



**PATIENT PRESENTING CLINICAL SIGNS**

**KC Smith**  
**SPECIES** Canine  
**BREED** Keeshond  
**SEX** Neutered Male  
 Vomiting and Weight Loss – DDx: Gastrointestinal or other abdominal neoplasia, chronic gastritis secondary to severe dental disease, antibiotic-induced gastrointestinal upset, metabolic disease. The patient's advanced age and progressive clinical signs make neoplasia a primary differential. Severe Periodontal Disease – Confirmed on examination. This is the likely cause of the initial facial swelling, oral pain, and halitosis. It is also a significant source of systemic inflammation and a potential cause of gastrointestinal upset. Urinary Incontinence – Chronic condition managed with medication and diapers. The constant use of diapers is a risk factor for recurrent urinary tract infections. Multiple Cutaneous Masses – These are considered likely benign, age-related changes Current Medications Cerenia, Sulcrate  
 Abnormal PE/Chem/CBC/UA Results: Values - PDW 20.4 - MPV 15.8 - Plateletcrit 0.49 - Potassium 6.1 - ALT 150 - ALP 294 - Cholesterol 10.36 Radiographic Findings n/a Primary Question to Be Answered in This Exam Concern about abdominal tumors related to age

**AGE ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

15 Years **Urinary System**

**WEIGHT** 37.4 pounds  
 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.

**INTERPRETED BY** Dr Brittany Sinclair, BVSc(hons), DACVECC  
 The kidneys were both normal size and structure, with smooth capsule and normal corticomedullary definition and ratio (cortex 1/3 of medulla). Medullary structure differed distinctly from that of the cortex. No evidence of pelvic dilation was present. The right kidney measured 5.52 cm in length. The left kidney measured 5.29 cm in length.

**Adrenal Glands**

**IMAGING PERFORMED BY** Amanda Stewart  
 The left adrenal gland is subjectively prominent, and measures slightly enlarged in size. Echogenicity is slightly heterogeneous with no specific masses or nodules seen. Next to the adrenal gland, there is an ovoid anechoic structure consistent with a cyst. The left adrenal gland measured 1.03 cm in thickness.

**HOSPITAL NAME** Dog and Cat Clinic of Niagara  
 The right adrenal gland is roughly normal in size and shape and echogenicity. It is subjectively slightly prominent and measures mildly enlarged. The right adrenal gland measured 2.7 cm in length and 1.3 cm at the cranial pole and 0.73 cm at the caudal pole.

**REFERRING VET Spleen**

Dr. Aziz  
 The spleen contains a roughly spherical complex hyperechoic partially cavitated capsular distending small mass measuring approximately 1.8 cm x 1.5 cm. The head of the spleen contains a separate solid roughly spherical mass measuring 3.1 cm x 3.1 cm.

**INVOICE** 12769  
**Liver**

**DATE** 12/19/25  
 The liver is subjectively normal in size with normal contours. Near the gallbladder, there is a somewhat poorly defined roughly spherical hyperechoic complex mass measuring 2.6 cm x 3.4 cm. The liver parenchyma is diffusely generally coarse and heterogenous. There is a second hypoechoic mass visible at the periphery of a liver lobe measuring 2.3 cm x 2.8 cm.



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Amanda Stewart

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**Gastrointestinal**

The stomach contains minimal luminal contents. It measures at a normal thickness with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. 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. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was not visualized. 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 area of the pancreas was isoechoic to surrounding tissue with no overt inflammation. Pancreatic tissue was not distinctly visualized which is common.

**Lymph Nodes**

No clinically significant lymphadenopathy or abnormalities noted.

**Free Abdomen**

Between small intestinal loops, there is a hyperechoic nodule measuring 0.75 cm x 0.86 cm expected to represent an benign omental nodule.

**ULTRASONOGRAPHIC FINDINGS**

- Multiple splenic masses.
- Multiple liver masses.
- Bilateral adrenomegaly.
- Cyst near left adrenal gland.
- Small hyperechoic omental nodule.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There are masses visible within the liver and the spleen. These may be benign or metastatic. They may be related or unrelated. FNA of the masses is recommended to further define. This may or may not be related to reported vomiting. Given the reported weight loss, metastatic disease is a concern.

The bilateral adrenomegaly may be a variation of normal or may represent stressful illness or functional adrenal gland disease such as hyperadrenocorticism. Adrenal gland function testing should be considered if deemed clinically indicated.

The clinical significance of the cystic structure near the left adrenal gland is uncertain but this is suspected to be benign.

The clinical significance of the omental nodule is uncertain but is suspected to be benign based on appearance.



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**REFERRING VET**

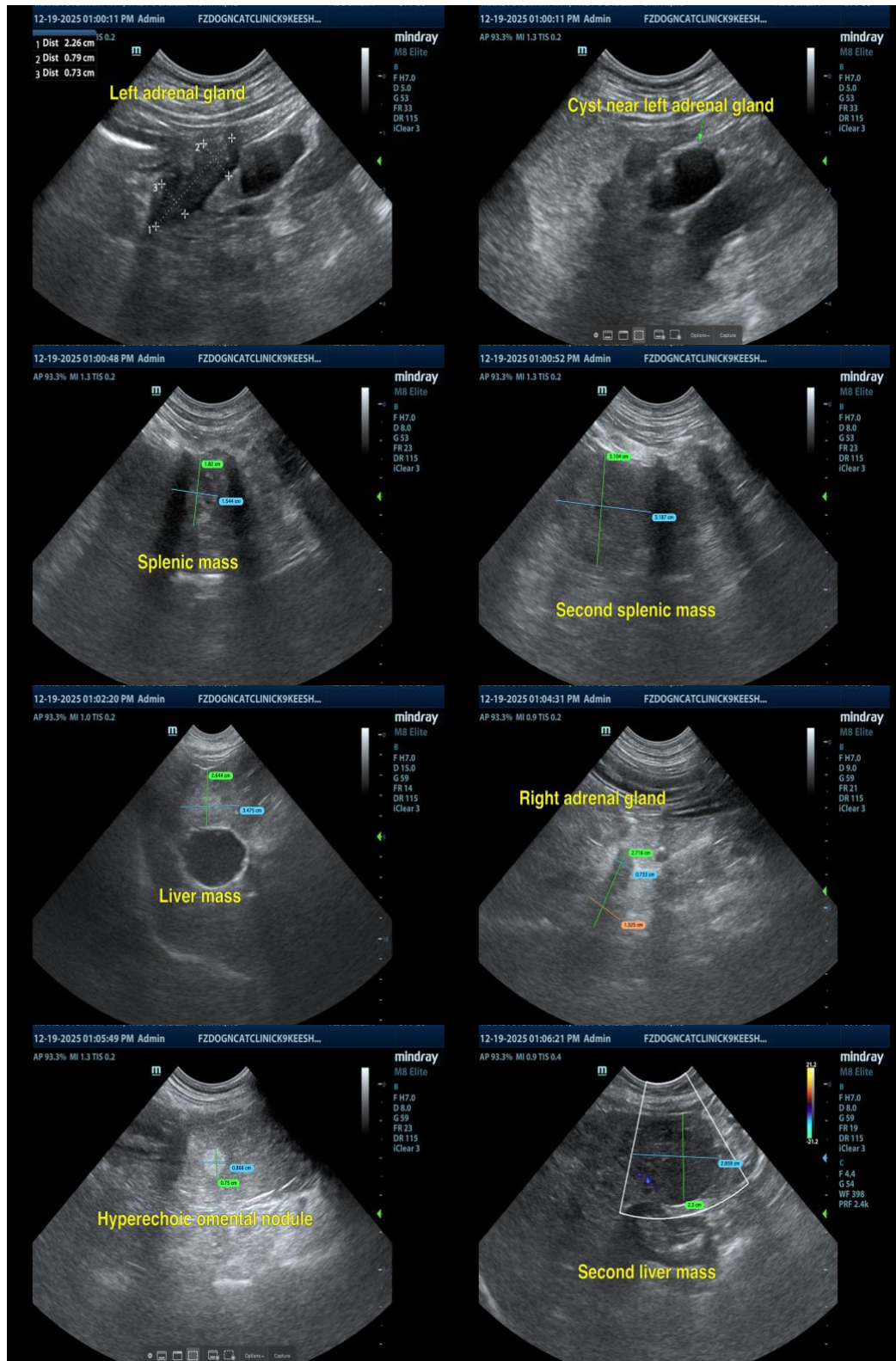
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**SPECIES**

Canine

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.

**BREED**

Keeshond

**Dr Brittany Sinclair, BVSc(hons), DACVECC**

[info@SonoPath.com](mailto:info@SonoPath.com)

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