

**PATIENT**

Apple Villesseche

**SPECIES**

Canine

**BREED**

Lab

**SEX**

Spayed Female

**AGE**

11 Years

**WEIGHT**

39.5 kg

**INTERPRETED BY**

Dr Brittany Sinclair,  
 BVSc(hons), DACVECC

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Hartzel AH

**REFERRING VET**

Dr. Hobbs

**INVOICE**

35937

**DATE**

2/23/26

**PRESENTING CLINICAL SIGNS**

- Geriatric lab, barrel shaped belly always, non-painful, no palpable abnormalities but difficult to palpate dt size.
- Clinically acting normally apart from ongoing mobility concerns, hind end weakness, preanesthetic bloodwork done 1 month ago for sedated skin biopsies showed new mild nonresponsive anemia. Discontinued Deramaxx---had been on 50mg SID for 4 months, switched to Previcox as below, repeated CBC done 2 days ago showing worsening anemia.
- Current Medications
- TMS 480mg 1 and 1/2 BID for deep pyoderma on front paws, Previcox 227mg 1 tab once daily daily

**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. The left kidney measured 6.92 cm in length. Hyperechoic, shadowing foci present in renal parenchyma and calyces consistent with nephrocalcinosis bilaterally. The right kidney measured 6.62 cm in length.

**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. The left adrenal gland measured 2.16 cm in length and 0.68 cm at the caudal pole and 0.81 cm at the cranial pole. The right adrenal gland measured 2.6 cm in length and 0.78 cm at the caudal pole and 1.0 cm at the cranial pole.

**Spleen**

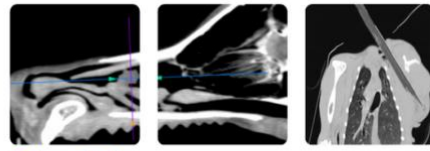
The spleen was subjectively normal in size. Parenchyma is diffusely slightly mottled with multifocal hypoechoic nodules noted, with the largest measuring 1.0 cm x 1.6 cm.

**Liver**

The liver is subjectively slightly enlarged in size with somewhat rounded borders. Parenchyma is diffusely mildly coarse with no specific nodules or masses seen.

Gall bladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally.

**Gastrointestinal**



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The stomach contains ingesta and gas shadowing. 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.

The ileocecal junction was not 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 area of the pancreas was isoechoic to surrounding tissue with no overt inflammation. Pancreatic tissue was not distinctly visualized which is common.

***Lymph Nodes***

No clinically significant lymphadenopathy or abnormalities noted.

***Free Abdomen***

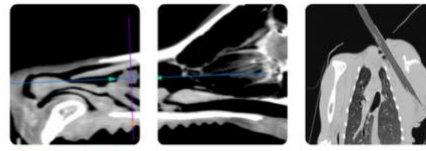
No masses or free fluid were noted.

**ULTRASONOGRAPHIC FINDINGS**

- Splenic nodules
- Mild hepatomegaly with slightly coarse echotexture
- Mild nephrocalcinosis

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The splenic changes may reflect extramedullary hematopoiesis given the reported anemia; however, infiltrative disease cannot be ruled out, and splenic aspirate is recommended to further define. Liver changes are common benign age-related change and are relatively mild. Given the patient's anemia, liver aspirate should be considered to rule out other disease. Additional diagnostic considerations for this patient's anemia include pathology review with CBC, reticulocyte count, infectious disease, anemia panel, and thoracic radiographs to rule out thoracic neoplasia. Ultimately, bone marrow aspirate may be required for attempt at definitive diagnosis pending results of above.



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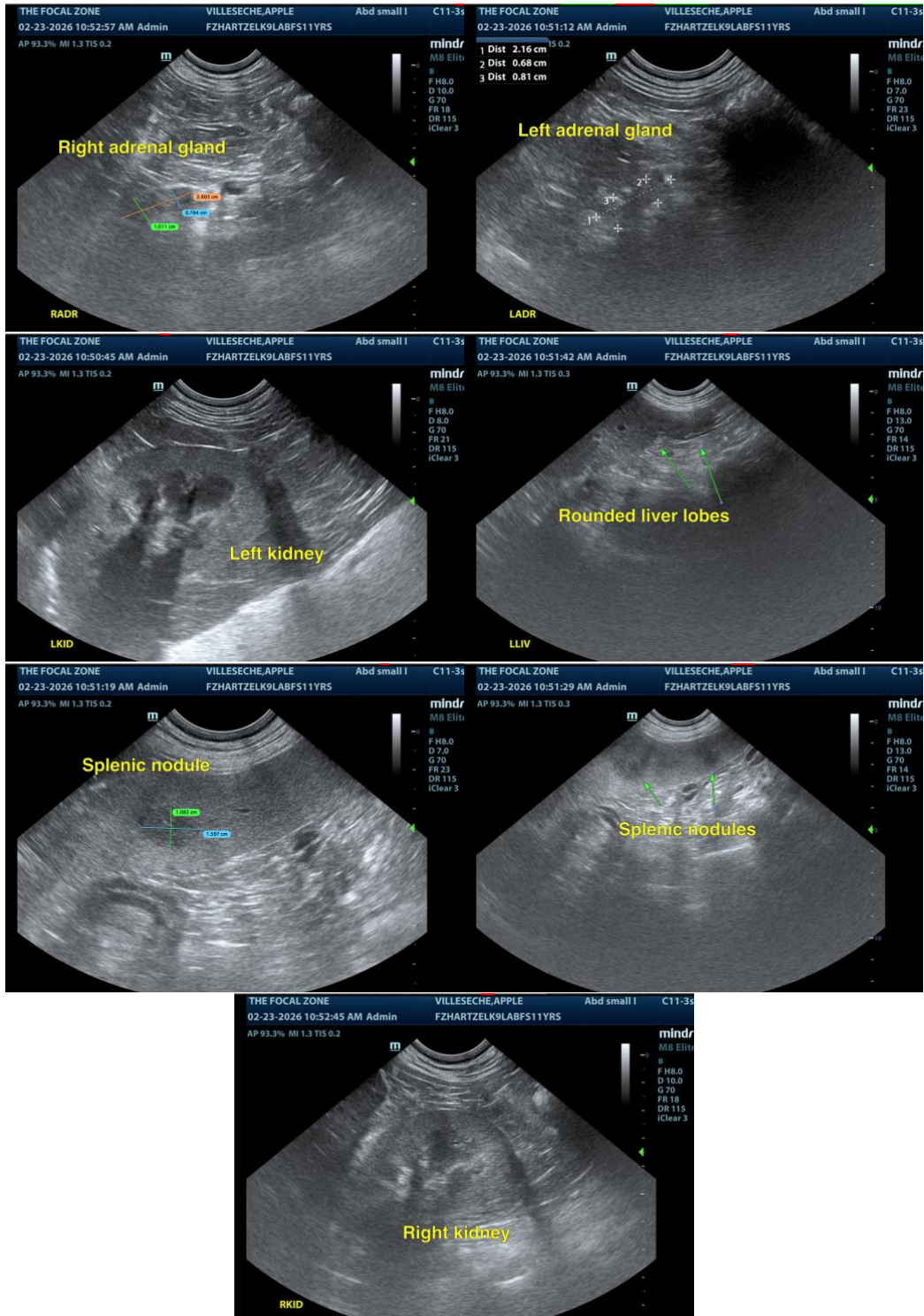
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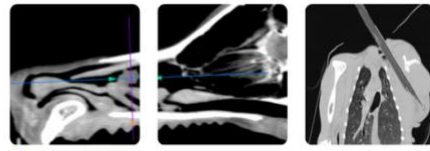
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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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