



PATIENT

Frankie Martin

SPECIES

Canine

BREED

Terrier X

SEX

FS

AGE

1 year

WEIGHT

10 kg

INTERPRETED BY

Dr Brittany Sinclair,
BVSc(hons),
DACVECC

IMAGING PERFORMED BY

Dr. Gira

HOSPITAL NAME

Fish Creek Emergency

REFERRING VET

Dr. Johnson

INVOICE

11304

DATE

2/13/2026

PRESENTING CLINICAL SIGNS

- Pertinent History: Presented evening of February 12th for hematemesis and hematochezia. Vomiting started Tuesday, progressing to frank blood. Diarrhea started on the 12th, being bloody. May have ingested bark. Currently has rectal foley catheter in place and started regurgitating overnight. Radiographs last night and this morning, show moderate distended stomach, but no obvious obstructive pattern in intestines.

Abnormal PE/Chem/CBC/UA Results: Bloodwork showed Hct 55.4; WBC 16.65; Neuts 12.03; Monos 1.27; Chol 2.77; Glu 9.53. Current diagnosis is AHDS, but cannot r/o upper GI obstruction vs ileus. Currently on plasmalyte (2 x maint); maropitant; metronidazole; pantoprazole; gabapentin and ondansetron.

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.

Right kidney measures 5.74 cm in length, and left kidney measures 5.06 cm in length.

Adrenal Glands

Both adrenal glands were visualized and recognized as having normal shape, size, position and echogenicity for this breed and age. The visible phrenic vasculature was unremarkable.

Right adrenal measures 1.57 cm in length, 0.64 cm at the cranial pole and 0.45 cm at the caudal pole. Left adrenal measures 1.7 cm in length, 0.39 cm at the caudal pole and 0.46 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



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The stomach contains a small volume of fluid, and gas shadowing partially obstructing visualization of contents with no overt distension. PDJ is empty. 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.

There is mild segmental fluid filled segments of small intestine with no significant distension. No shadowing foreign material is seen. Wall layering is normal.

Sections of colon are visualized with fluid fecal material consistent with diarrhea. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The visible pancreas was observed to be largely isoechoic to surrounding omental fat.

Free Abdomen

There's a very scant volume of free fluid visualized.

Lymph nodes

Jejunal lymph nodes are prominent with normal echogenicity and maintenance of length to width ratio.

ULTRASONOGRAPHIC FINDINGS

- Gastroenteritis.
- Diarrhea.

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, infectious (bacterial, viral, parasitic) or mild inflammatory bowel disease 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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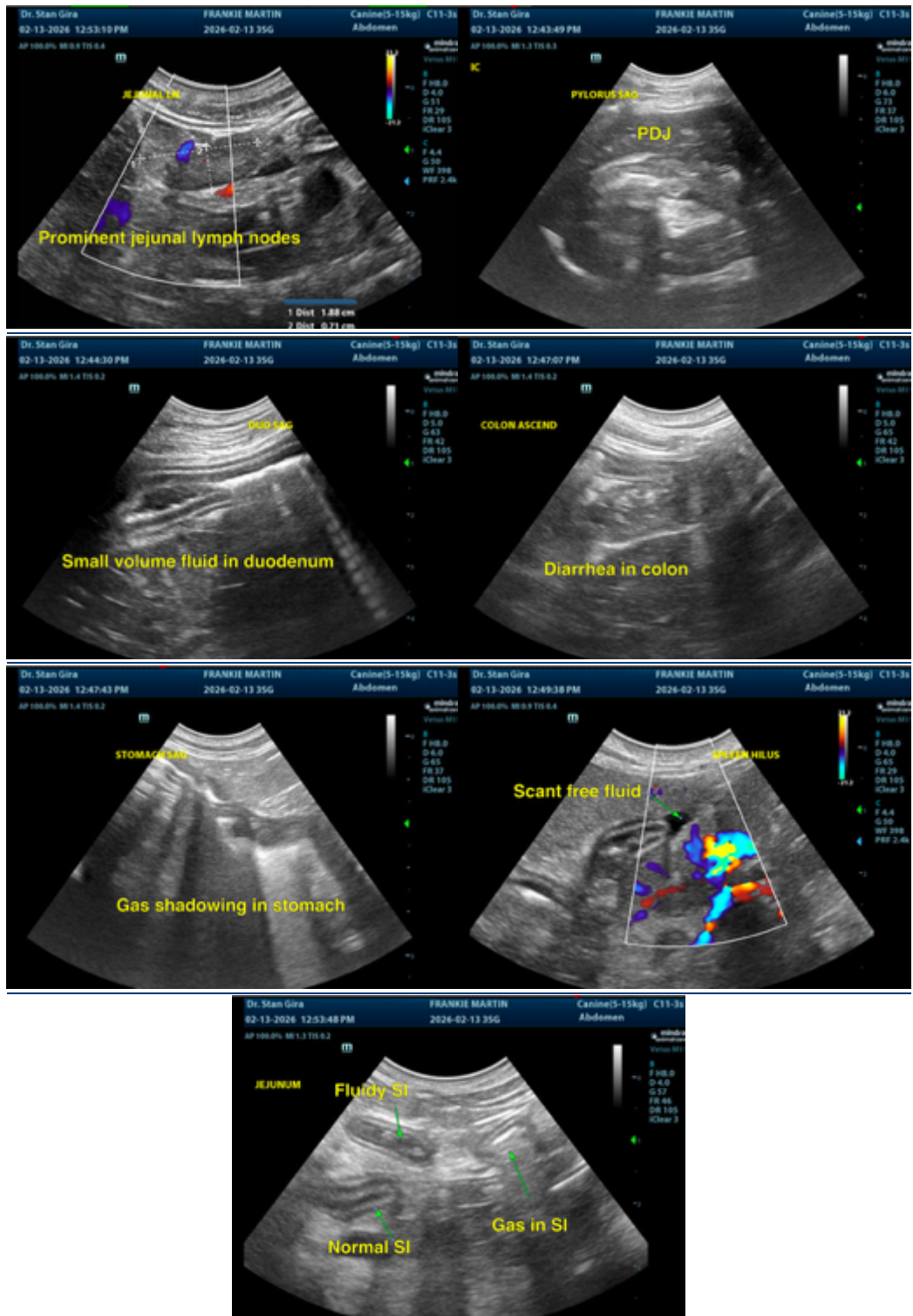
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com