



**PATIENT**

Loki Davies

**SPECIES**

Canine

**BREED**

Hungarian Sheepdog

**SEX**

Neutered Male

**AGE**

12 Years

**WEIGHT**

37 kg

**INTERPRETED BY**

Dr Brittany Sinclair,  
 BVSc(hons),  
 DACVECC

**IMAGING PERFORMED BY**

Amanda Stewart

**HOSPITAL NAME**

Oxford Animal  
 Hospital (London)

**REFERRING VET**

Dr. Rayala

**INVOICE**

73006

**DATE**

2/17/26

**PRESENTING CLINICAL SIGNS**

Chronic pancreatitis, PE NSF. Labwork Values as of 1/26/26: ALP 211, Lipase 966, SpecPL 953

Primary Question to Be Answered in This Exam: Confirm pancreatitis dx and if there are any other underlying issues that have not been detected.

**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 have a smooth capsule and with hazing of corticomedullary definition to the point of inability to determine cortical/medullary ratio. No evidence of pelvic dilation was present. Hyperechoic, shadowing foci present in renal parenchyma and calyces of the left kidney, consistent with nephrocalcinosis. Left measures 7.0 cm. Right measures 7.4 cm. Resolution of the right kidney is somewhat limited by overlying gas-filled GI tract.

**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. Left measures 2.78 cm in length x 0.58 cm at the caudal pole and 0.65 cm at the cranial pole. Right measures 2.47 cm in length x 0.42 cm at the caudal pole and 0.77 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. The parenchyma is heterogenous with a coarse appearance. No specific nodules are visualized. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

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. 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.

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. There were no focal lesions consistent with obstruction or a mass effect observed.



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

**Free Abdomen**

No free fluid noted.

In images labeled “left inguinal area”, there is a somewhat irregular, homogeneous structure measuring 2.99 cm x 2.46 cm with an anechoic center that is not definitively attached to any specific organ.

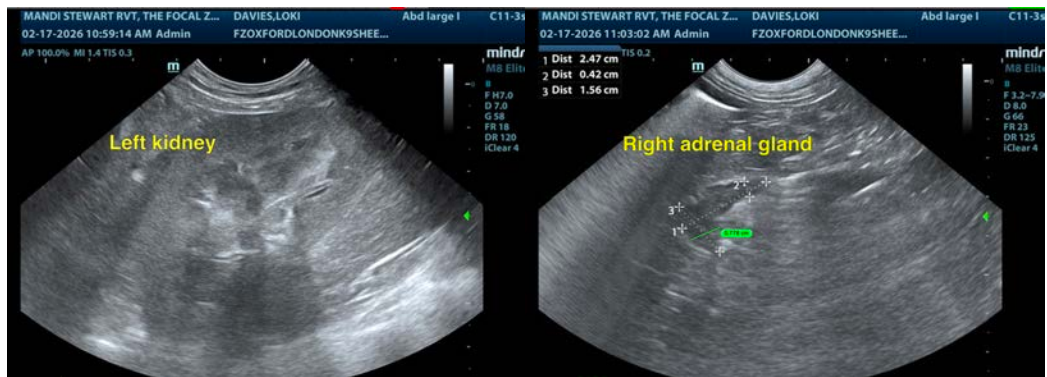
**ULTRASONOGRAPHIC FINDINGS**

- Ultrasonographically normal pancreas.
- Slightly coarse liver, likely aging change.
- Degenerative renal changes, likely age related.
- Homogeneous structure in left inguinal area – lymph node versus other.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

While the pancreas is ultrasonographically normal, if the patient has corresponding clinical signs with an elevated cPL, pancreatitis remains a possibility. Treatment is supportive and includes GI support, fluid therapy, an analgesia as needed until nutritional can help speed recovery.

The clinical significance of the structure in the inguinal area is uncertain. FNA is recommended to further defined.





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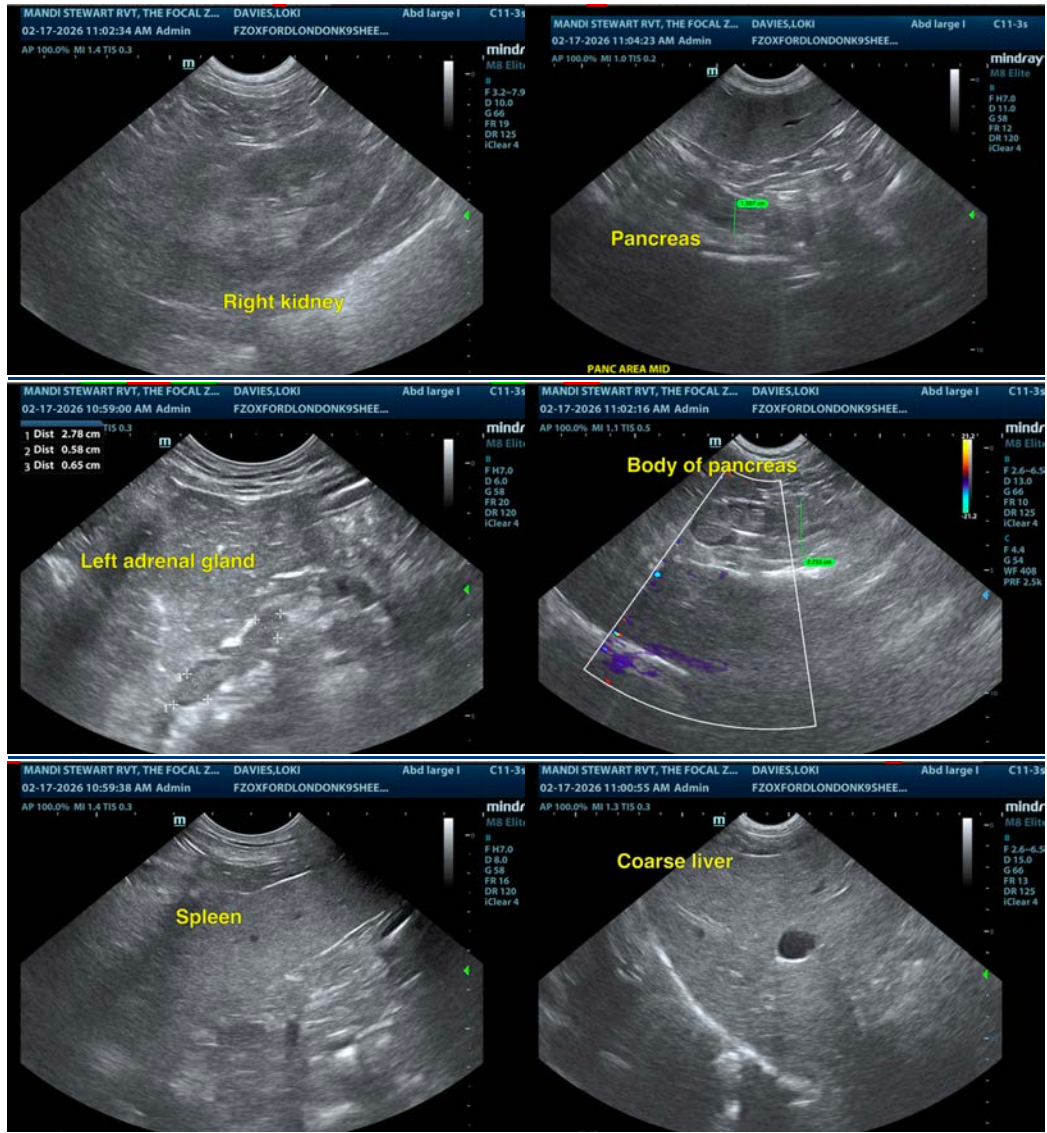
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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