



PATIENT

Doc Hildebrand

SPECIES

Canine

BREED

Australian CattleDog

SEX

MN

AGE

12 years

WEIGHT

47.2 lbs

INTERPRETED BY

Dr Brittany Sinclair,
 BVSc(hons),
 DACVECC

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Dog and Cat Clinic of
 Niagara

REFERRING VET

Dr. Habib

INVOICE

11302

DATE

2/13/2026

PRESENTING CLINICAL SIGNS

- Presented with severe bloody diarrhea and increased thirst
- Has been on Denamarin and Ursodial and is not responding, in fact is getting worse
- Severe elevation of liver enzymes
- Denamarin, Ursodial, Gabapentin, Safegard, Sulcrate, Metronidazole

Abnormal PE/Chem/CBC/UA Results: Please see attached lab results.

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 left kidney is 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. Hyperechoic, shadowing foci present in renal parenchyma and calyces consistent with nephrocalcinosis. Left kidney measures 6.19 cm in length.

Resolution of the right kidney is slightly decreased by overlying gas filled GI tract. Right kidney measures 6.19 cm in length.

Adrenal Glands

Left adrenal gland was visualized and recognized as having normal shape, size, position and echogenicity for this breed and age. The phrenic vasculature is unremarkable. The right adrenal gland was not definitively visualized.

Left adrenal measures 2.1 cm in length, 0.54 cm at the caudal pole and 0.52 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



PATIENT
 Doc Hildebrand

The stomach is distended with ingesta and gas. 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.

SPECIES
 Canine

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with ingesta and gas throughout. 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.

BREED
 Australian CattleDog

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.

SEX
 MN

AGE
 12 years

WEIGHT
 47.2 lbs

Pancreas

In the area of the right limb of the pancreas, there is thickened hyperechoic tissue most consistent with inflamed mesentery/omentum.

ULTRASONOGRAPHIC FINDINGS

- Normal liver and gallbladder.
- Inflammation in the area of right pancreas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

While right limb of the pancreas is not overtly enlarged, or hypoechoic, the peripancreatic inflammation is most consistent with acute pancreatitis. Treatment for pancreatitis is supportive and involves fluid support, GI support (anti-nausea, appetite stimulant), analgesia and enteral nutrition. Panoquel could be considered if available and deemed clinically warranted. Antibiotics are generally not warranted for acute pancreatitis as it is generally sterile. Serial imaging is indicated if clinical signs are not resolving to assess for possible progression to pancreatic abscessation or post hepatic bile duct obstruction.

There is no apparent cause of elevated liver values, through perihepatic inflammation is a likely explanation. Liver FNA should be considered.

INTERPRETED BY
 Dr Brittany Sinclair,
 BVSc(hons),
 DACVECC

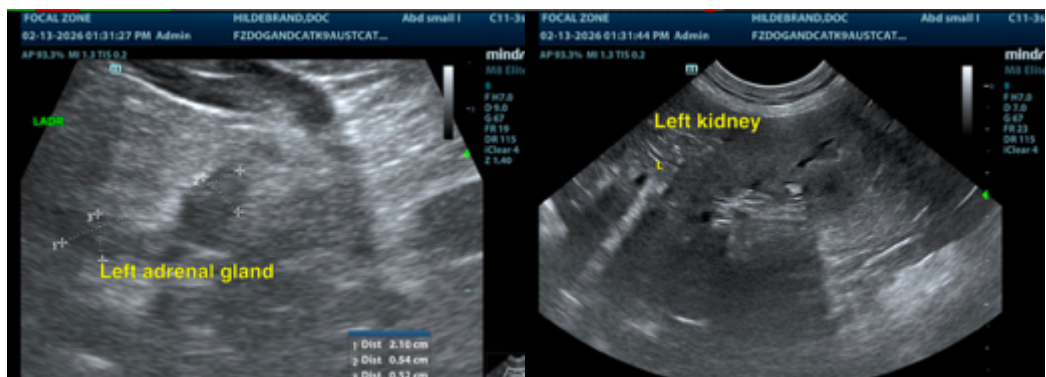
IMAGING PERFORMED BY
 Crystal Hill

HOSPITAL NAME
 Dog and Cat Clinic of
 Niagara

REFERRING VET
 Dr. Habib

INVOICE
 11302

DATE
 2/13/2026





PATIENT

Doc Hildebrand

SPECIES

Canine

BREED

Australian CattleDog

SEX

MN

AGE

12 years

WEIGHT

47.2 lbs

INTERPRETED BY

Dr Brittany Sinclair,
 BVSc(hons),
 DACVECC

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Dog and Cat Clinic of
 Niagara

REFERRING VET

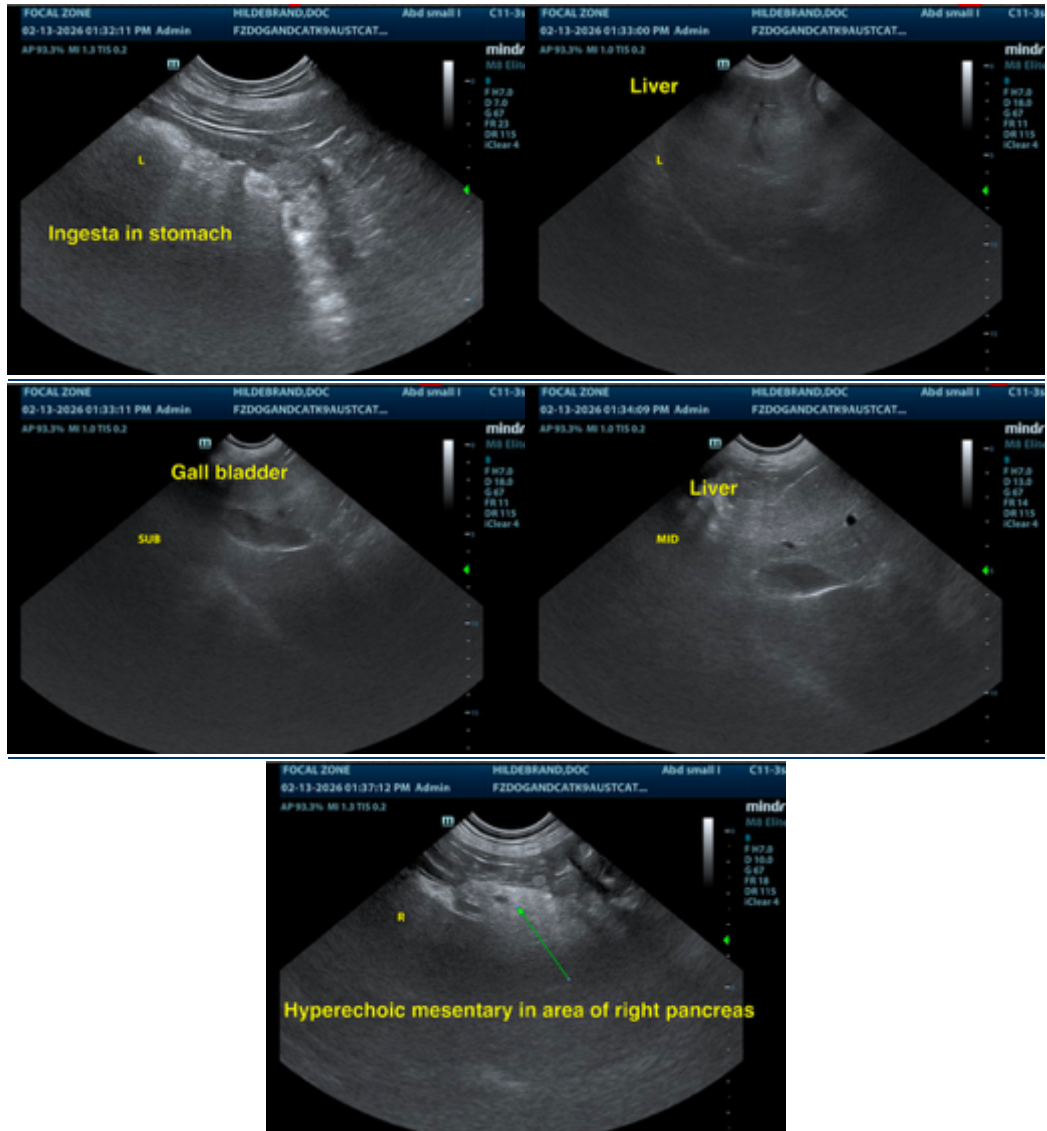
Dr. Habib

INVOICE

11302

DATE

2/13/2026



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