



PATIENT

Bo Geisel

SPECIES

Canine

BREED

Yorkie

SEX

Neutered Male

AGE

12.5 Years

WEIGHT

6.4 kg

INTERPRETED BY

Karen Ebersole, DVM,
DABVP (Canine and
Feline practice)

IMAGING PERFORMED BY

Melissa Randolph

HOSPITAL NAME

Shores Veterinary
Emergency Center

REFERRING VET

Dr. Julia Kerr

INVOICE

13802

DATE

02/15/26

PRESENTING CLINICAL SIGNS

- P was found tonight at the bottom of the stairs, sitting unusually, heavy breathing and grunting. P was not wanting to move and had BM in the house. O did note they gave him cookies from a dog bakery and went for a walk today but otherwise nothing unusual. prior history of pancreatitis 2 times. admitted for iv fluids, Cerenia, buprenorphine, ondansetron, famotidine, Unasyn.
- concern for pancreatitis, elevated liver values, hepatopathy, cholangiohepatitis, azotemia, other

PE: moderate pain 2/4; abdomen tense/hard to palpate, very painful on abdominal palp; very tender in cranial abdomen; submandibular LNs enlarged cbc: normal chem: alt 512 H, alp 461 H, ggt 101 H, cholesterol >450 H, globulin 3.7 H, BUN 54 H, Phosphorus 5.3 H, glucose 149 H epoc: lacate 3.32 H, potassium 5.2 H vcheck cPL: 1,819 H rads: very large liver; severe generalized interstitial pattern; gas in bowel

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder was normal in size and shape. The bladder wall was normal in thickness for the volume of urine present. The bladder contents were anechoic with echogenic sediment, without visible discrete urolith formation. There was no visible inflammation in the bladder or urethra.

The residual prostate was normal in size, shape, and echogenicity.

The iliac trifurcation was normal in structure and volume. There was no visible lymphadenopathy.

Both kidneys were normal in size with an overall smooth capsule contour. There were variably sized cystic changes throughout the cortex of both kidneys. There was an indistinct corticomedullary junction and mild pelvic dilation. The left kidney measured 4.5 cm in length. The right kidney measured 5.3 cm in length.

Adrenal Glands

The left adrenal was partially visualized and partially shadowed by the full colon. The caudal pole of the left adrenal was increased in size and rounded in shape with heterogeneous parenchyma and possible small foci of mineralization. The caudal pole measured 1.1 cm in width.

The right adrenal gland was not clearly visualized, but the region appeared free of any overt pathology.

Spleen

The spleen was normal in size and shape, with a smooth capsule contour. The parenchyma was finely textured and homogeneous.

Liver

The liver was subjectively increased in size with a smooth rounded capsule contour. The parenchyma was finely textured and diffusely hyperechoic. There was no evidence of distinct masses or nodules. The hepatic and portal veins were normal in size and structure, with no visible congestion.



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Gallbladder was mildly increased in size and rounded in shape. There was a mild to moderate amount of echogenic non-mineralized sludge. The common bile duct was visualized to the level of the duodenal papilla and was normal in diameter measuring 0.17 cm.

Gastrointestinal

The visible gastric walls were of normal thickness and layering. The stomach contained shadowing ingesta without overt evidence of obstruction to pyloric outflow. The small intestine displayed normal curvilinear patterns throughout. Subjectively normal wall thickness and layering was maintained. The visible colon wall was normal in thickness and layering.

Pancreas

The pancreas was mildly to moderately enlarged in size. The capsule contour was mildly asymmetric and irregular. The parenchyma was hypoechoic to heterogeneous with mildly bright mesentery around it. There was no overt evidence of neoplasia.

ULTRASONOGRAPHIC FINDINGS

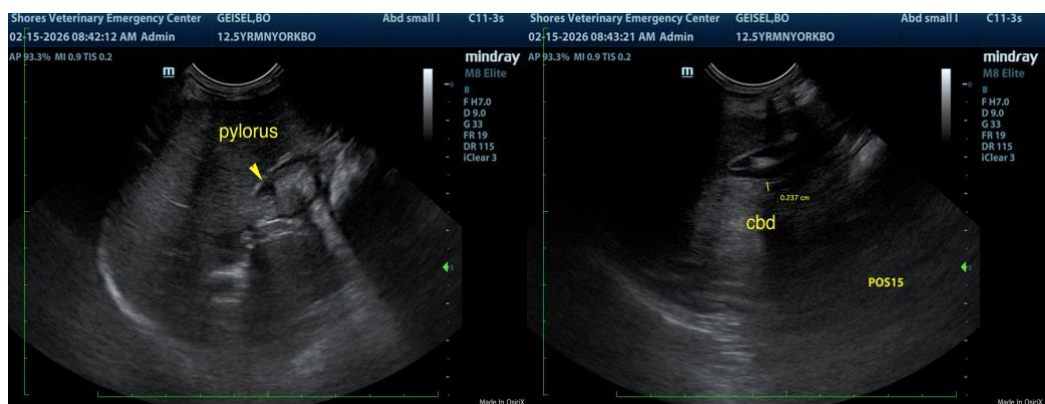
- Left adrenomegaly - caudal pole nodule vs potential emerging mass
- Moderate hepatic remodeling changes
- Gallbladder sludge, moderate, non-mucocele presentation
- Polycystic renal disease with changes consistent with early CKD and pelvic dilation, bilaterally
- Mild urinary bladder sludge
- Low-grade pancreatitis pattern
- Shadowing stomach ingesta - ddx solid ingesta vs potential for hair or other foreign material

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Supportive care for pancreatitis is recommended - IVF, electrolyte management, etc. Rechecking the stomach contents after being NPO and having fluid therapy could be considered if there is a concern for gastric foreign material.

BP measurement is recommended to screen for hypertension (CKD, adrenal nodule).

Rechecking the adrenal glands is recommended when the stomach and colon are empty if possible.





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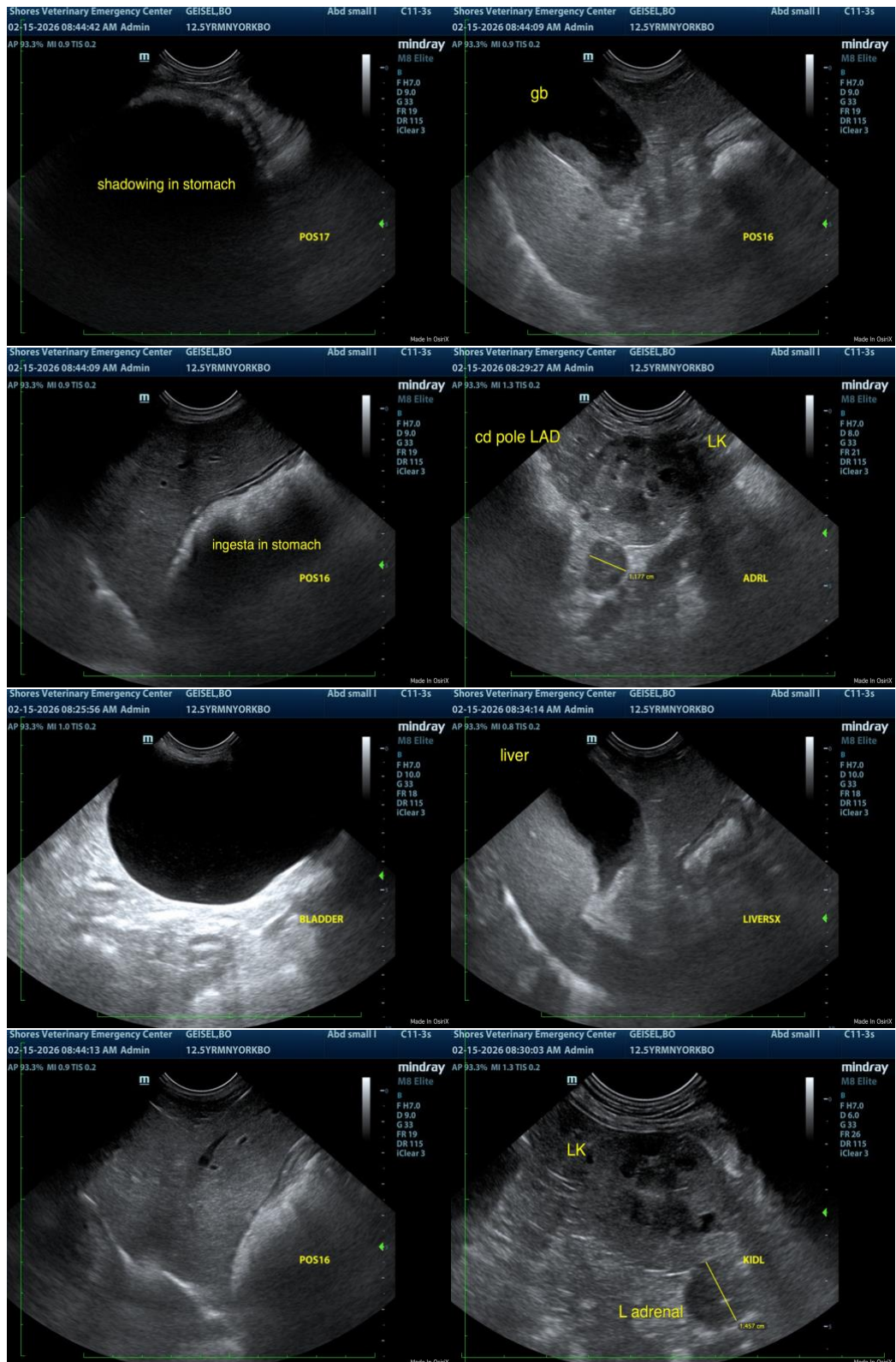
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Karen Ebersole, DVM, DABVP (Canine and Feline practice)

info@SonoPath.com