



PATIENT

Norman D'Amico

SPECIES

Canine

BREED

Poodle X

SEX

MN

AGE

5 years

WEIGHT

16.2 kg

INTERPRETED BY

Dr Brittany Sinclair,
 BVSc(hons),
 DACVECC

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Hamilton Region
 Emergency Clinic

REFERRING VET

Dr. Ho

INVOICE

11349

DATE

2/20/2026

PRESENTING CLINICAL SIGNS

- Icteric pinna, gums and sclera. History of progressive hyporexia,, PU/PD, lethargy over 1 week, anorexia over 4 days. Unknown if exposure to candies, chocolates about 1 week ago but the items were xylitol free.
- Lepto vax not up to date
- Normal HR, normotensive, rest of PE WNL
- Start Maropitant, Vit K, Mirtazapine, Ampicillin

Abnormal PE/Chem/CBC/UA Results: Platelets low normal, MPV elevated, no azotemia, severe hepatopathy ALT 2112, ALP 723, GGT 19, T bili 205) pancreatic lipase normal, PT mild to mod elevated, cysto U/A appears grossly orange, USG 1.022, mild isotheruria and mild proteinuria, ketonuria detected on dipstick, hematuria, lepto witness negative, lepto PCR and urine culture pending.

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.

Left kidney measures 5.65 cm in length, and the right kidney 5.73 cm in length.

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 adrenal measures 1.72 cm in length, 0.42 cm at the caudal pole and 0.52 cm at the cranial pole.

The right adrenal gland was 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 adrenal measures 2.10 cm in length, 0.52 cm at the caudal pole and 1.0 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.



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Gall bladder is moderately distended. The gallbladder wall is thickened and hypoechoic, with a hyperechoic luminal surface. Contents are slightly echogenic bile. Common bile duct is not overtly distended.

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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.

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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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The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. 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.

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Pancreas

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

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ULTRASONOGRAPHIC FINDINGS

- Thickened/edematous gallbladder wall.
- Normal liver parenchyma.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Gall bladder changes with concurrent ELE are most consistent with cholangiohepatitis. Despite normal ultrasonographic appearance, liver FNA is indicated. Plasma may be required prior to FNA if bleeding risk is a concern given reported elevated PT. Correlate with severity of PT elevation. Acute toxic insult, infectious or inflammatory hepatitis (leptospirosis, other bacterial, viral, auto-immune other), and neoplasia among other things remain possibilities. Cholangiohepatitis may be sterile or infectious. Cholecystocentesis for cytology and culture should be considered. There is a low but present risk of causing bile peritonitis with this procedure. Empiric antibiotic therapy is not unreasonable and antibiotics that are effective against gram-negative, aerobic, enteric bacteria and excreted into the bile are recommended. Amoxicillin, amoxicillin-clavulanic acid, cephalosporins, and fluoroquinolones are suggested first choices. Metronidazole (7.5 mg/kg PO, IV q 12 hrs) may be added for extra anaerobe coverage. Consider treatment with liver supportive medications (SAM-E, milk thistle, Vitamin E, ursodiol) and GI support as needed.

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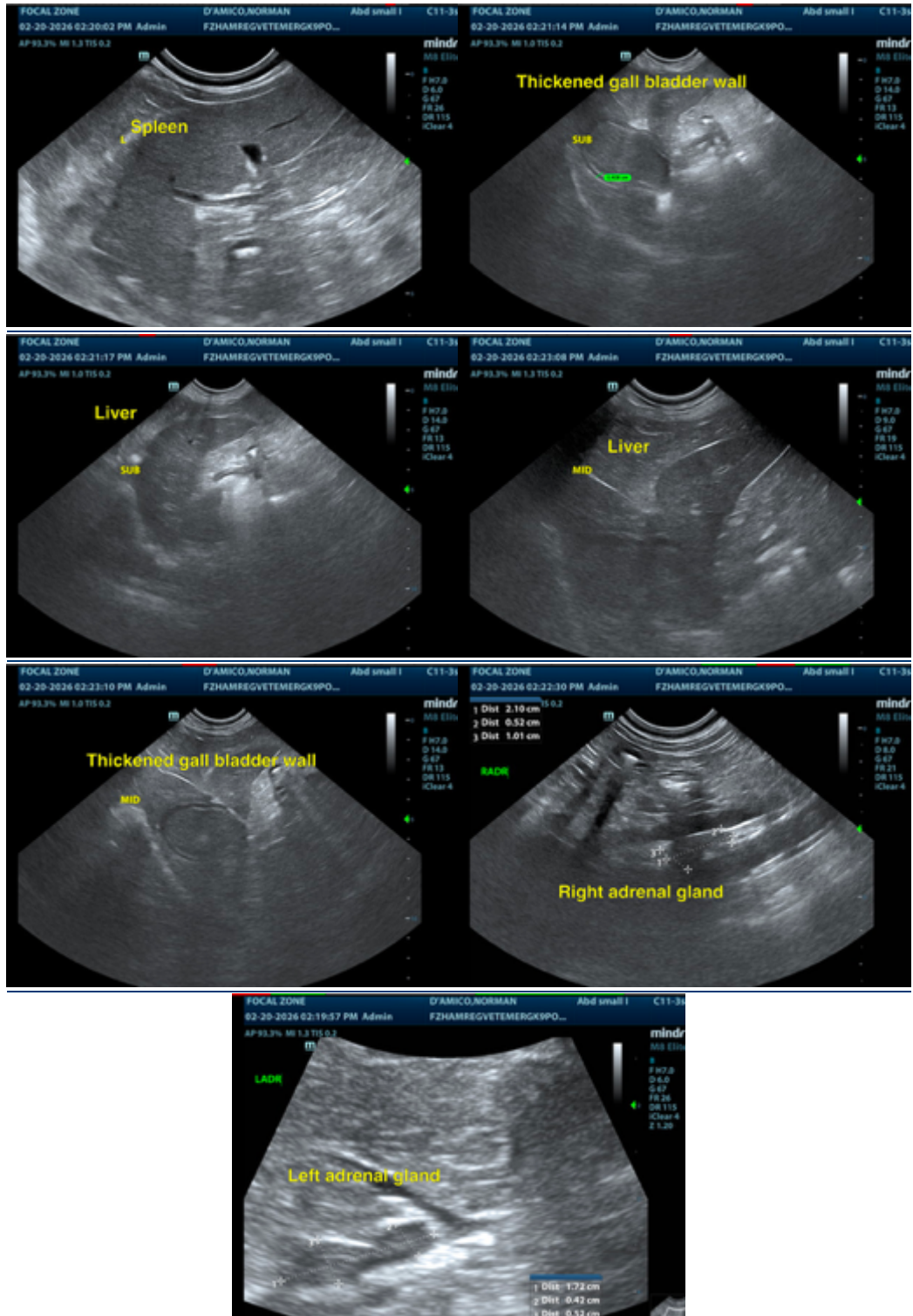
Dr. Ho

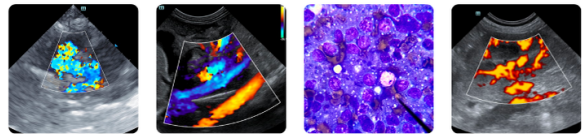
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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