



PATIENT

Connor Kirkland

PRESENTING CLINICAL SIGNS

Abdomen feels slightly tense and gassy, otherwise unremarkable. T 38.2 P 140 bpm R 16 rpm Current Medications None.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Radiographic Findings Loop of dilated intestine (suspect small intestine) visible in all 3 views See attached rads Primary Question to Be Answered in This Exam Any sign of foreign body/obstruction?

BREED

Shih Tzu

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Neutered Male

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.

AGE

4 Years

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 4.18 cm. Right kidney measures 4.07 cm.

WEIGHT

6.4 kg

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 1.51 cm in length x 0.39 cm at the caudal pole and 0.35 cm at the cranial pole. Right measures 1.42 cm in length x 0.46 cm at the caudal pole and 0.57 cm at the cranial pole.

INTERPRETED BY

Dr Brittany Sinclair,
 BVSc(hons),
 DACVECC

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.

IMAGING PERFORMED BY

Amanda Stewart

Liver

HOSPITAL NAME

East Plains Animal
 Hospital

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.

REFERRING VET

Dr. Boyer

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

Gastrointestinal

INVOICE

71792

The stomach is distended with gas and ingesta. 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

11/14/25

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with some gas and ingesta throughout with no distention. 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.



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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.

SPECIES

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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

Shih Tzu

Lymph Nodes

No clinically significant lymphadenopathy or abnormalities noted.

SEX

Neutered Male

Free Abdomen

No masses or free fluid were noted.

AGE

4 Years

ULTRASONOGRAPHIC FINDINGS

- Normal post-prandial abdomen.

WEIGHT

6.4 kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The abdomen was ultrasonographically normal for a post-prandial patient. There is no GI distention and no suggestion of foreign material or obstruction.

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HOSPITAL NAME

East Plains Animal
Hospital

REFERRING VET

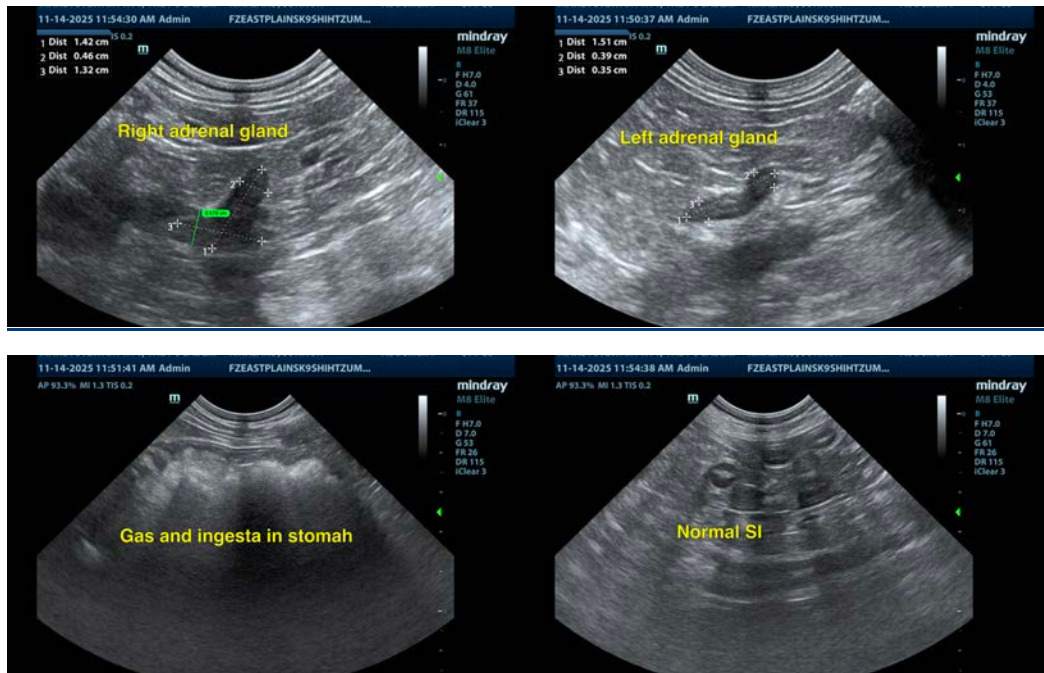
Dr. Boyer

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BREED

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SEX

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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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