



**PATIENT**

Harley Hunter

**SPECIES**

Canine

**BREED**

Papillon

**SEX**

Neutered Male

**AGE**

15 Years

**WEIGHT**

6.8 kg

**INTERPRETED BY**

Dr Brittany Sinclair,  
 BVSc(hons),  
 DACVECC

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Headon Forest Animal  
 Hospital

**REFERRING VET**

Dr. Gibson

**INVOICE**

71729

**DATE**

11/12/25

**PRESENTING CLINICAL SIGNS**

Abdominal pain, relatively well-managed with gabapentin, but still reacts to abdominal palpation occasionally. Also inappropriate urination. On going liver issues well-managed with ursodiol and zentonil. Current Medications Hydrocodone, Ursodiol, Zentonil, Thyro-tabs

Abnormal PE/Chem/CBC/UA Results: labs 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.

Resolution of the right kidney is severely limited by overlying gas-filled GI tract. It appears to be of normal shape with no overt masses seen. Right kidney measures 4.91 cm.

The left kidney has a smooth capsule and with hazing of corticomedullary definition to the point of inability to determine cortical/medullary ratio. No evidence of pelvic dilation was present. There is a hyperechoic band between the cortex and medulla. Left kidney measures 3.93 cm.

**Adrenal Glands**

Both adrenal glands were visualized and recognized. Both were subjectively prominent and hypoechoic and measured enlarged for a patient of this size. No specific masses or nodules seen. The phrenic vasculature was unremarkable. Left measures 1.33 cm in length x 0.52 cm at the caudal pole and 0.51 cm at the cranial pole. Right measures 1.67 cm in length x 0.73 cm at the caudal pole and 1.2 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 enlarged in size with slight rounding of lobes and homogenous hyperechoic parenchyma. There are multifocal poorly defined, generally small, hypoechoic nodules noted throughout the parenchyma. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

The gall bladder is moderately distended with anechoic fluid, with hyperechoic non-shadowing gravity dependent debris present. There is no surrounding free fluid or signs of active inflammation.

**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 not visualized. 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**

- Bilateral adrenomegaly.
- Hyperechoic hepatomegaly – likely vacuolar hepatopathy.
- Mild gallbladder debris, incidental.
- Degenerative renal changes.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Adrenomegaly is bilateral and may represent stressful illness or hormonal stimulation as is seen with pituitary dependent hyperadrenocorticism. If corresponding clinical signs are present, a urine cortisol creatinine ratio could be used as a screening test, and subsequent testing for hyperadrenocorticism should be considered (ACTH stimulation test vs LDDST).

Hepatic parenchymal changes are a common finding in the face of endocrinopathies, infectious or inflammatory hepatitis (bacterial, viral, auto-immune other), and neoplasia among other things. As elevated liver enzymes are present, fine needle aspirate is recommended to further define. Ultimately liver biopsy may be required for more definitive diagnosis.

Renal changes are likely age related degenerative changes. Medullary rim sign is non specific and is seen in pets both with and without significant renal disease. It can be an indication of nephritis and evaluation for proteinuria is recommended. Correlate clinical significance with blood work/urinalysis findings and clinical signs.



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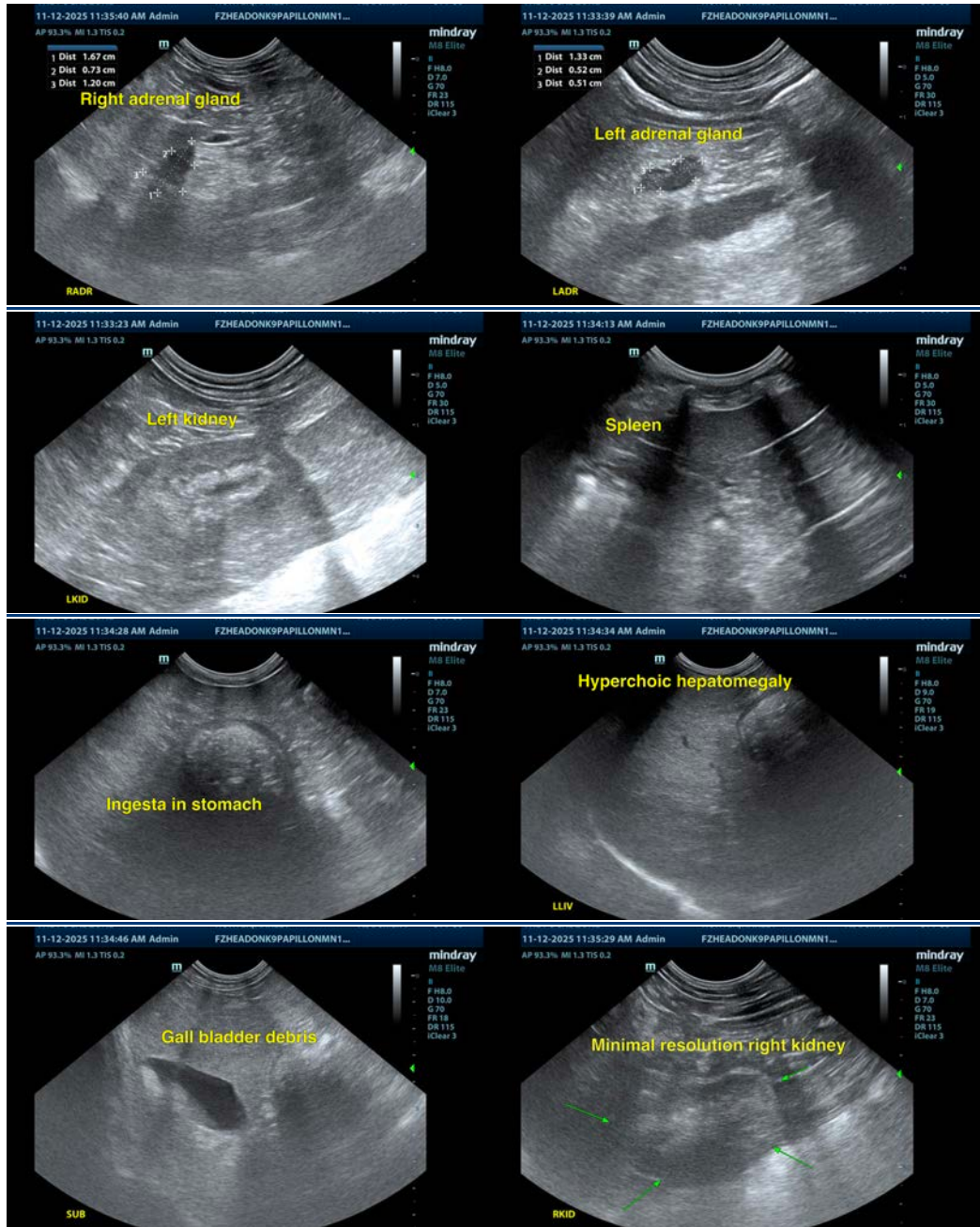
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC info@SonoPath.com