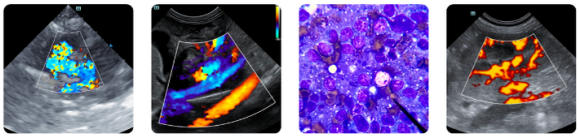

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PATIENT

Bentley Leighton

SPECIES

Canine

BREED

Toy Poodle

SEX

MN

AGE

11 years

WEIGHT

3.68 kg

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Grahan Animal Hospital

REFERRING VET

Dr. Seager

INVOICE

11260

DATE

2/6/2026

PRESENTING CLINICAL SIGNS

- presented as second opinion yesterday, had seen their rDVM the day before, given Emavert injection and SQ fluids at that time. Presented for inappetance since Sunday, lots of vomiting since Monday, unable to even drink water. Severe lethargy since Sunday. Owner notes that she did see a small piece of something yellow (maybe a toy?) in the vomit and lots of dark brown colouring to the vomit. First vomit looked like a tube in shape of undigested kibble. Vomiting stopped around 2pm yesterday and was able to eat 15 kibble.
- Current Medications: Emavert inj (at other clinic), Cerenia 8 mg PO once daily given last, Clavseptin 50 mg PO BID, Denamarin 90 mg PO once daily, Sulcrate 2 ml PO twice daily, Famotidine 2.5 mg PO twice daily, unsure which all has been given as just dispensed last night, can confirm at time of ultrasound.

Abnormal PE/Chem/CBC/UA Results: Labs 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 kidneys have a smooth capsule and with hazing of corticomedullary definition to the point of inability to determine cortical/medullary ratio. No evidence of pelvic dilation was present. Hyperechoic, shadowing foci present in renal parenchyma and calyces consistent with nephrocalcinosis is noted. Left kidney measures 3.5 cm in length, and the right kidney measures 3.38 cm in length. Visualization of the right kidney is somewhat limited by overlying gas full GI tract.

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. Left adrenal measures 1.7 cm in length, 0.6 cm at the caudal pole and 0.51 cm at the cranial pole. Right adrenal measures 1.34 cm in length, 0.52 cm at the caudal pole and 0.98 cm at the cranial pole.

Spleen

The tail of the spleen contains a 1.19 cm x 1.28 cm hypoechoic, capsular distending mass.

Liver

The liver is subjectively normal in size. Parenchyma is generally slightly heterogenous with a coarse appearance. There is a roughly spherical, capsular distending mass at the tip of a liver lobe measuring 0.83 cm x 1.3 cm.

Gall bladder is distended with hyperechoic non-shadowing debris. Which appears adhered to the gallbladder wall. There is free fluid in the gallbladder fossa.

Gastrointestinal

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

Free Abdomen

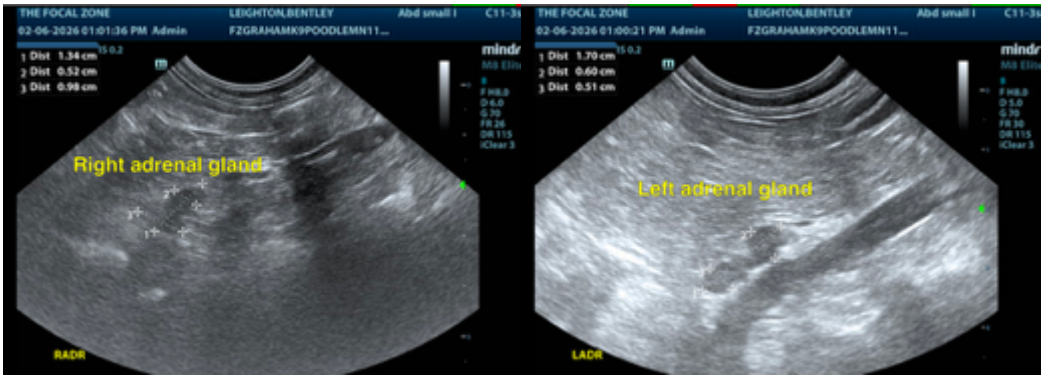
There is scant free fluid in the gallbladder fossa, as well as a small amount noted in the cystocolic view.

ULTRASONOGRAPHIC FINDINGS

- Splenic mass.
- Small liver mass.
- Gallbladder distension with fluid in the gallbladder fossa – concern for ruptured mucocele.
- Degenerative renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gallbladder changes together with fluid in the gallbladder fossa as well as patient's severe clinical signs are concerning for a ruptured gallbladder mucocele. Abdominal explored should be strongly considered. The clinical significance of liver and splenic masses is uncertain. The liver mass is relatively small and may be a benign or emerging neoplasia that may or may not be related to the mass in the spleen. Biopsy or removal of masses at the time of surgery could be considered pending patient's stability.



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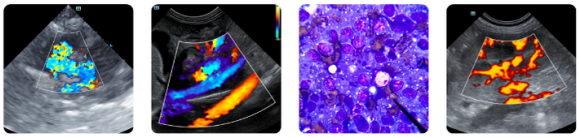

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Educational Teleconsultation Services™

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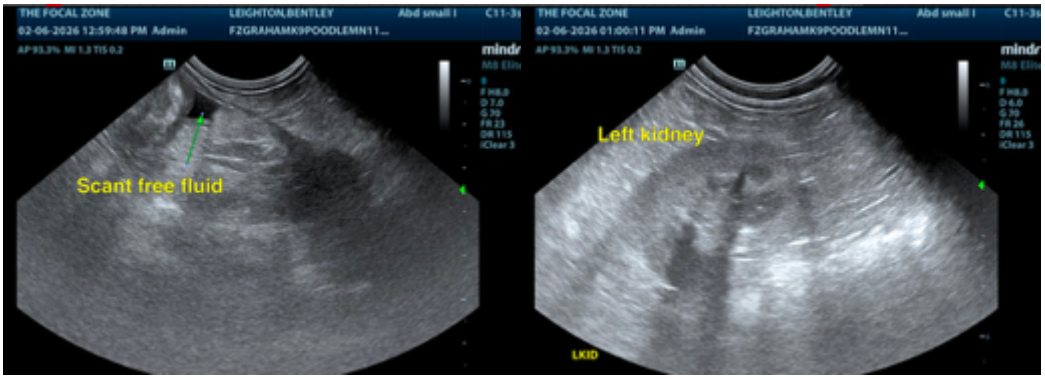

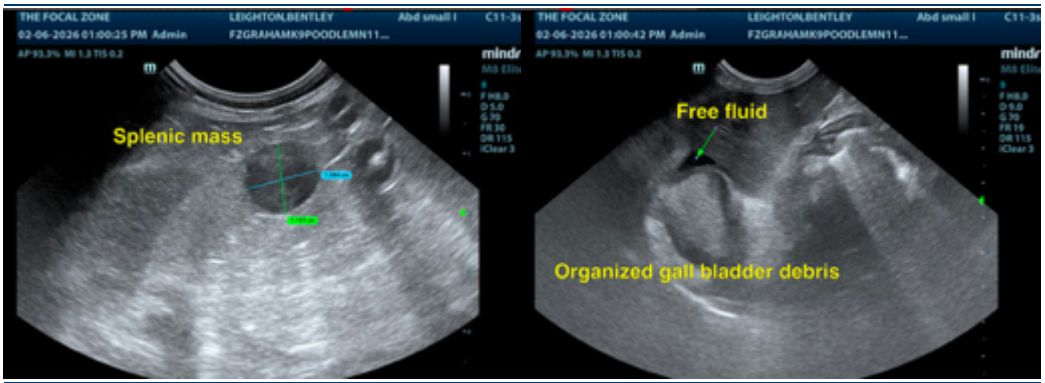

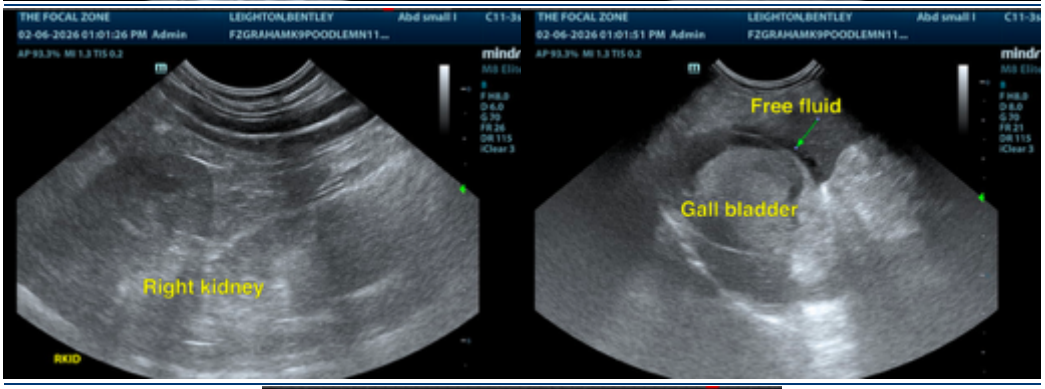

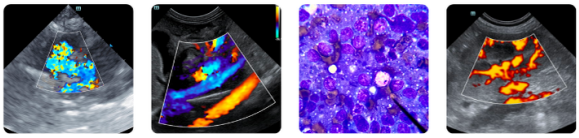

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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