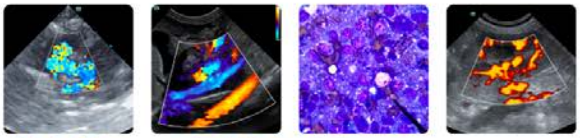


SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Grizzly Kirk

SPECIES

Canine

BREED

Burnese Mtn Dog x

SEX

Neutered Male

AGE

10 Years

WEIGHT

38.3 kg

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Headon Forest Animal Hospital

REFERRING VET

Dr. Short

INVOICE

73041

DATE

2/18/26

PRESENTING CLINICAL SIGNS

Grizzly presented to clinic for ongoing inappetence for a few weeks - normal activity/energy levels, normal behavior, no vomiting or diarrhea. On physical examination patient had no fever and was BAR. Owner has changed diet and offer a different variety including kibble, canned and raw food over the past few weeks- patient will be interested at first then start turning head away. Completed bloodwork in clinic including cPL - all WNL. Sent home with maropitant and canned i/d, to return tomorrow for abdominal US.

Grizzly presented to clinic last year for similar clinical signs (inappetence, not himself) - abdominal radiographs were concerning for non-specific gastroenteritis, no foreign body or obstruction could be appreciated.

Current Medications: Cerenia 160mg - 1/2 tablet SID. Trazodone 100mg PVP - 3 tablets given at 8:30am

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. Mobile debris present in the urinary bladder. No evidence of inflammatory or neoplastic changes were noted.

The prostate is not visible.

The kidneys have a smooth capsule and with mild hazing of corticomedullary definition. No evidence of pelvic dilation was present. Hyperechoic, shadowing foci present in renal parenchyma and calyces bilaterally, consistent with nephrocalcinosis. Left kidney measures 6.88 cm. Right kidney measures 6.85 cm.

Adrenal Glands

Adrenal glands are visualized and measured on still images only. Resolution is inadequate to assess glandular detail or confirm measurement. Left measures 2.11 cm in length x 0.74 cm at the caudal pole and 0.86 cm at the cranial pole. Right measures 2.09 cm in length x 0.56 cm in thickness.

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.

PATIENT

Grizzly Kirk

SPECIES

Canine

BREED

Burnese Mtn Dog x

SEX

Neutered Male

AGE

10 Years

WEIGHT

38.3 kg

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Headon Forest Animal Hospital

REFERRING VET

Dr. Short

INVOICE

73041

DATE

2/18/26

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 gas throughout with no overt distention. 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.

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 is not distinctly visualized.

Free Abdomen

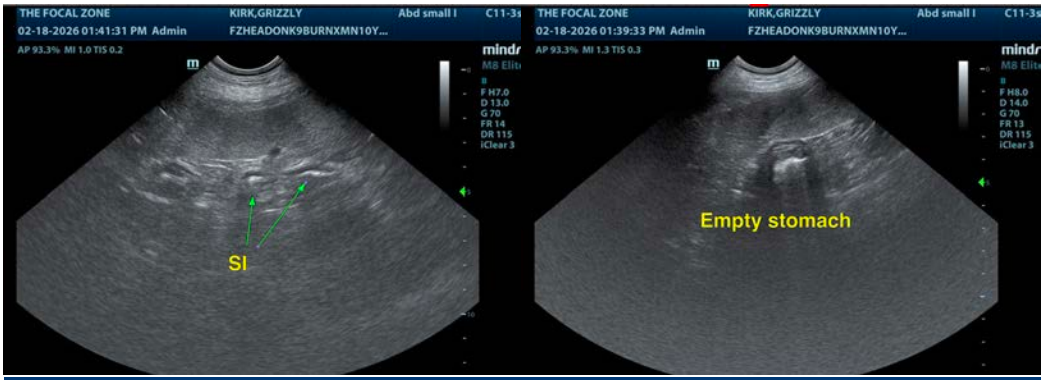
No clinically significant lymphadenopathy or abnormalities noted. No free fluid noted.

ULTRASONOGRAPHIC FINDINGS

- Mild aging renal changes, otherwise normal abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no ultrasonographically evident cause of reported GI signs in this abdominal study. Pancreas and GI tract are within normal limits. Consideration for dietary indiscretion, infectious etiologies (bacterial, viral, parasitic), food sensitivity/allergy or mild inflammatory bowel disease is reasonable. While not sonographically evident, pancreatitis cannot be completely ruled out. Empiric treatment for GI signs including anti-nausea, appetite stimulant and fluid support as clinically indicated is warranted. A diet trial with hydrolyzed protein or select protein diet could be considered if food sensitivity is suspected clinically. If signs are persistent or recurrent, additional diagnostics to be considered include baseline cortisol +/- ACTH stimulation test, GI panel (TLI/PLI/cobalamin/folate), fecal pathogen panel, thyroid testing, bile acid profile, and thoracic radiographs to rule out occult neoplasia, cardiac disease and esophageal disease as potential causes. Ultimately GI biopsy may be required for more definitive diagnosis if the patient is not responsive to medical treatment.



PATIENT

Grizzly Kirk

SPECIES

Canine

BREED

Burnese Mtn Dog x

SEX

Neutered Male

AGE

10 Years

WEIGHT

38.3 kg

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Headon Forest Animal Hospital

REFERRING VET

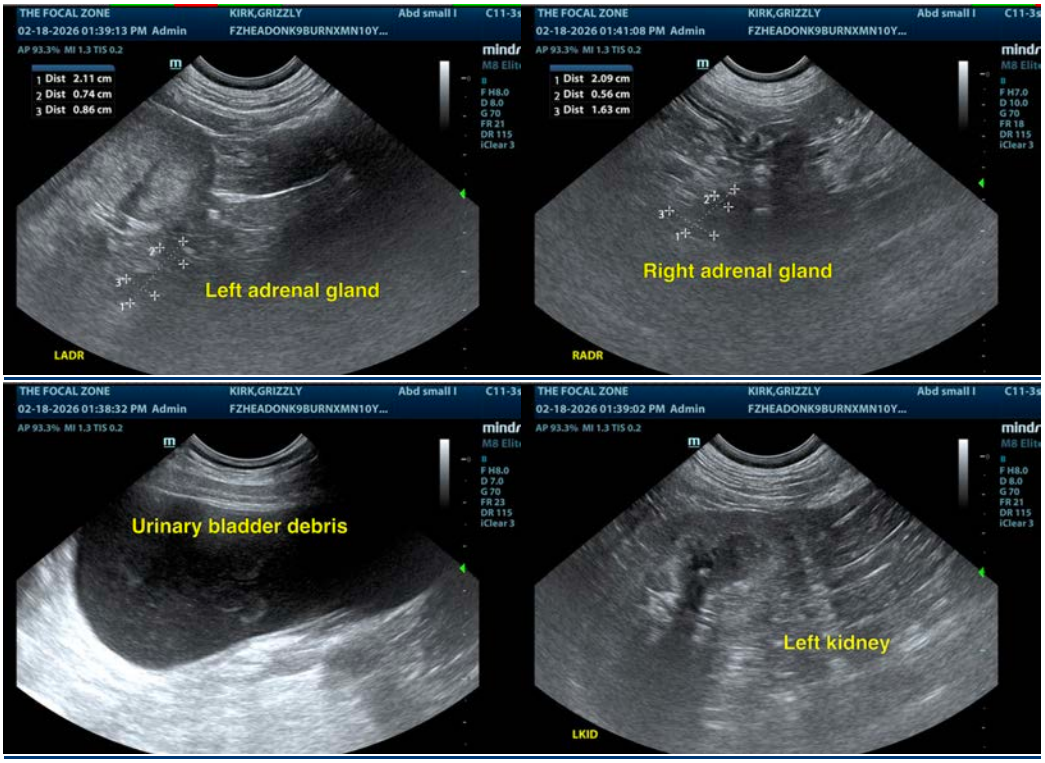
Dr. Short

INVOICE

73041

DATE

2/18/26



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