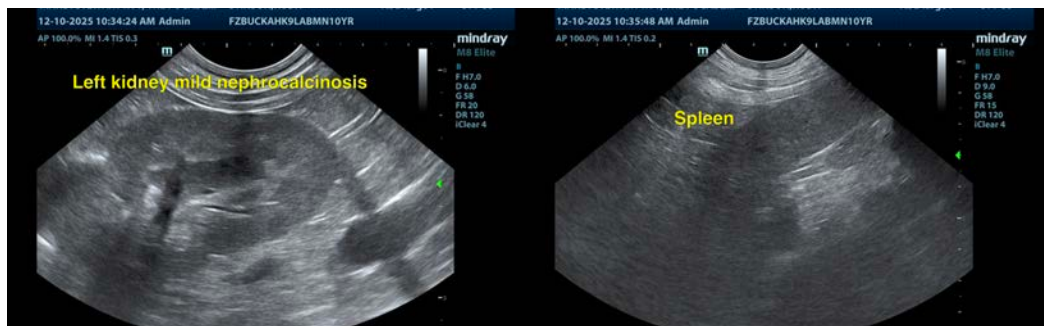




PATIENT	PRESENTING CLINICAL SIGNS
Koda Stinson	Laying down more - would like preventative scan Current Medications galliprant
SPECIES	Abnormal PE/Chem/CBC/UA Results: Values No concerns on regular bloodwork Radiographic Findings NA Primary Question to Be Answered in This Exam Anything of concern?
Canine	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Labrador	Urinary System
SEX	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.
Neutered Male	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. Cortical mineralization is noted in both kidneys. Left kidney measures 7.2 cm. Right kidney measures 6.83 cm.
AGE	Adrenal Glands
10 Years	The left adrenal gland is visualized and recognized as having normal shape, size, position and echogenicity for this breed and age. The visible phrenic vasculature was unremarkable. Left measures 3.22 cm in length x 0.78 cm at the caudal pole and 0.86 cm at the cranial pole.
WEIGHT	The right adrenal gland is visualized and measured on still images only. Resolution is inadequate to assess glandular detail or confirm measurement. Right measures 2.07 cm in length x 0.63 cm at the caudal pole and 1.55 cm at the cranial pole.
33.4 kg	Spleen
INTERPRETED BY	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.
Dr Brittany Sinclair, BVSc(hons), DACVECC	Liver
IMAGING PERFORMED BY	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.
Amanda Stewart	Gastrointestinal
HOSPITAL NAME	The gall bladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally.
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INVOICE	
72462	
DATE	
12/10/25	



PATIENT	layering maintaining the typical 1:3 muscularis:mucosa layer ratio. There were no focal lesions consistent with obstruction or a mass effect observed.
Koda Stinson	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	Pancreas
Canine	The area of the pancreas was isoechoic to surrounding tissue with no overt inflammation. Pancreatic tissue was not distinctly visualized which is common.
BREED	Lymph Nodes
Labrador	No clinically significant lymphadenopathy or abnormalities noted.
SEX	Free Abdomen
Neutered Male	No masses or free fluid were noted.
AGE	ULTRASONOGRAPHIC FINDINGS
10 Years	<ul style="list-style-type: none"> Mild nephrocalcinosis, otherwise normal abdomen.
WEIGHT	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
33.4 kg	Aside from a small amount of mineral accumulation in the kidneys, which is a very common incidental aging change, there are no significant intraabdominal abnormalities on ultrasound to explain the increased lying down.
INTERPRETED BY	
Dr Brittany Sinclair, BVSc(hons), DACVECC	
IMAGING PERFORMED BY	
Amanda Stewart	
HOSPITAL NAME	
Buck Animal Hospital	
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PATIENT

Koda Stinson

SPECIES

Canine

BREED

Labrador

SEX

Neutered Male

AGE

10 Years

WEIGHT

33.4 kg

INTERPRETED BY

Dr Brittany Sinclair,
BVSc(hons),
DACVECC

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

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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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