



PATIENT

Lucy Boychuk

SPECIES

Canine

BREED

Beagle x

SEX

Spayed Female

AGE

13 Years

WEIGHT

18.5 kg

INTERPRETED BY

Dr Brittany Sinclair,
 BVSc(hons),
 DACVECC

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

BPH Stoney Creek

REFERRING VET

Dr. Hamad

INVOICE

72539

DATE

12/12/25

PRESENTING CLINICAL SIGNS

V/D for 2 days, suspected to have eaten a dead animal. Concerning soft tissue opacity caudal to liver on rads.

Abnormal PE/Chem/CBC/UA Results: Please see attached radiographs. ALB high 41, ALT high 965, Chol high, QPL high 211, TT4 less than 6, AP spp positive, USG 1.020, pH 5.0, Protein 100, RBCs low 5.64, HCT low 33.4, HGB low 11.8, Retic low 5.6, MCV and MCH low.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

On the dorsal surface of the urinary bladder near the trigone there is a broad based mass measuring approximately 1.1 cm x 0.90 cm. There is thickening of the urinary bladder wall caudal to the more well defined mass. On the ventral surface of the urinary bladder there is a 2nd broad based mass measuring approximately 0.97 cm x 1.04 cm.

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 5.81 cm. Visualization of the cranial pole of the right kidney is somewhat limited due to overlying gas-filled GI tract. Right kidney measures 6.16 cm.

Adrenal Glands

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 2.17 cm in length x 0.67 cm at the caudal pole and 0.64 cm at the cranial pole.

The right adrenal gland is visualized and measured on still images only. Resolution is inadequate to assess glandular detail or confirm measurement. The area is well visualized on cine loops and there are no overt abnormalities in the area. Right measures 2.56 cm in length x 0.50 cm at the caudal pole and 1.49 cm at the cranial pole.

Spleen

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.

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.

The gall bladder is moderately distended with anechoic fluid, with hyperechoic non-shadowing, partially organized debris present. There is no surrounding free fluid or signs of active inflammation.



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Gastrointestinal

The stomach contains gas shadowing, obstructing full visualization of contents. The gastric wall 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.

Pancreas

The visible pancreas was observed to be largely isoechoic to surrounding omental fat.

Lymph Nodes

No clinically significant lymphadenopathy or abnormalities noted.

Free Abdomen

No free fluid noted.

ULTRASONOGRAPHIC FINDINGS

- Urinary bladder masses, incidental to GI signs.
- Otherwise normal abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Reported suspicion of dead animal ingestion is a likely primary differential for signs of gastroenteritis. Consideration for dietary indiscretion, infectious etiologies (bacterial, viral, parasitic), food sensitivity/allergy or mild inflammatory bowel disease remains reasonable. While not sonographically evident, pancreatitis cannot be completely ruled out. Empiric treatment for GI signs including anti-nausea, appetite stimulant and fluid support as clinically indicated is warranted. A diet trial with hydrolyzed protein or select protein diet could be considered if food sensitivity is suspected clinically. If signs are persistent or recurrent, additional diagnostics to be considered include baseline cortisol +/- ACTH stimulation test, GI panel (TLI/PLI/cobalamin/folate), fecal pathogen panel, thyroid testing, bile acid profile, and thoracic radiographs to rule out occult neoplasia, cardiac disease and esophageal disease as potential causes. Ultimately GI biopsy may be required for more definitive diagnosis if the patient is not responsive to medical treatment.

If there remains clinical concern for radiographic abnormalities, radiologist review of x-rays is recommended.

Urinary bladder wall changes are most consistent with a bladder mass. Benign polyps are possible based on appearance. Transitional cell carcinoma cannot be definitively ruled out and submission of urine for a CADET BRAF to further investigate is recommended. FNA could be attempted but has a risk of seeding neoplastic cells in the abdomen.



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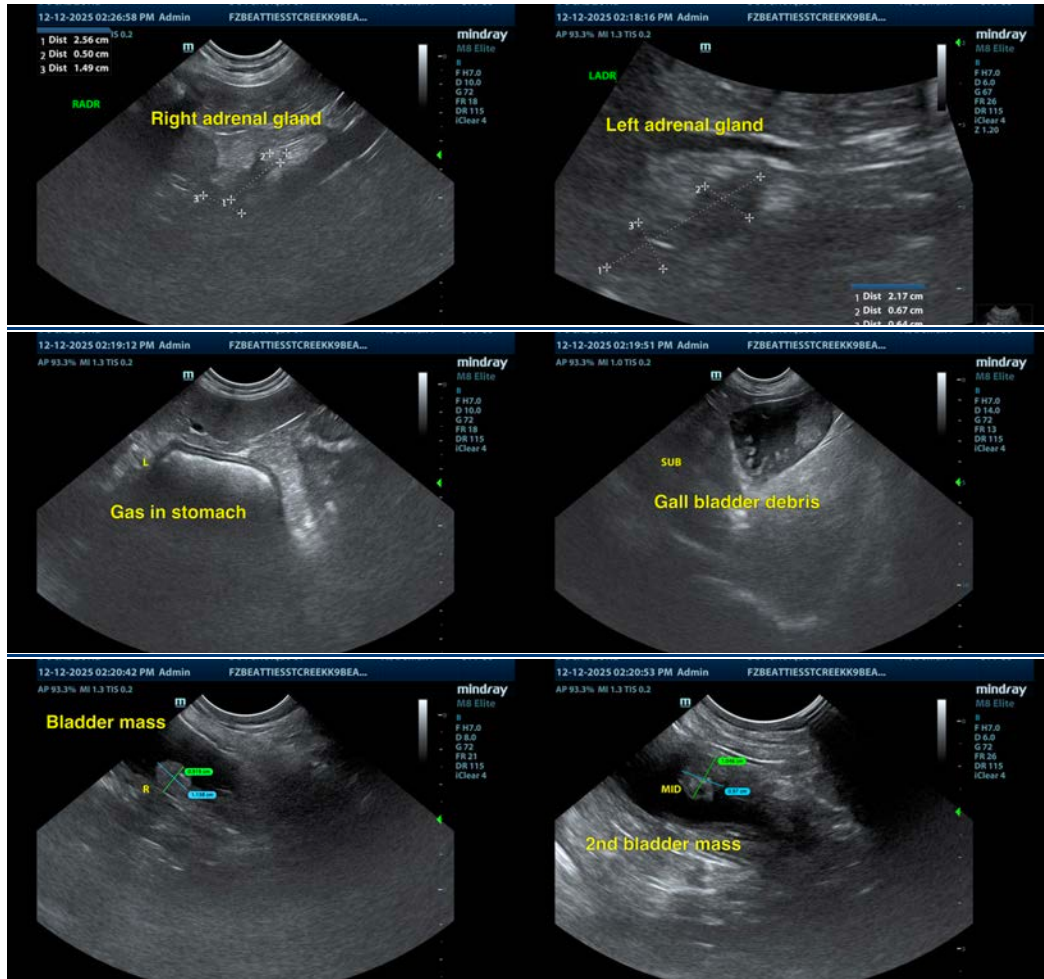
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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