



PATIENT	PRESENTING CLINICAL SIGNS
Gryphon Dixon	On and off vomiting/diarrhea for over a week, was seen about a week prior and had rads that could not identify a reason, sent home with meds that aren't helping Current Medications Omeprazole, Metronidazole, FortiFlora
SPECIES	
Canine	Abnormal PE/Chem/CBC/UA Results: Rads and labs attached
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Doodle	Urinary System
SEX	The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.
Neutered Male	The kidneys were both normal size and structure, with smooth capsule and normal corticomedullary definition and ratio. Medullary structure differed distinctly from that of the cortex. No evidence of pelvic dilation was present. Left kidney measures 6.89 cm in length. Right kidney measures 7.89 cm in length.
AGE	
7 Years	
WEIGHT	Adrenal Glands
35 kg	Both adrenal glands were visualized and recognized as having normal shape, size, position and echogenicity for this breed and age. The visible phrenic vasculature was unremarkable. Left measures 2.4 cm in length x 0.61 cm at the caudal pole and 0.46 cm at the cranial pole. Right measures 2.6 cm in length x 0.64 cm at the caudal pole and 1.1 cm at the cranial pole.
INTERPRETED BY	Spleen
Dr Brittany Sinclair, BVSc(hons), DACVECC	The spleen was normal with age appropriate homogeneous parenchyma and a smooth capsule with normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.
IMAGING PERFORMED BY	Liver
Kelly Reschny	The liver is subjectively normal in size with normal contours and structure. There is age appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion.
HOSPITAL NAME	
BPH Stoney Creek	
REFERRING VET	Gall bladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally.
Dr. Song	Gastrointestinal
INVOICE	
72153	The stomach contains minimal luminal contents. It measures at a normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate. No masses or focal lesions were observed.
DATE	
1/13/26	The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. There were no focal lesions consistent with obstruction or a mass effect observed.



PATIENT

Gryphon Dixon

Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

SPECIES

Canine

Pancreas

The area of the pancreas was isoechoic to surrounding tissue with no overt inflammation. Pancreatic tissue was not distinctly visualized which is common.

BREED

Doodle

Free Abdomen

No clinically significant lymphadenopathy or abnormalities noted. No free fluid noted.

SEX

Neutered Male

ULTRASONOGRAPHIC FINDINGS

- Unremarkable abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

7 Years

There is no ultrasonographically evident cause of reported GI signs in this abdominal study. Pancreas and GI tract are within normal limits. Consideration for dietary indiscretion, infectious etiologies (bacterial, viral, parasitic), food sensitivity/allergy or mild inflammatory bowel disease is reasonable. While not sonographically evident, pancreatitis cannot be completely ruled out. Empiric treatment for GI signs including anti-nausea, appetite stimulant and fluid support as clinically indicated is warranted. A diet trial with hydrolyzed protein or select protein diet could be considered if food sensitivity is suspected clinically. If signs are persistent or recurrent, additional diagnostics to be considered include baseline cortisol +/- ACTH stimulation test, GI panel (TLI/PLI/cobalamin/folate), fecal pathogen panel, thyroid testing, bile acid profile, and thoracic radiographs to rule out occult neoplasia, cardiac disease and esophageal disease as potential causes. Ultimately GI biopsy may be required for more definitive diagnosis if the patient is not responsive to medical treatment.

WEIGHT

35 kg

INTERPRETED BY

Dr Brittany Sinclair,
BVSc(hons),
DACVECC

Bilious vomiting syndrome is a diagnosis of exclusion in dogs and describes a benign cause of intermittent vomiting of bile. Most frequently the vomiting is in the morning or after other extended period without being fed. Offering a small snack to interrupt up prolonged fast (example, before bed) is often effective at eliminating or significantly reducing symptoms. Antacids are often tried but are of no proven benefit.

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

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REFERRING VET

Dr. Song

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PATIENT

Gryphon Dixon

SPECIES

Canine

BREED

Doodle

SEX

Neutered Male

AGE

7 Years

WEIGHT

35 kg

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REFERRING VET

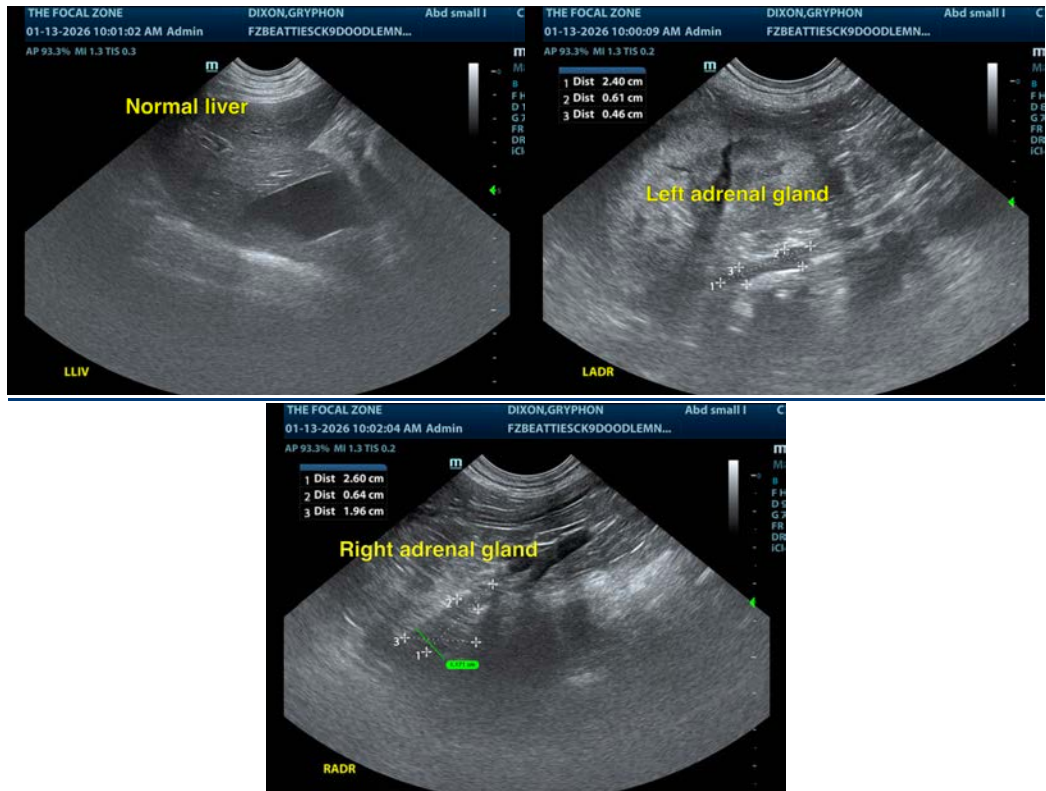
Dr. Song

INVOICE

72153

DATE

1/13/26



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.

Dr Brittany Sinclair, BVSc(hons), DACVECC

info@SonoPath.com