



## PATIENT

Foxy Lescano

## SPECIES

Canine

## BREED

Pomsky

## SEX

Female

## AGE

7

## WEIGHT

36

## INTERPRETED BY

Dr Brittany Sinclair,  
BVSc(hons), DACVECC

## IMAGING PERFORMED BY

Dr. Reyes

## HOSPITAL NAME

Graceful Paws Pet  
Clinic

## REFERRING VET

Dr. Sanchez

## INVOICE

12291

## DATE

11/17/25

## PRESENTING CLINICAL SIGNS

PP for second opinion. Per O, since July P has had an anemia that wasn't present before and had started losing weight. Was on their heat cycle at this time, and the other DVM said her anemia may be due to her heat cycle. Anemia panel (-), U/S there was a spot on the spleen they were concerned with. P presented today 11/17/2025 in pseudocystitis and has maintained similar numbers. P has otherwise been healthy other than a hx of vomiting in the beginning of the year.

Abnormal PE/Chem/CBC/UA Results: Lactating, HCT 35% (In July 34%)

## 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 area of the uterus dorsal to the urinary bladder is normal with no organ distention and no fluid filled structures visualized.

The kidneys were both 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 right kidney measured 3.69 cm in length. The left kidney measured 3.18 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 2.07 cm in length and 0.52 cm at the cranial pole and 0.52 cm at the caudal pole.

The right adrenal gland was not visualized.

### Spleen

The spleen was normal with a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma and 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 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. No pathological hepatic lymphadenopathy observed. Gallbladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally.



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## Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

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 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.

## ULTRASONOGRAPHIC FINDINGS

- Unremarkable abdomen.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no ultrasonographically evident cause of reported anemia. Anemia related to hormones/heat cycle is a possibility given the patient's history. Pathology review of blood smear is recommended to investigate for any obvious immune mediated cause. Pending results of this diagnostic, if patient is otherwise deemed clinically stable, proceeding with spay procedure is a reasonable next step.

There were not visible splenic parenchymal abnormalities on today's ultrasound.





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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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