



**PATIENT**

Charlie Berg

**SPECIES**

Canine

**BREED**

Lab

**SEX**

Intact Male

**AGE**

1 Year

**WEIGHT**

30.2 kg

**INTERPRETED BY**

Dr Brittany Sinclair,  
 BVSc(hons),  
 DACVECC

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Governors Road  
 Animal Hospital

**REFERRING VET**

Dr. Khalid

**INVOICE**

72641

**DATE**

12/17/25

**PRESENTING CLINICAL SIGNS**

Less interested in food. Vomited in the morning. BAR, 120 HR, 28 RR, heart/lungs normal, pink/moist mm (distant exam) Tensed abdomen (stressed), no much details. No obvious pain/discomfort Normal E/E/N/oral cavity, normal LN/coat/gait etc. Current Medications Metronidazole & Fortiflora

Abnormal PE/Chem/CBC/UA Results: CBC: Reti-HB 21.7(22.3 - 29.6 pg), WBCs 21.58 (5.05 - 16.76 x10<sup>9</sup>/L), Neutrophils 17.35 (2.95 - 11.64 x10<sup>9</sup>/L) CHEM: Creatinine 114 (27 - 106 μmol/L), Phosphorus 1.26 (1.65 - 3.36 mmol/L) TP 79 (48 - 72 g/L), Albumin 40 (21 - 36 g/L) Globulin 39 (23 - 38 g/L), ALT 111 (8 - 75 U/L), T. BIL 23 (0 - 14 μmol/L) -- Dehydration vs Hepatopathy vs Infectious (lepto/lyme) vs other Radiographic Findings - No obvious obstructive pattern - heterogenous opacity in the colon, stool - moderate gas in the stomach and dorsal colon? - some opacity seen in the stomach seen in left lateral view, FB vs food

**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 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 5.91 cm. Right kidney measures 6.44 cm.

**Adrenal Glands**

Adrenal glands are visualized and measured on still images only. Resolution is inadequate to assess glandular detail or confirm measurement. Left measures 2.3 cm in length x 0.77 cm at the caudal pole and 0.69 cm at the cranial pole. Right measures 2.43 cm in length x 0.73 cm at the caudal pole and 1.1 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.

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.



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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.

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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**

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**

- Unremarkable abdomen

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The liver appears sonographically normal, and the gall bladder and common bile duct are normal in this patient. Assuming the bilirubin elevation is not artifactual, in light of lack of anemia and no evidence of hemolytic disease, the bilirubin elevation must be owing to hepatic parenchymal disease. Acute hepatic insult (toxin, infectious, inflammatory) or occult neoplasia is likely in this patient. Liver FNA is indicated.

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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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