



PATIENT

Mojo Costello

SPECIES

Canine

BREED

German Shepherd

SEX

Neutered Male

AGE

16 Years

WEIGHT

37.9 kg

INTERPRETED BY

Dr Brittany Sinclair,
 BVSc(hons), DACVECC

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Chippawa AH

REFERRING VET

Dr. Kilkenny

INVOICE

13245

DATE

01/19/26

PRESENTING CLINICAL SIGNS

Started Friday. Progressive from loose to liquid stool. Blood (bright red) and mucous seen last evening. Increased frequency. Seems off. Panting more. Looking at his back end a lot. Leaking, but no full accidents in the HH. No change to diet/treats. Did not get into anything. Normal appetite. Gagging, not new. No vomiting. No weight loss. Dental disease, ataxia/paresis HLs.

Current Medications- Cerenia, sucralfate, gabapentin

Abnormal PE/Chem/CBC/UA Results: labs and rads attached.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

The left kidney has normal size and structure, with smooth capsule and normal corticomedullary definition and ratio (cortex 1/3 of medulla). Medullary structure differed distinctly from that of the cortex. No evidence of pelvic dilation was present. The left kidney measured 7.13 cm in length.

Visualization and resolution of the right kidney is severely limited, limiting assessment of parenchyma and making measurement possibly inaccurate. The right kidney measured 7.58 cm in length.

Adrenal Glands

The left adrenal gland was visualized and recognized as having 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 3.01 cm in length and 0.55 cm at the cranial pole and 0.59 cm at the caudal pole.

The right adrenal gland was visualized and measured on still images only. Resolution is inadequate to assess glandular detail or confirm measurement. The right adrenal gland measured 2.66 cm in length and 0.99 cm in thickness.

Spleen

The spleen had a generally smooth homogeneous parenchyma and a smooth capsule with perivascular hyperechoic nodules visualized most consistent with benign myelolipomas. There was normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.

Liver

The liver is subjectively normal in size with normal contours and structure. There is 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



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congestion. No pathological hepatic lymphadenopathy observed. Visualization of the liver is somewhat limited.

Gallbladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally.

Gastrointestinal

Visualization of the stomach is limited. There are no overt gastric abnormalities.

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. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was not visualized. Sections of colon are visualized with gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The pancreas was not distinctly visualized.

Lymph Nodes

No clinically significant lymphadenopathy or abnormalities noted.

ULTRASONOGRAPHIC FINDINGS

- Splenic myelolipomas.
- Normal GI tract.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Colon is ultrasonographically normal with no signs of mural disease. Colonic wall is of normal thickness with no cause of described clinical signs. GI panel (TLI/PL/cobalamin/folate/cortisol), fecal pathogen PCR, and empiric broad spectrum deworming and treatment with probiotics should be considered. An easily digestible GI diet with consideration for addition of extra fiber could be considered. If initial treatments are unsuccessful, treatment for dietary sensitivity/allergy could be considered which includes diet trial with either hydrolyzed or select protein diet, vitamin b-12 supplementation, and continued GI support as needed. Colonoscopy may reveal pathology not visible on ultrasound.



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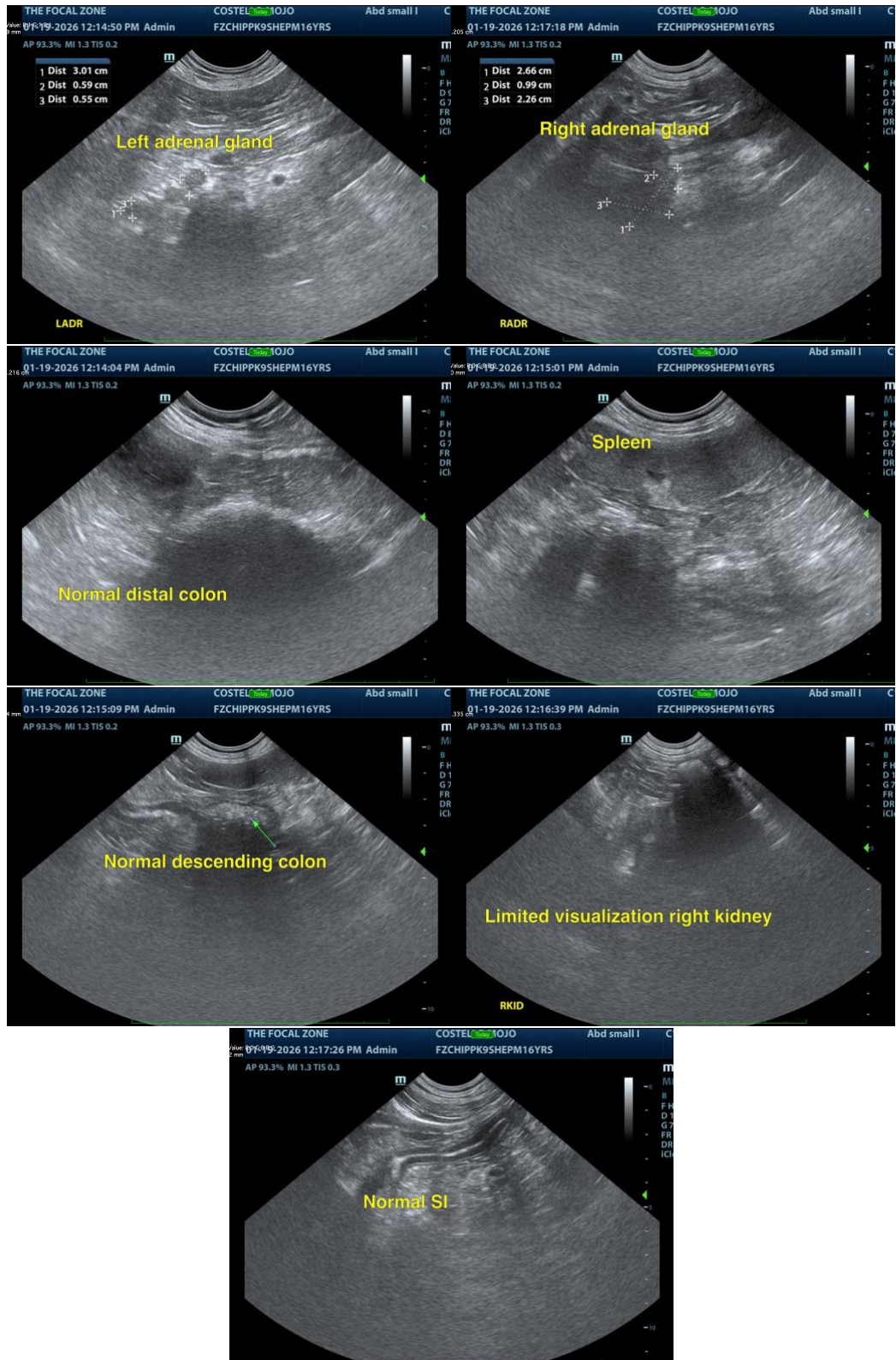
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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