



PATIENT

Loki Silva

SPECIES

Canine

BREED

Golden Retriever

SEX

Intact Male

AGE

7 Years

WEIGHT

41.7 kg

INTERPRETED BY

Dr Brittany Sinclair,
 BVSc(hons), DACVECC

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Hawkins AH

REFERRING VET

Dr. Da Costa

INVOICE

12292

DATE

11/17/25

PRESENTING CLINICAL SIGNS

Low BG, looking for pancreas's pathology / potential tumor via ultrasound

Abnormal PE/Chem/CBC/UA Results: N/A

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. Wall thickness is generally normal with normal wall layering. Towards the trigone, there is a small roughly spherical cystic structure. There are no specific masses visualized.

The prostate is uniformly moderately enlarged and hyperechoic. No mineralization, evidence of masses or fluid accumulations consistent with cyst or abscess visualized. Both testicles are subjectively normal in size and shape with homogenous parenchyma free of masses and normal median raphe visualized.

The kidneys have 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. Hyperechoic, shadowing foci present in renal parenchyma and calyces consistent with nephrocalcinosis. The right kidney measured 7.41 cm in length. The left kidney measured 7.82 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 3.43 cm in length and 0.35 cm at the cranial pole and 0.32 cm at the caudal pole.

The right adrenal gland was visualized and were subjectively small for a patient this size, with normal shape, position and echogenicity for this breed. The visualized phrenic vasculature, glandular echogenicity and detail were unremarkable. The right adrenal gland measured 2.28 cm in length and 0.55 cm at the cranial pole and 0.51 cm at the caudal pole.

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.

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.



PATIENT ***Gastrointestinal***

Loki Silva The stomach is distended with gas and possible ingesta, obstructing visualization of abdomen deep to the stomach. 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.

SPECIES

Canine 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.

BREED

Golden Retriever

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.

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Pancreas

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The base and limbs of the pancreas were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour and parenchyma were normal. No overt evidence of active inflammatory or neoplastic disease was noted.

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Lymph Nodes

No clinically significant lymphadenopathy or abnormalities noted.

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ULTRASONOGRAPHIC FINDINGS

- Visible pancreas normal.
- Mild aging renal changes with mild nephrocalcinosis.
- Prostatomegaly consistent with intact status.
- Cystic structure at trigone- incidental intramural ectopic ureter or cystoureteral cyst versus other.

IMAGING PERFORMED BY

Amanda Stewart

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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There is no visible pathology on the pancreas. Ultrasound imaging of the pancreas can be challenging due to surrounding gas filled GI tract and no visible mass does not rule out an insulinoma. A paired glucose insulin reading when the BG is less than 60 grams per deciliter is recommended if insulinoma is a concern. Additional imaging may include abdominal CT or MRI to further assess for a tumor. Other possible causes of hypoglycemia include liver disease, though this was not ultrasonographically apparent, toxins such as Xylitol, and hypoadrenocorticism among other things. Given the relatively small right adrenal gland, a baseline cortisol +/- ACTH stimulation test is recommended, though hypoadrenocorticism may be unlikely.

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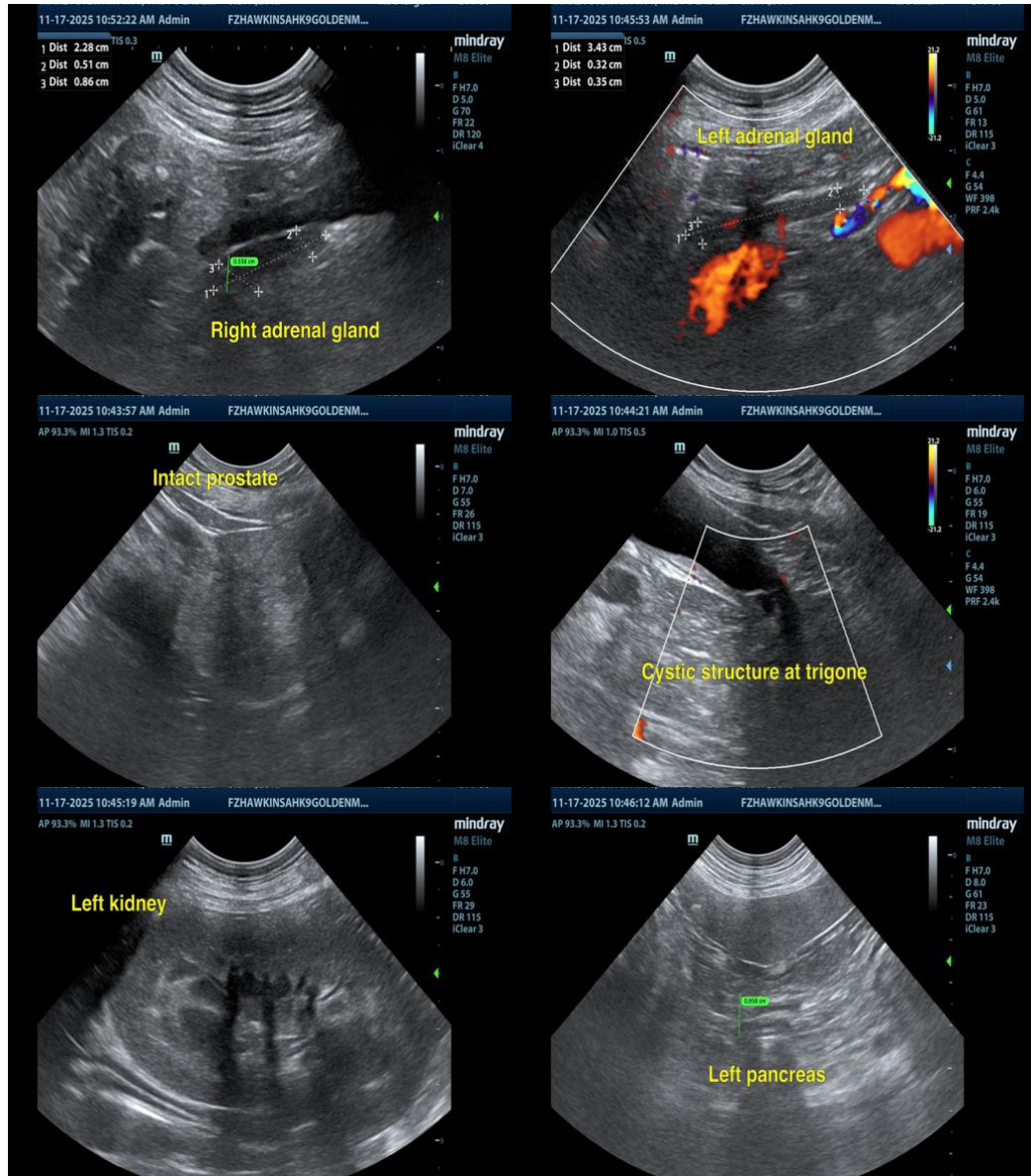
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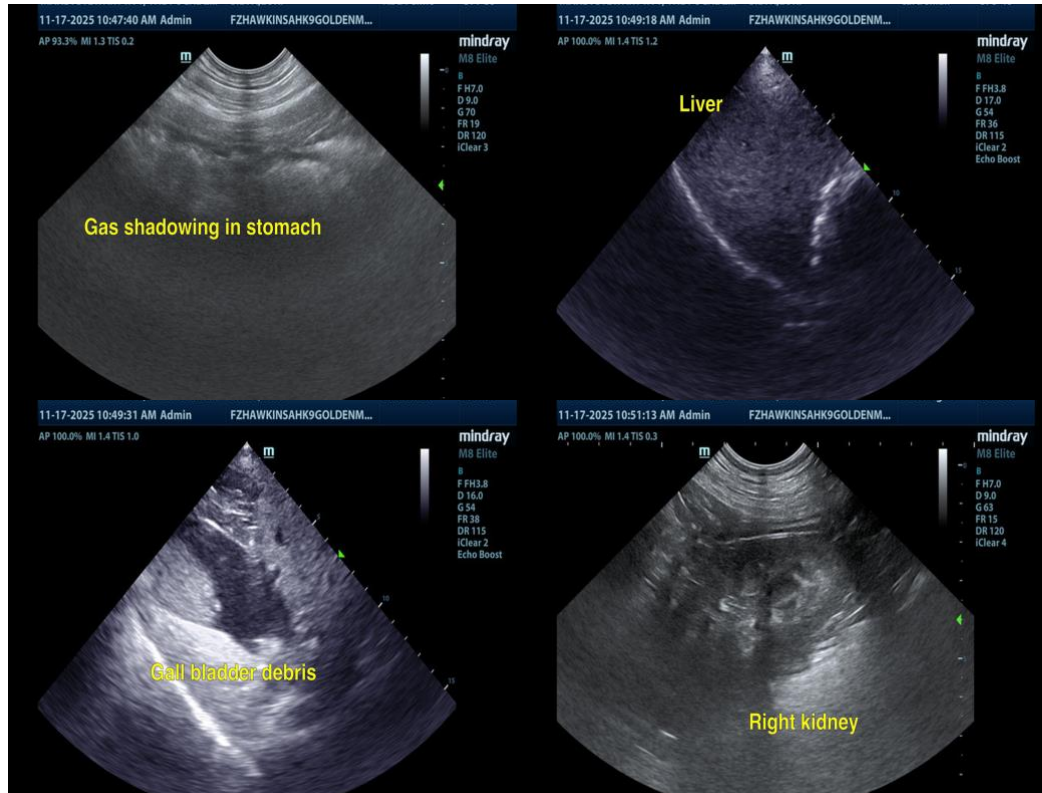
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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