



PATIENT

Taco Ross

SPECIES

Canine

BREED

Frenchie

SEX

Neutered Male

AGE

8 Years

WEIGHT

15 kg

INTERPRETED BY

Dr Brittany Sinclair,
 BVSc(hons), DACVECC

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Hamilton Region
 Emergency Veterinary
 Center

REFERRING VET

Dr. Vercaigne

INVOICE

12744

DATE

12/19/25

PRESENTING CLINICAL SIGNS

Presented to rDVM today for 1-week distended abdomen, discomfort. No v/d/c/s. No previous medical concerns, no ongoing meds. rDVM diagnosed with pancreatitis, concern for abdominal mass. Transferred to HREVC Thursday evening. PE on admission: - m1 distended, firm abdomen, painful - panting, difficult to auscultate - OS cornea scar Current Medications PLA, maropitant, pantoprazole, buprenorphine, Metacam (yesterday), convenia

Abnormal PE/Chem/CBC/UA Results: Primary Question to Be Answered in This Exam r/o: abdominal mass (associated organs) BW attached

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 (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 4.91 cm in length. The left kidney measured 4.91 cm in length.

Adrenal Glands

Both adrenal glands were not visualized.

Spleen

There is a very small section of tissue that appears to be normal splenic tissue. In the mid abdomen, there is a very large complex multilobulated mass which appears most consistent with a non-cavitated splenic mass.

Liver

The left lobes of the liver appear to be effaced with heterogenous irregular mass tissue. This mass is very similar in appearance to the mid abdominal mass tissue that I suspect is splenic in origin. It is possible that all mass tissue represents a large splenic mass causing displacement of the normal liver tissue. The right side of the liver appears more normal.

Gallbladder 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 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



PATIENT

Taco Ross

SPECIES

Canine

BREED

Frenchie

SEX

Neutered Male

AGE

8 Years

WEIGHT

15 kg

INTERPRETED BY

Dr Brittany Sinclair,
 BVSc(hons), DACVECC

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Hamilton Region
 Emergency Veterinary
 Center

REFERRING VET

Dr. Vercaigne

INVOICE

12744

DATE

12/19/25

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 pancreas was not visualized.

Lymph Nodes

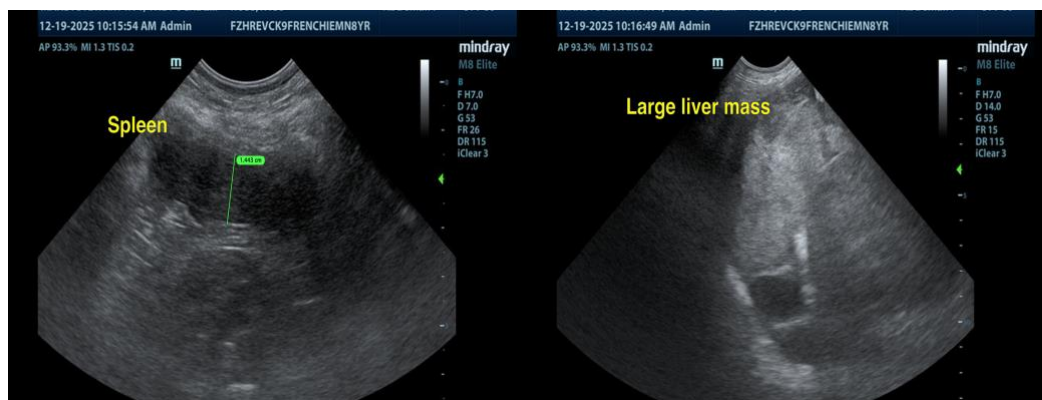
Lymph nodes near the hepatic hilus are enlarged and heterogenous.

ULTRASONOGRAPHIC FINDINGS

- Very large mid abdominal mass- suspect splenic in origin. Concern for left hepatic mass.
- Hepatic lymphadenopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mass present in the abdomen is very large and cannot be imaged in one plane. Definitely identifying the organ of origin is difficult. It is most consistent in appearance and location with a large complex splenic mass. I am concerned by the appearance of the left liver as portions of the complex mass appear continuous with the left liver lobes. Given the complexity and size of the mass, it is possible that it is one large splenic mass displacing normal liver tissue causing this appearance. Abdominal CT may be of use to further visualize the abdomen. Aspirate of masses in the area of the liver and in the mid caudal abdomen (more likely to be splenic in origin) could also be considered to help delineate the organ of origin and type of mass. Abdominal explore could also be considered which may help fully differentiate the location of the mass and if it is a large splenic mass, removal may be curative.





PATIENT

Taco Ross

SPECIES

Canine

BREED

Frenchie

SEX

Neutered Male

AGE

8 Years

WEIGHT

15 kg

INTERPRETED BY

Dr Brittany Sinclair,
 BVSc(hons), DACVECC

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Hamilton Region
 Emergency Veterinary
 Center

REFERRING VET

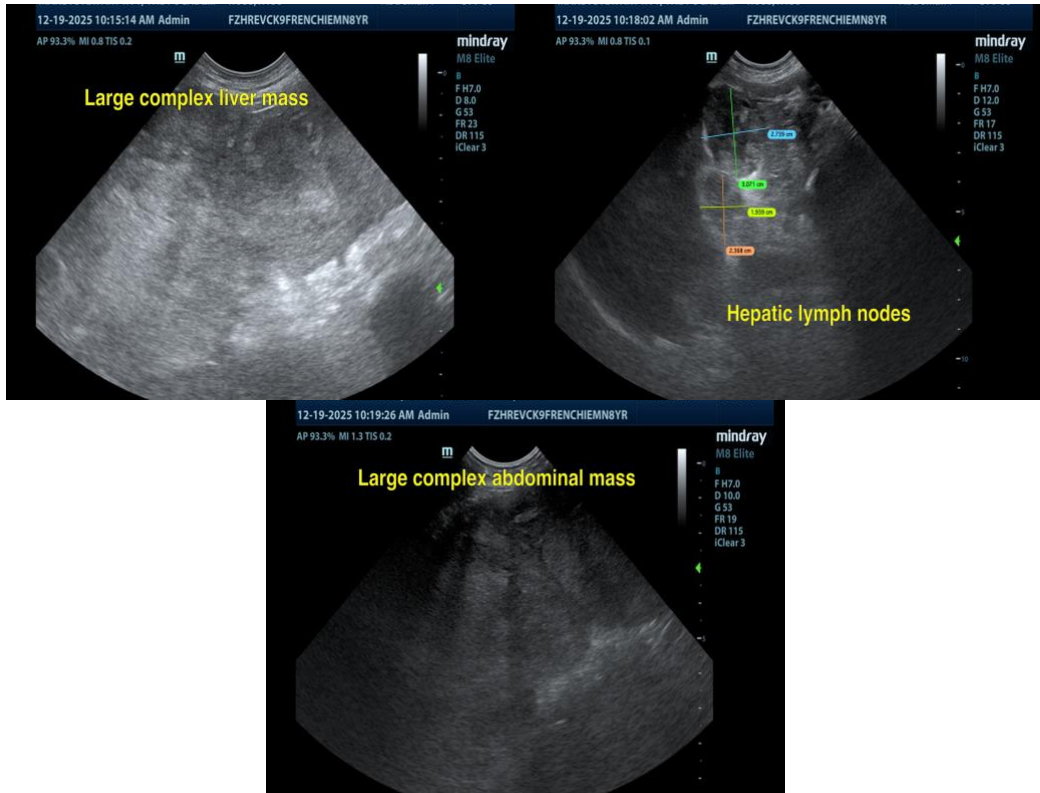
Dr. Vercaigne

INVOICE

12744

DATE

12/19/25



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

info@SonoPath.com