



PATIENT

Riley Davies

SPECIES

Canine

BREED

Yorkie

SEX

Spayed Female

AGE

7 Years

WEIGHT

8.99 lbs

INTERPRETED BY

Dr Brittany Sinclair,
BVSc(hons),
DACVECC

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Hillview Vet Clinic

REFERRING VET

Dr. P. Stevenson

INVOICE

72596

DATE

12/16/25

PRESENTING CLINICAL SIGNS

Bloated, diarrhea Current Medications Metronidazole, fortiflora

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder lumen volume is small, and walls are diffusely thickened most consistent with pseudohypertrophy. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal focal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

The left kidney presents 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. There is a hyperechoic band between the cortex and medulla. Left kidney measures 3.59 cm.

The right kidney is normal in shape, size and position. Assessment of echotexture is limited due to poor resolution from overlying gas-filled GI tract. Right kidney measures 3.38 cm.

Adrenal Glands

The left adrenal gland is visualized on still images only. It appears to have normal shape, size, position and echogenicity for this breed and age though this could not be confirmed on cine loops. Left measures 1.37 cm in length x 0.51 cm at the caudal pole and 0.50 cm at the cranial pole.

The right adrenal gland is not distinctly visualized.

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.

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

Gastrointestinal

The gastric wall is diffusely thickened with hazy wall layering. There are no specific mass lesions visualized. The stomach does contain gas, which partially obstructs visualization.

The small intestines are diffusely thickened with a hyperechoic mucosal layer and generally somewhat hazy wall layering.

Sections of colon are visualized with fluid fecal material consistent with diarrhea. There is no observed focal or generalized colon wall thickening or loss of layering.



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Pancreas

The pancreas is not distinctly visualized.

Lymph Nodes

No clinically significant lymphadenopathy or abnormalities noted.

Free Abdomen

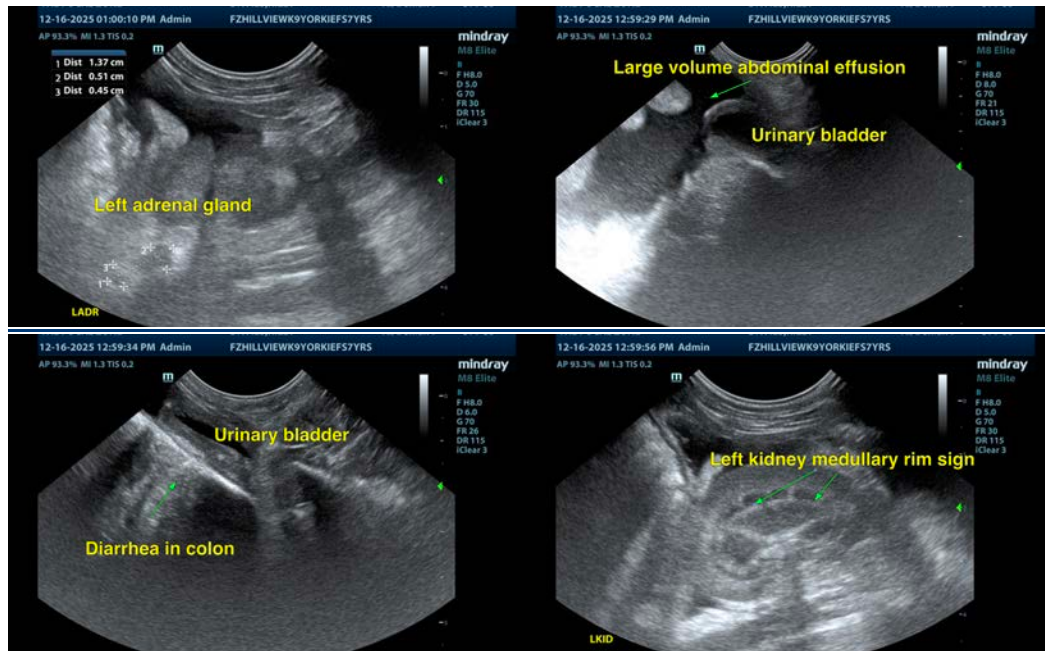
There is a large volume of anechoic fluid visible in every quadrant.

ULTRASONOGRAPHIC FINDINGS

- Large volume abdominal effusion.
- Diffusely thickened small intestine with hazy wall layering and hyperechoic mucosa.
- Gastric wall thickening with hazy wall layering.
- Diarrhea in colon.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The GI tract is diffusely thickened with hazing of wall layering. There are no distinct masses suggestive of focal neoplasia. Ultimately, abdominocentesis with fluid analysis and cytology is recommended. A protein losing enteropathy is suspected. Correlate with findings on abdominocentesis. Ultimately, GI biopsy will likely be required to differentiate between inflammatory, autoimmune, and neoplastic causes.





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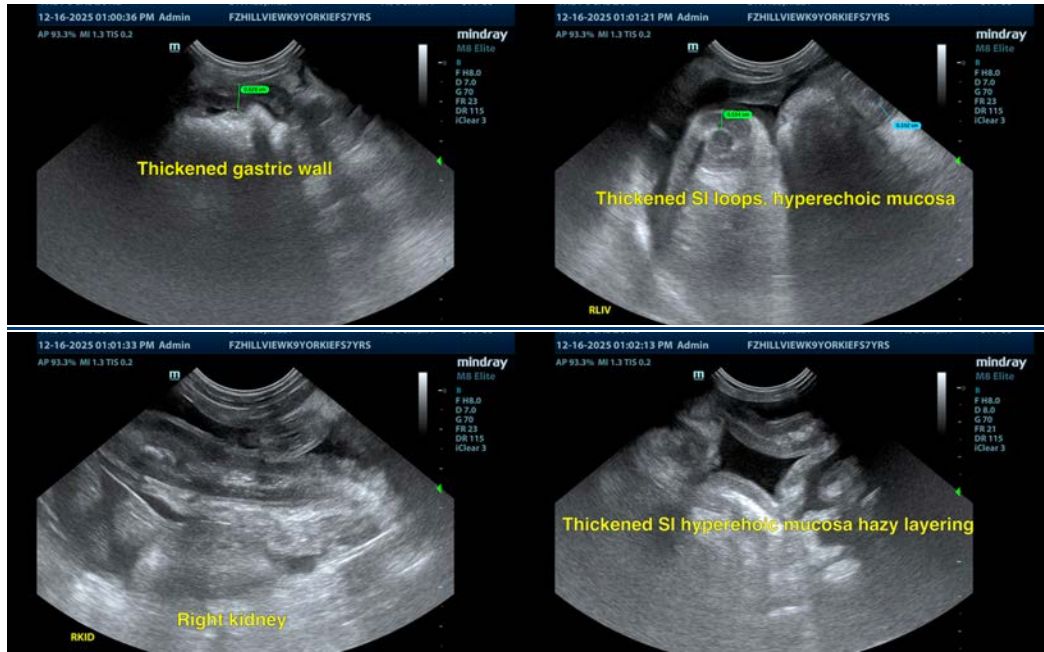
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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