



PATIENT

Kayda Keays

SPECIES

Canine

BREED

Lab Retriever

SEX

Intact Femlae

AGE

3 Years

WEIGHT

55.5 kg

INTERPRETED BY

Dr Brittany Sinclair,
BVSc(hons),
DACVECC

IMAGING PERFORMED BY

Dr. Brian Barnes

HOSPITAL NAME

Westview Veterinary
Hospital

REFERRING VET

Dr. Brian Barnes

INVOICE

71670

DATE

11/11/25

PRESENTING CLINICAL SIGNS

History of "walking on egg shell", stiff and sore, weakness, shifting leg lameness, In today for AU and Joint taps,

Abnormal PE/Chem/CBC/UA Results: CBC (Neutrophils 12.24 (N 2.95 - 11.64), Chemistry Cholesterol 10.30 (N 2.84 - 8.26) and Amylase 373 (N 500 - 1,500)L low Total T4 a <6 (N 13 - 51) Resting Cortisol: 75.8nmol/L Xrays 1) High suspicion of an infectious/inflammatory polyarthropathy given the distention of the joint capsule of the right and left carpus and right and left tibiotarsal joint. 2. Unremarkable stifles, pelvis, thorax. 3. Unremarkable shoulders and elbows. assessment. 4. Incidental spondylosis in an otherwise unremarkable spinal study. Increased fluid in joints cytology and C&S pending 5. Dietary indiscretion with particulate mineral material throughout the GI tract of unknown clinical significance. The abdomen is otherwise unremarkable.

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 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. The left kidney measures 7.28 cm. Right kidney measures 8.43 cm.

Adrenal Glands

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 2.3 cm in length x 0.33 cm at the cranial pole and 0.57 cm at the caudal pole. Right measures 2.57 cm in length x 0.55 cm at the cranial pole and 0.64 cm at the caudal pole.

Spleen

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.

Liver

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.

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

Gastrointestinal

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.



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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.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. 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.

Pancreas

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

Lymph Nodes

No clinically significant lymphadenopathy or abnormalities noted.

Free Abdomen

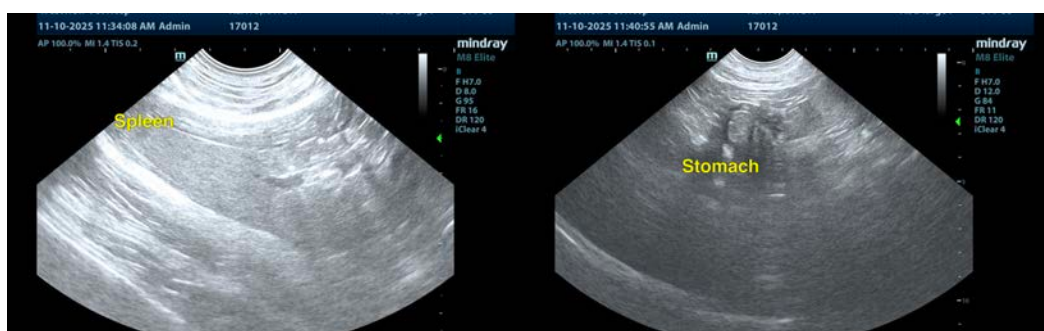
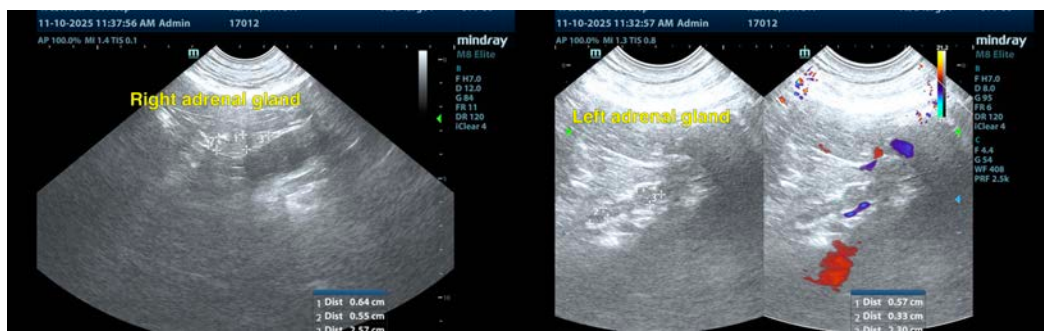
No masses or free fluid were noted.

ULTRASONOGRAPHIC FINDINGS

- Normal abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No cause of shifting leg lameness was found on abdominal ultrasound. Joint taps were an appropriate next step in diagnostics.





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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.

Dr Brittany Sinclair, BVSc(hons), DACVECC

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