



**PATIENT**

Gilda Currah

**SPECIES**

Canine

**BREED**

Barbet

**SEX**

Spayed Female

**AGE**

5 Months

**WEIGHT**

19.3 kg

**INTERPRETED BY**

Dr Brittany Sinclair,  
 BVSc(hons),  
 DACVECC

**IMAGING PERFORMED BY**

Amanda Stewart

**HOSPITAL NAME**

Buck Animal Hospital

**REFERRING VET**

Dr. MacFarlane

**INVOICE**

72281

**DATE**

12/3/25

**PRESENTING CLINICAL SIGNS**

Vomiting, downward dog position, not sleeping well Nov 3 - in-appetant, vomiting, lethargic Current Medications NA

Abnormal PE/Chem/CBC/UA Results: See attached Primary Question to Be Answered in This Exam reason for vomiting vs pancreatitis vs other

**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 5.13 cm. Right kidney measures 5.59 cm.

**Adrenal Glands**

The left adrenal gland was 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 0.37 cm at the caudal pole and 0.41 cm at the cranial pole.

The right adrenal gland was 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. Right measures 1.68 cm in length x 0.33 cm at the caudal pole and 0.59 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**

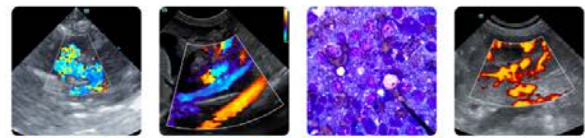
The liver is subjectively normal in size with normal contours and structure. There is age appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion.

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 with a small amount of gas shadowing and no overt distention. The gastric wall is diffusely mildly thickened with maintenance of wall layering. No focal lesions are visualized.

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



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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 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**

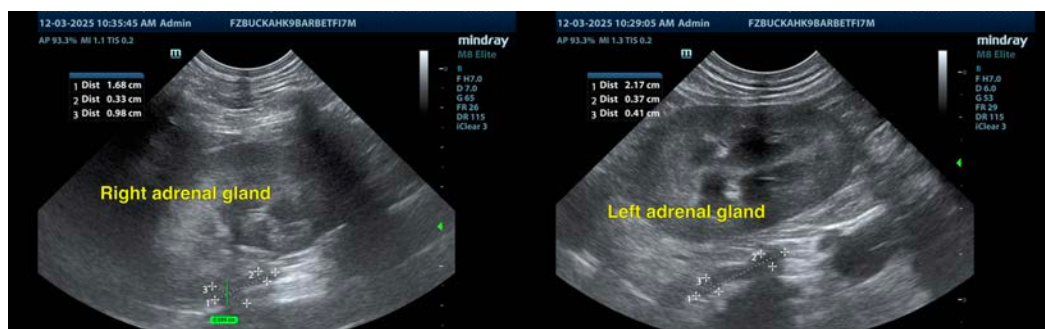
No masses or free fluid were noted.

**ULTRASONOGRAPHIC FINDINGS**

- Mild diffuse gastric thickening, consistent with gastritis.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

GI changes are consistent with nonobstructive gastroenteritis and in the absence of chronic GI signs, acute gastroenteritis is most likely. While the pancreas appeared sonographically normal, pancreatitis cannot be definitively ruled out. Consideration for dietary indiscretion, food sensitivity/allergy, toxin, or infectious (bacterial, viral, parasitic) is reasonable. Treatment is supportive and involves fluid support, GI support (anti-nausea, appetite stimulant), analgesia and enteral nutrition as needed. Antibiotics are generally not warranted. Serial imaging is indicated if clinical signs are not resolving. Current chem/lytes/CBC, GI panel (TLI/PLI/cobalamin/folate), baseline cortisol +/- ACTH stimulation test, fecal pathogen PCR, and empiric broad spectrum deworming and treatment with probiotics should be considered as clinically warranted. Ultimately GI biopsy may be required for more definitive diagnosis.





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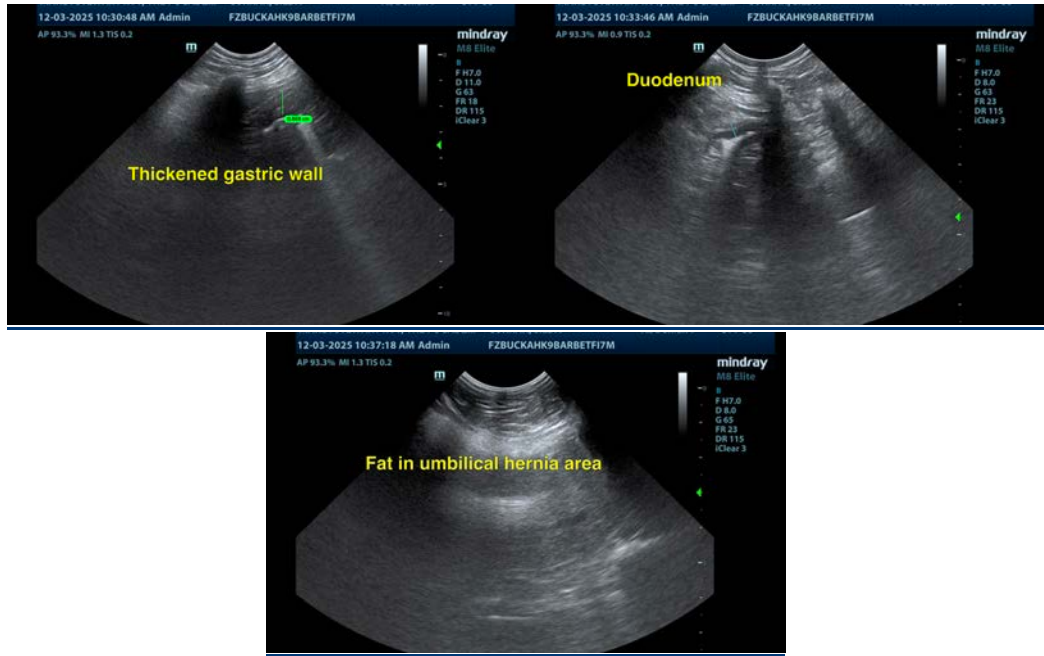
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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