



PATIENT

Bella Vera

SPECIES

Canine

BREED

Pitbull Mix

SEX

Spayed Female

AGE

9 years

WEIGHT

N/a

INTERPRETED BY

Dr Brittany Sinclair,
BVSc(hons),
DACVECC

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

The Venturing Vet

REFERRING VET

Dr. Herzog

INVOICE

10699

DATE

11/7/2025

PRESENTING CLINICAL SIGNS

Mild elev. in liver enzymes and UPC. Meds- levothyrox.

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 are generally of normal shape. Resolution is significantly limited. There does not appear to be any obvious parenchymal abnormalities. Left kidney measures 6.52 cm in length, and the right kidney measures 5.03 cm in length.

Adrenal Glands

Adrenal glands are visualized and measured on still images only. Resolution is inadequate to assess glandular detail or confirm measurement. Left adrenal measures 2.59 cm in length, 0.93 cm at the cranial pole and 0.66 cm at the caudal pole. Right adrenal measures 3.14 cm in length, 1.42 cm at the cranial pole and 0.53 cm at the caudal pole.

Spleen

The spleen was normal in size with a mottled parenchyma and smooth capsule. Normal splenic vasculature with no signs of congestion or thrombosis. There is a small, hypoechoic, non-capsular distending nodule near the hilus.

Liver

The liver is diffusely abnormal. It is enlarged with a diffusely mottled, lacey, echotexture. There are multiple variably sized, hypoechoic nodules throughout the parenchyma, and margins are nodular.

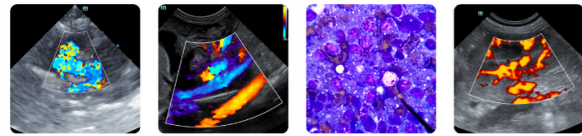
Gall bladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally.

Gastrointestinal

The stomach contains 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.

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.

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 area of the pancreas was isoechoic to surrounding tissue with no overt inflammation. Pancreatic tissue was not distinctly visualized which is common.

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Lymph Nodes

No clinically significant lymphadenopathy or abnormalities noted.

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Free Abdomen

No masses or free fluid were noted.

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ULTRASONOGRAPHIC FINDINGS

AGE

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- Diffusely nodular, abnormal liver.
- Solitary hypoechoic splenic nodule with generally mildly mottled parenchyma.
- Adrenomegaly on still images.

WEIGHT

N/a

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Liver changes may represent reactive, regenerative or inflammatory changes, or infiltrative disease (lymphoma, MCT, other). They are likely at least partially chronic in nature but may represent an acute on chronic hepatopathy. Evaluation of a bile acid profile is recommended to further define the degree of liver dysfunction. Liver FNA is recommended to further characterize parenchymal changes. Ultimately liver biopsy is often required for more definitive diagnosis. Empiric treatments (SAM-E, milk thistle, Vitamin E, ursodiol) could be tried and liver enzymes re-evaluated, especially if liver FNA does not show significant pathology before more invasive liver sampling is pursued.

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Splenic nodule is small and does not have any overt ultrasonographic features concerning for a mass, though this cannot be definitively ruled out with ultrasonographic appearance. It may represent a benign hematoma, hemangioma, regenerative or reactive nodule. FNA is recommended to further define. Repeat ultrasound evaluation (every 2-3 months) for progression or resolution is recommended pending aspirate results.

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Adrenomegaly is present on still images of adrenal glands. Adrenal gland function testing should be considered as well as blood pressure measurement.

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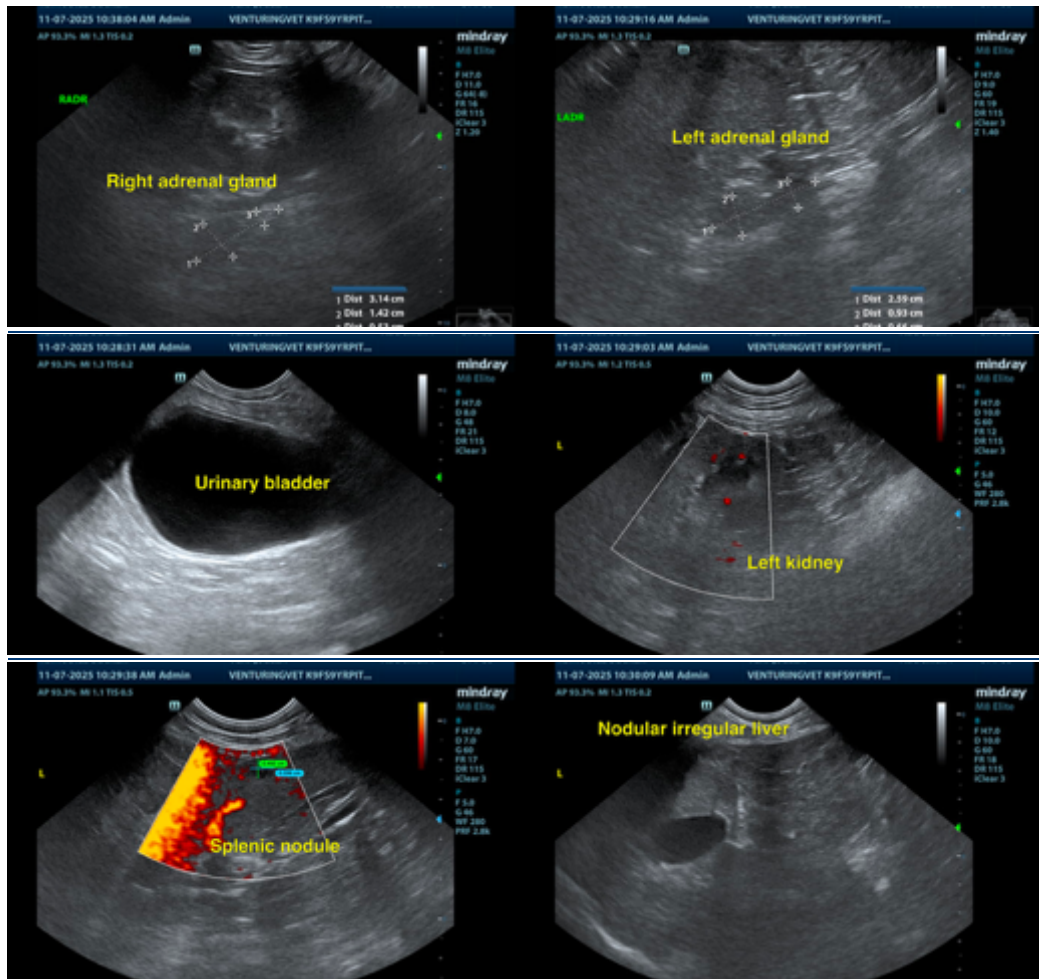
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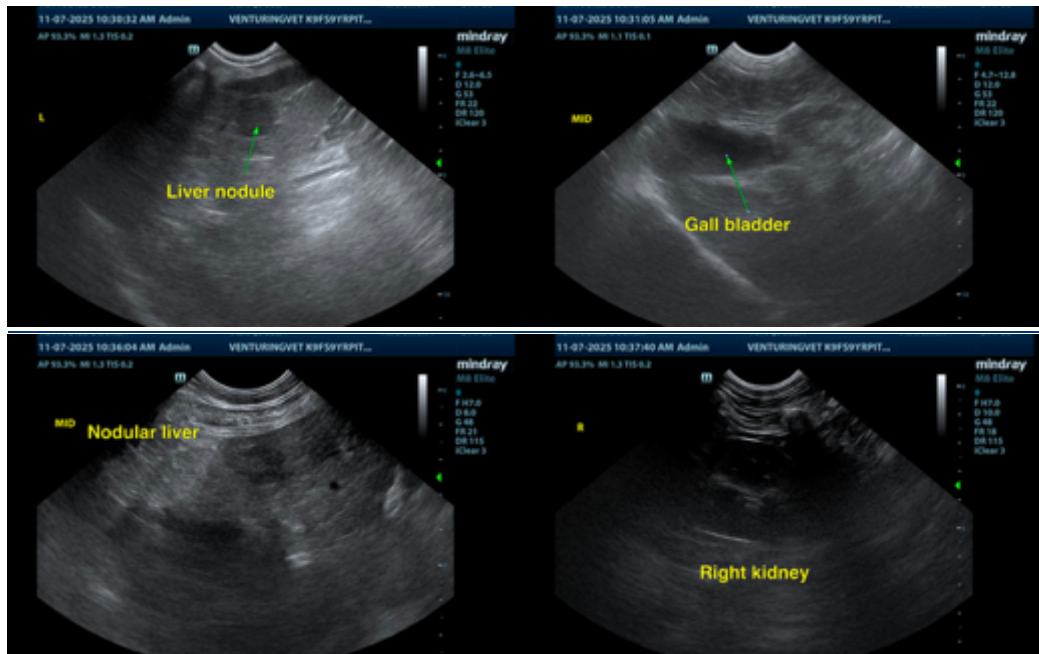
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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