



## PATIENT

Grace yox

## SPECIES

Canine

## BREED

German Shepherd Dog

## SEX

Spayed Female

## AGE

6 years and 8 months

## WEIGHT

73.6 lbs

## INTERPRETED BY

Dr Brittany Sinclair,  
BVSc(hons),  
DACVECC

## IMAGING PERFORMED BY

Dr. Aaron Lucas

## HOSPITAL NAME

Taylorville Veterinary  
Clinic

## REFERRING VET

Dr. Aaron Lucas

## INVOICE

10802

## DATE

11/21/2025

## PRESENTING CLINICAL SIGNS

Patient had abdominal ultrasound on 6/23/25 read by sonopath carried out due to perceived splenomegaly upon abdominal palpation. Tooth root abscess was also treated with extraction on this date. Patient has been clinically normal since dental procedure.

Abnormal PE/Chem/CBC/UA Results: None This ultrasound is to recheck mottled somewhat enlarged splenic parenchyma seen at scan carried out on 6/23/25.

## 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. Hyperechoic, shadowing foci present in renal parenchyma and calyces consistent with nephrocalcinosis. Right kidney measures 6.68 cm in length, and the left kidney measures 5.24 cm in length.

### 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. Right adrenal measures 2.54 cm in length, 0.51 cm at the caudal pole and 0.70 cm at the cranial pole. Left adrenal measures 1.72 cm in length, 0.67 cm at the caudal pole and 0.80 cm at the cranial pole.

### Spleen

The spleen was subjectively normal in size with a slightly mottled parenchyma. No specific masses or nodules are visualized. Visible vasculature is unremarkable.

### 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. No pathological hepatic lymphadenopathy observed.

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 a small volume of fluid. 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.

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



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layering maintaining the typical 1:3 muscularis:mucosa layer ratio. There were no focal lesions consistent with obstruction or a mass effect observed.

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 pancreas was not visualized.

**Lymph Nodes**

No clinically significant lymphadenopathy or abnormalities noted.

**Free Abdomen**

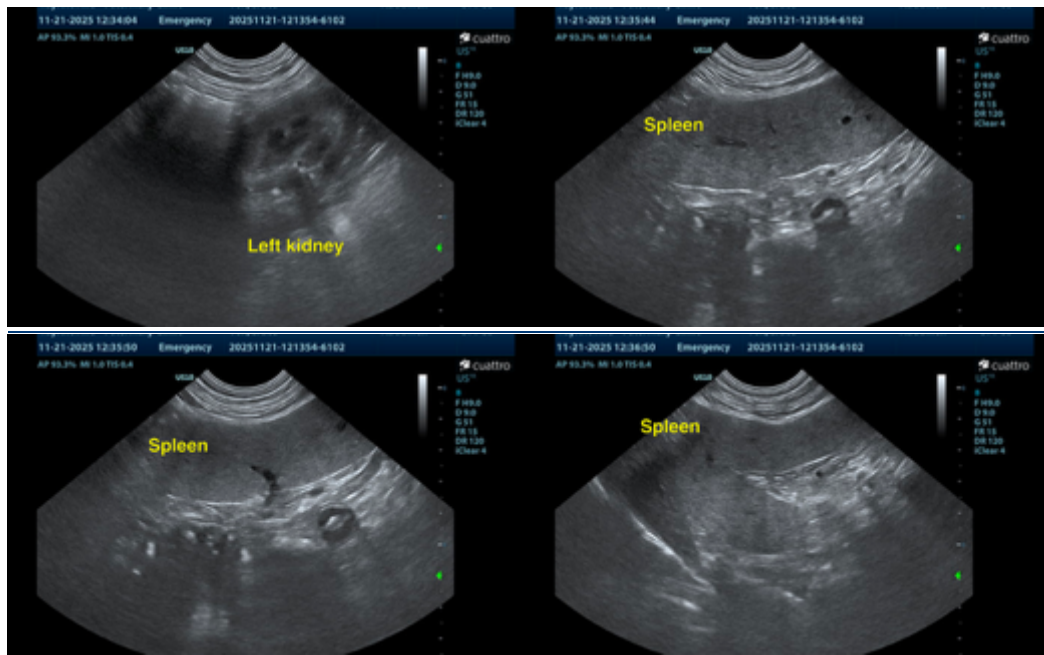
No masses or free fluid were noted.

**ULTRASONOGRAPHIC FINDINGS**

- Slightly mottled spleen – Subjectively decreased mottling from previous scan.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Spleen is normal in size compared to the previous scan. The parenchyma has less significant changes. The changes present are very mild and consistent with mild age-related degeneration. If splenic aspirate was not done previously, it could be considered to rule out round cell infiltration.





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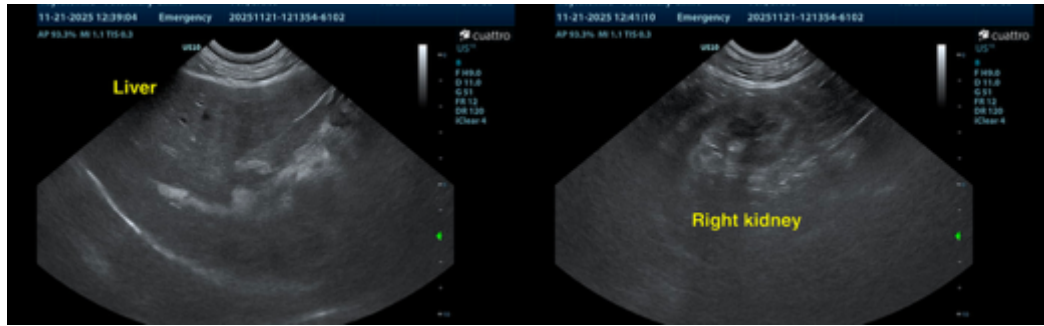
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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