



PATIENT	PRESENTING CLINICAL SIGNS
Ruby Rybarczyk	Went to emerg on the weekend for a swollen face. Then started with bloody stools(diarrhea) and vomiting 12 hours later. Bloody stools and intermittent vomiting have continued, not eating today. Has been on Torb and Emavert.
SPECIES	
Canine	Abnormal PE/Chem/CBC/UA Results: Pancreatic Lipase 453, ALT 848, ALP 1978, GGT 21, Bilirubin 76. Rads taken at emerg were WNL
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Mini Aussie	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.
Spayed Female	
AGE	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. Left kidney measures 4.67 cm. Right kidney measures 4.5 cm.
8 Years	
WEIGHT	Adrenal Glands
10.4 kg	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. Left measures 1.59 cm in length x 0.55 cm at the caudal pole and 0.48 cm at the cranial pole. Right measures 1.51 cm in length x 0.65 cm at the caudal pole and 0.88 cm at the cranial pole.
INTERPRETED BY	Spleen
Dr Brittany Sinclair, BVSc(hons), DACVECC	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.
IMAGING PERFORMED BY	Liver
Crystal Hill	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.
HOSPITAL NAME	The gallbladder wall is diffusely mildly thickened and hyperechoic, measuring up to 0.287 cm in thickness. Luminal contents are anechoic.
Lock One Animal Hospital	Gastrointestinal
REFERRING VET	The stomach is moderately distended with fluid with some hyperechoic non-shadowing amorphous/liquid material in the lumen. There are no focal areas of thickening, and normal wall layering is intact.
Dr. Kamula	
INVOICE	
72501	
DATE	
12/11/25	The small intestines appear largely normal in thickness with normal wall layering. There are no areas of distention noted. There is a GI loop with shadowing material in it, though this is suspected to represent colon. It is not definitively traced to either large or small intestine. There is shadowing material in the colon, most consistent with gas and fecal material shadowing. The distal colonic wall is thickened with



PATIENT

Ruby Rybarczyk

normal wall layering, most consistent with inflammation. Especially around the distal colon there is significantly hyperechoic mesentery with a hypoechoic structure visualized suspected to represent an inflamed colonic lymph node.

SPECIES

Canine

Pancreas

The visible right limb of the pancreas is enlarged and hypoechoic with surrounding hyperechoic mesentery.

BREED

Mini Aussie

Lymph Nodes

There is a hypoechoic structure near the colon suspected to represent a mildly enlarged colonic lymph node.

SEX

Spayed Female

Free Abdomen

No masses or free fluid were noted.

AGE

8 Years

ULTRASONOGRAPHIC FINDINGS

- Gastroenteritis with inflammation focused around distal colon.
- Pancreatitis.
- Gallbladder wall thickening.

WEIGHT

10.4 kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

Given the patient's history of allergic reaction and the presence of gallbladder wall edema, some debris of anaphylactic reaction is suspected. Post-anaphylactic gastroenteritis and pancreatitis with significant colitis is a suspected cause of clinical signs. While there is some gastric fluid accumulation, there were no other definitive signs of GI obstruction. There was shadowing material within the GI tract, but this is suspected to be in the colon and not obstructive foreign material.

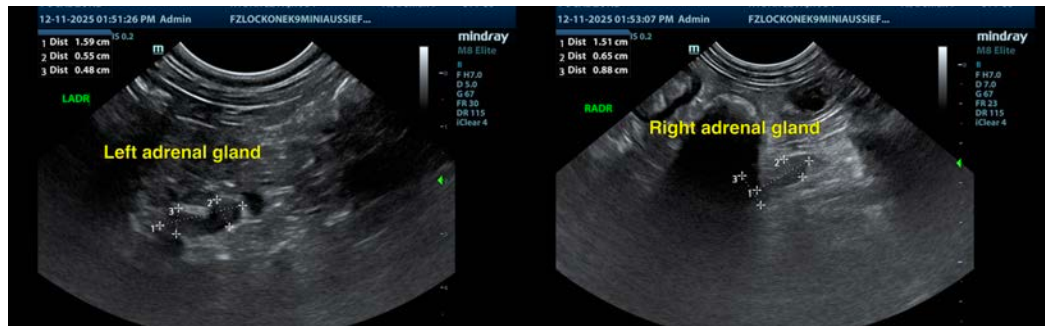
IMAGING PERFORMED BY

Crystal Hill

Treatment is supportive and often requires hospitalization with intensive supportive care, but prognosis is generally good. If GI signs continue despite treatment, recheck imaging should be considered to further evaluate for possible obstruction.

HOSPITAL NAME

Lock One Animal Hospital



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PATIENT

Ruby Rybarczyk

SPECIES

Canine

BREED

Mini Aussie

SEX

Spayed Female

AGE

8 Years

WEIGHT

10.4 kg

INTERPRETED BY

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 BVSc(hons),
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IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Lock One Animal
 Hospital

REFERRING VET

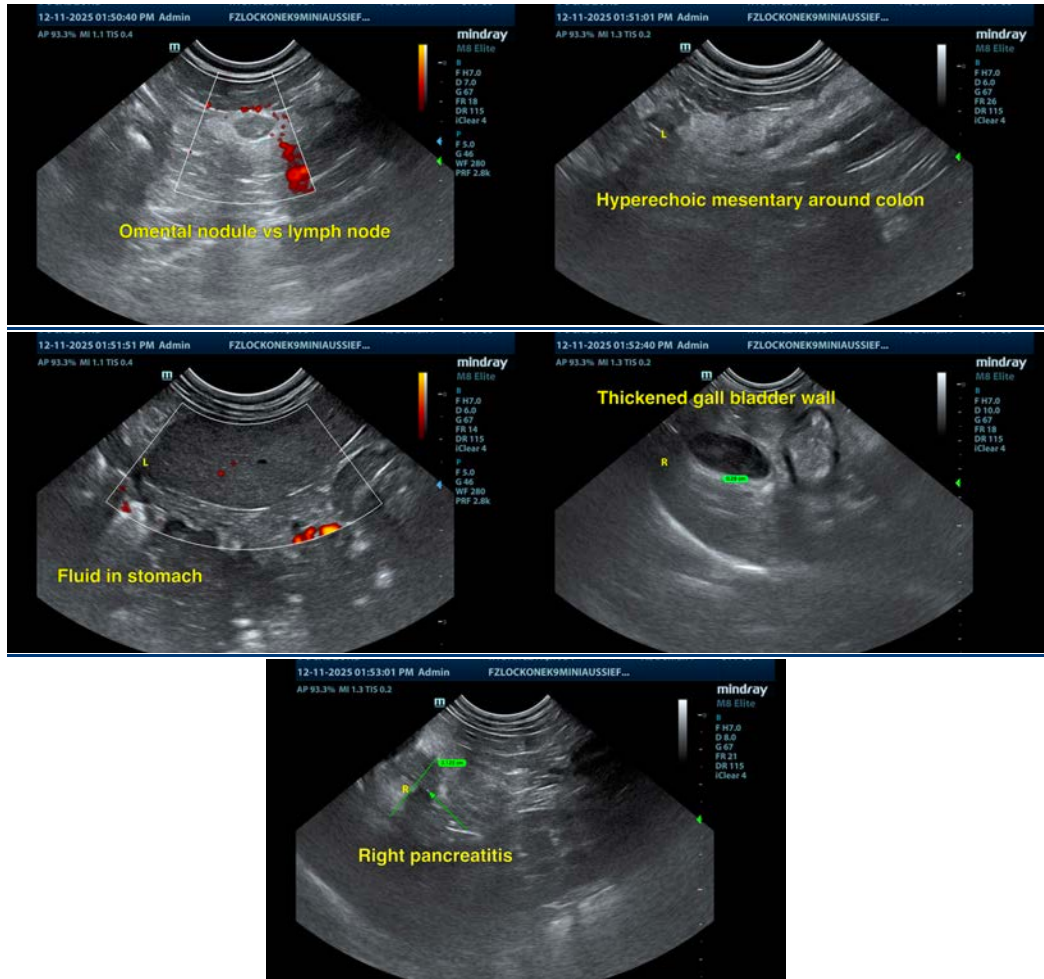
Dr. Kamula

INVOICE

72501

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12/11/25



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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