



PATIENT

Tucker Rhynold

SPECIES

Canine

BREED

Lab Retriever

SEX

Neutered Male

AGE

2 Years

WEIGHT

77.8 lbs

INTERPRETED BY

Dr Brittany Sinclair,
 BVSc(hons),
 DACVECC

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Beamsville Animal
 Hospital

REFERRING VET

Dr. Hagar

INVOICE

73032

DATE

2/18/26

PRESENTING CLINICAL SIGNS

Two days ago vomited yellow bile, today ate breakfast and vomited immediately. Had BM this am but owner unsure what it looked like. Previous history of eating things, has had FB surgery about 1 year ago which was a long cloth. Painful on abdominal palpation. Has been on Eosotic for L ear infection

Abnormal PE/Chem/CBC/UA Results: No obvious FB on rads, see attached.

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 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 7.34 cm.

Visualization and resolution of the right kidney is limited by overlying gas filled GI tract. It appears to be generally of normal size, shape and position. Length reported on still image cannot be verified. Right kidney measures 6.46 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 2.87 cm in length x 0.50 cm at the caudal pole and 0.61 cm at the cranial pole.

The right adrenal gland is 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 1.37 cm in length x 0.65 cm at the caudal pole and 0.93 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 a small amount of anechoic fluid. The visible gastric wall is of normal thickness with normal wall layering. In a loop of bowel that may be the stomach or proximal duodenum, there is



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some small curvilinear shadowing material, though it is not overtly obstructive. The PDJ is not distinctly visualized, but the area of the pylorus contains fluid.

There are multiple segments of small intestine that have a mild amount of luminal fluid. There are also multiple loops that are non-distended and of normal thickness with normal wall layering. There is no definitive shadowing foreign material visualized.

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

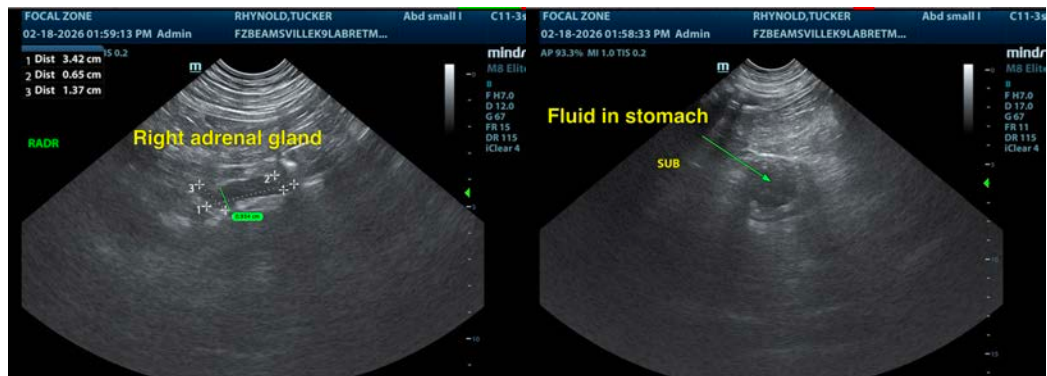
No clinically significant lymphadenopathy or abnormalities noted. No free fluid noted.

ULTRASONOGRAPHIC FINDINGS

- Fluid in stomach, no distinct foreign material.
- Fluidy small intestinal loops, no distinct foreign material.

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. No definitive obstructive shadowing material is visualized. However, given the patient's age and history, a foreign body obstruction cannot be definitively ruled out, though it was not seen on today's scan. 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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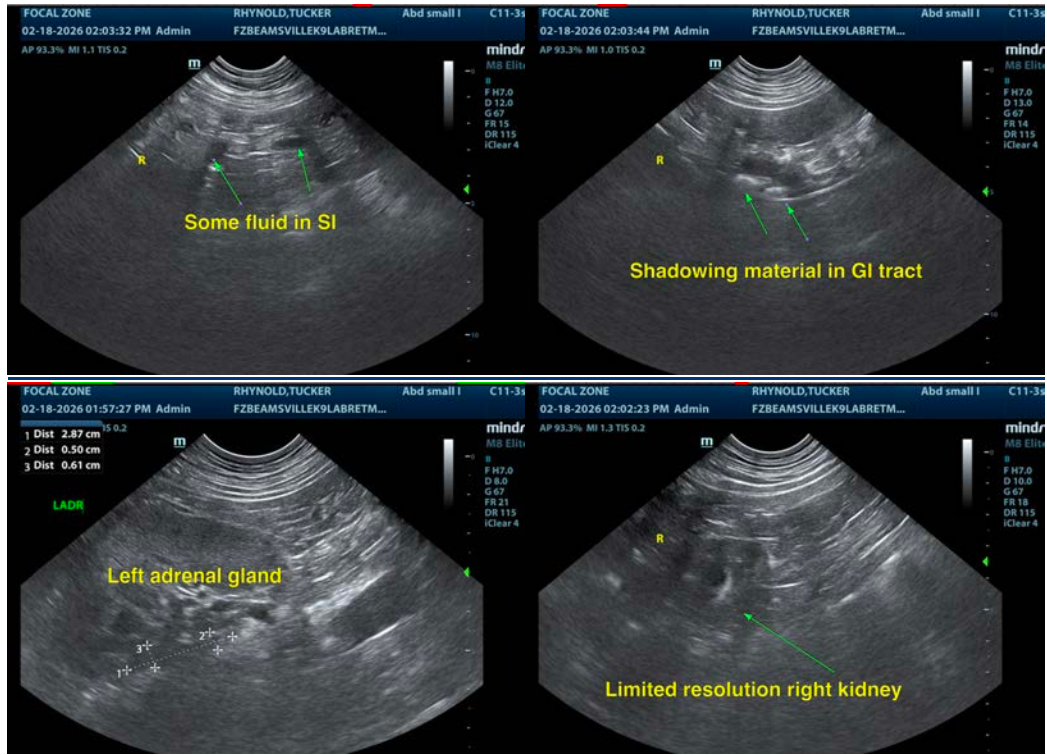
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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