



**PATIENT**

Bo Harris

**SPECIES**

Canine

**BREED**

Lab Retriever

**SEX**

Neutered Male

**AGE**

10 Years

**WEIGHT**

36.6 kg

**INTERPRETED BY**

Dr Brittany Sinclair,  
 BVSc(hons),  
 DACVECC

**IMAGING PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Novel Vet

**REFERRING VET**

Dr. Laing

**INVOICE**

73069

**DATE**

2/19/26

**PRESENTING CLINICAL SIGNS**

Severe bilateral hind limb lameness - DJD, OA? Lumbosacral disease? IVDD less likely due to lack of neuro deficits. Has been on Ketamine Injectable, Gabapentin, Clavamox, Methadone, Dexdom, Atipamezole, Fucidern Gel, Otizole and Triz EDTA for ears. Had barium swallow and ate a hamburger this am. US to rule out other underlying cause

Abnormal PE/Chem/CBC/UA Results: Megaesophagus and moderate to severe spondylosis on rads Phosphorous 0.59 ALP 21

**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.

Visible prostate is normal in size has uniform echotexture with no fluid accumulations, masses or other abnormalities.

The left kidney has a smooth capsule and with complete loss of corticomedullary definition. The left renal pelvis is mildly dilated. Ureter is non-dilated. Left kidney measures 5.65 cm.

Visualization and resolution of the right kidney is limited. The caudal pole appears to be generally of normal size, shape and position. Right kidney measures 6.73 cm. Measurement provided on still image cannot be verified.

**Adrenal Glands**

The left 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. Left measures 2.63 cm in length x 0.51 cm at the caudal pole and 0.75 cm at the cranial pole.

The right adrenal gland is visualized and measured on still images only. Resolution is inadequate to assess glandular detail or confirm measurement. Right measures 2.52 cm in length x 0.59 cm at the caudal pole and 1.02 cm at the cranial pole.

**Spleen**

The body of the spleen contains a spherical hyperechoic small mass measuring approximately 1.7 cm x 1.3 cm. The remainder of the splenic parenchyma is normal.

**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.



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***Gastrointestinal***

The stomach is distended with fluid and small curvilinear shadowing objects, which may represent reported ingesta. 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.

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.

The right auricle and pericardium were unremarkable. No obvious pathology. If cardiac function evaluation is desired a full echocardiogram is warranted.

**ULTRASONOGRAPHIC FINDINGS**

- Small, hyperechoic splenic mass, likely benign lipoma.
- Degenerative renal changes.
- Gastric distention.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The small splenic mass is hyperechoic and most consistent ultrasonographically with a benign lipoma. FNA could be considered to further defined. This is not suspected to be related to reported clinical signs.

The gastric distention is likely secondary to reported ingesta, though this may be reflective of an overall GI motility disorder, given reported megaesophagus. Upper GI endoscopy with gastric biopsy could be considered if clinically indicated.

Renal changes are likely age related degeneration. Correlate clinical significance with semi-annual blood work/urinalysis findings and clinical signs.



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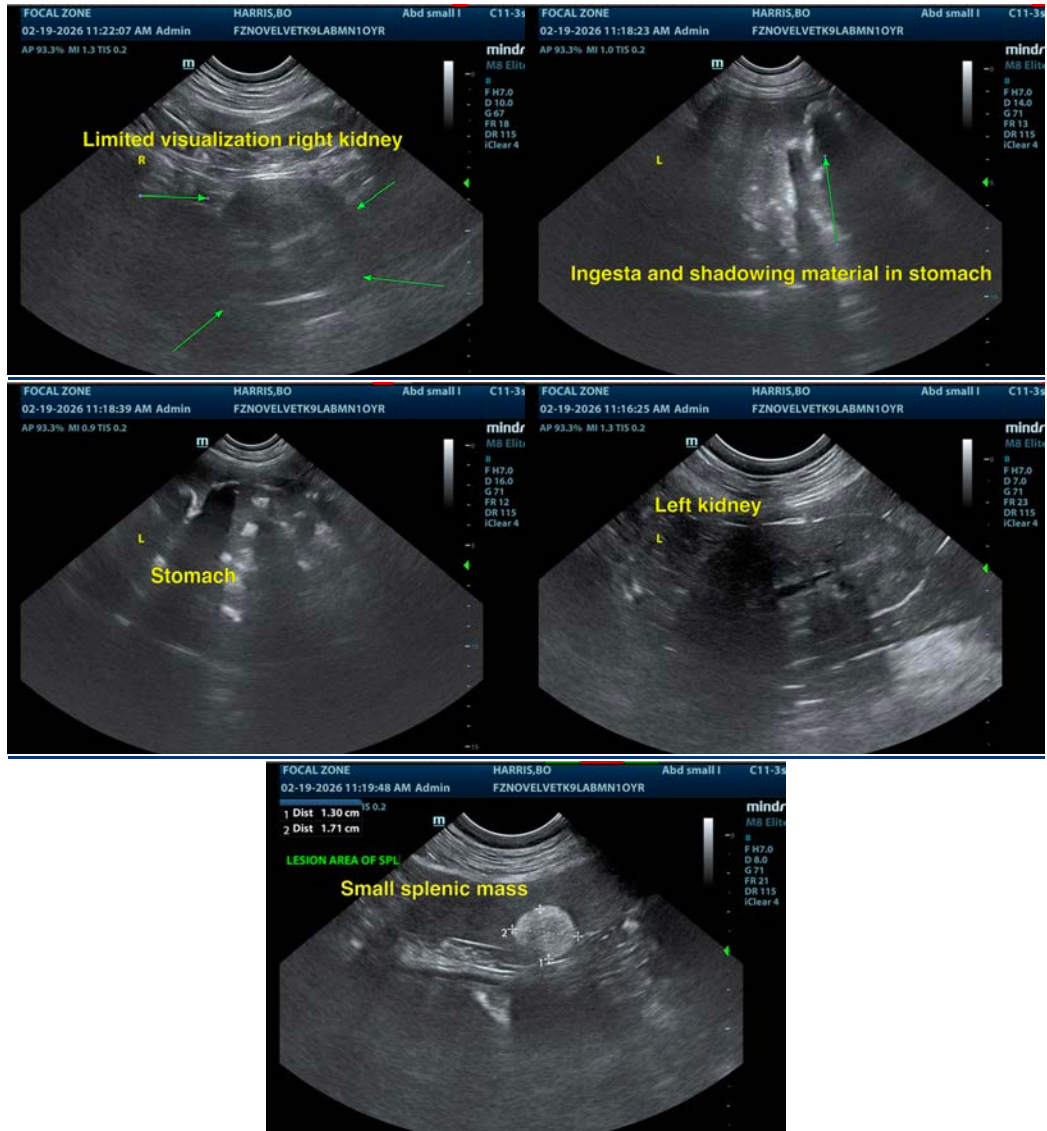
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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