout the parenchyma. Vasculature is normal with no evidence of congestion. The gallbladder is mildly distended with anechoic bile and a combination of hyperechoic or echogenic suspended debris and dependent sediment. The cystic and common bile ducts were normal. No intrahepatic or extrahepatic biliary dilation is noted.



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Gastrointestinal

The stomach is mildly to moderately distended with combination of echogenic fluid as well as shadowing material that likely represents a recent meal. The pylorus and pyloroduodenal junction appeared patent. There is no evidence of pyloric outflow obstruction. The small intestine is multi-focally, distended with echogenic luminal contents. There is no shadowing material or concern for small intestinal mechanical obstruction. The gastrointestinal walls are normal in thickness with maintenance of normal wall layering. The ileoceocolic junction appears patent and 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

There is no lymphadenopathy and no free fluid.

ULTRASONOGRAPHIC FINDINGS

No evidence of metastatic neoplastic disease noted on this study at this time.

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 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.

The mild gastric distension is likely reflective of normal ingesta; however, this should be correlated with the patient's most recent meal.

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



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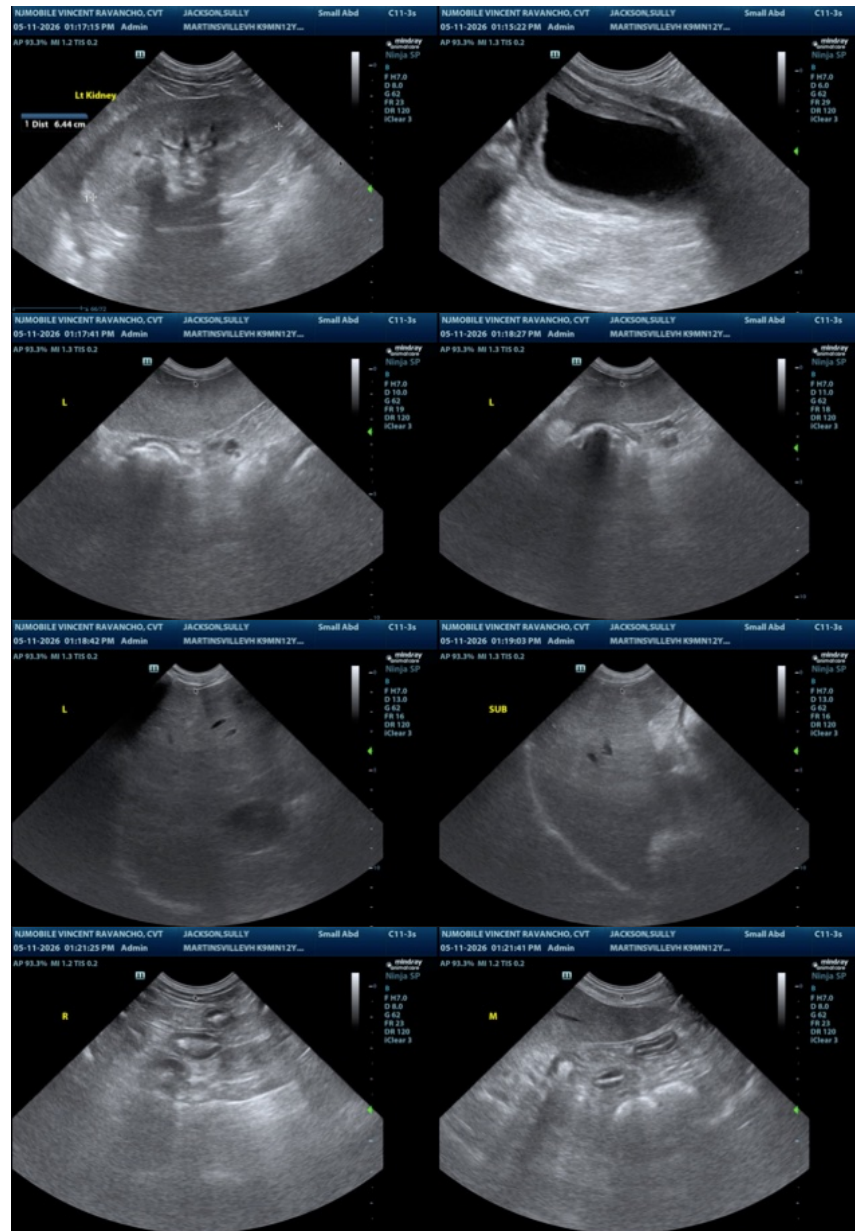
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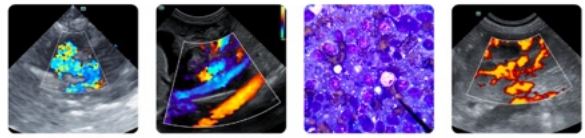
tissues are poorly exfoliative, or cytology is non-specific, in which case biopsy with histopathology may be required for a definitive diagnosis.

Continue serial abdominal ultrasound evaluations to evaluate for progressive metastatic disease.



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.



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