



PATIENT

Ivan Walling

SPECIES

Canine

BREED

German Shepherd

SEX

MN

AGE

8 years

WEIGHT

66 lbs

INTERPRETED BY

Dr Brittany Sinclair,
BVSc(hons),
DACVECC

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Hackettstown AH

REFERRING VET

Dr. Nause

INVOICE

11262

DATE

2/6/2026

PRESENTING CLINICAL SIGNS

- Elev. ALT, Needs anesthesia for growth removal.

Abnormal PE/Chem/CBC/UA Results: ALT-186 Glob-2.8 ALP-87.

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 6.8 cm in length, and right kidney measures 6.34 cm in length.

Adrenal Glands

The left 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. Left adrenal measures 2.71 cm in length, 0.76 cm at the cranial pole and 0.76 cm at the caudal pole.

The right adrenal gland was not distinctly visualized.

Spleen

The spleen contains a slightly capsular distending nodule measuring 1.5 cm x 1.6 cm with a central hypoechoic area measuring 0.5 cm x 0.5 cm. Remainder of splenic parenchyma is slightly mottled. No distinct masses are visualized.

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.

The gall bladder is moderately distended with anechoic fluid, with hyperechoic non-shadowing gravity dependent debris present. There is no surrounding free fluid or signs of active inflammation.

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.

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



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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.

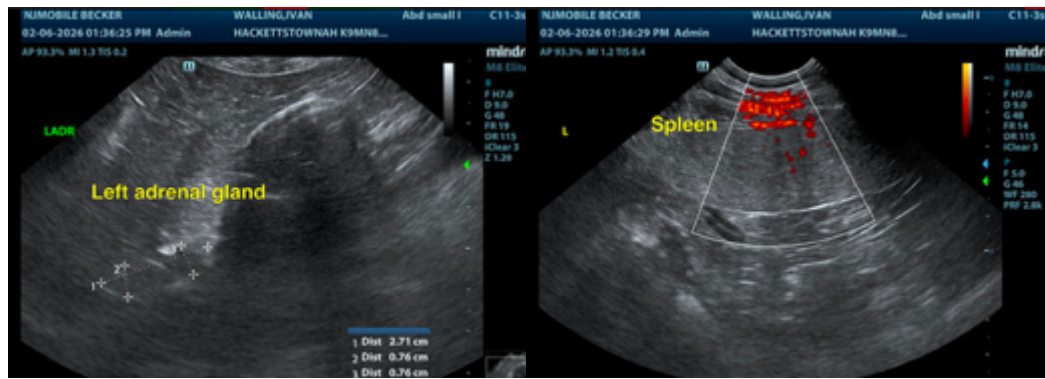
ULTRASONOGRAPHIC FINDINGS

- Capsular distending splenic nodule.
- Mild gallbladder debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver parenchyma appears normal and there is no ultrasonographic explanation for the elevated liver enzymes in this patient. There is no significant disruption of architecture noted to suggest significant pathology. Low grade inflammatory hepatopathy/reactive hepatopathy is a likely cause of LE elevations. Fine needle aspirate and bile acid profile could be considered. Given the very mild elevation in ALT, and lack of significant hepatic changes, planned growth removal is not unreasonable. Ultimately liver biopsy is often required for more definitive diagnosis. Empiric treatments (SAM-E, milk thistle, Vitamin E, ursodiol if bilirubin elevated or gall bladder sludge) could be tried and liver enzymes re-evaluated, especially if liver FNA does not show significant pathology before more invasive liver sampling is pursued.

Splenic nodule is small but has the ultrasonographic features concerning for a mass. It may represent neoplasia with a primary differential being early hemangiosarcoma or may be a benign growth such as a hemangioma or hematoma. FNA is recommended. Consideration for splenectomy is reasonable given the aggressive nature and rapid progression of hemangiosarcoma, though this nodule does not overtly have the appearance of aggressive neoplasia. Repeat ultrasound evaluation (every 2-3 months) for progression or resolution could alternatively be considered, though this increases the chances of spread if malignant neoplasia is the underlying cause.





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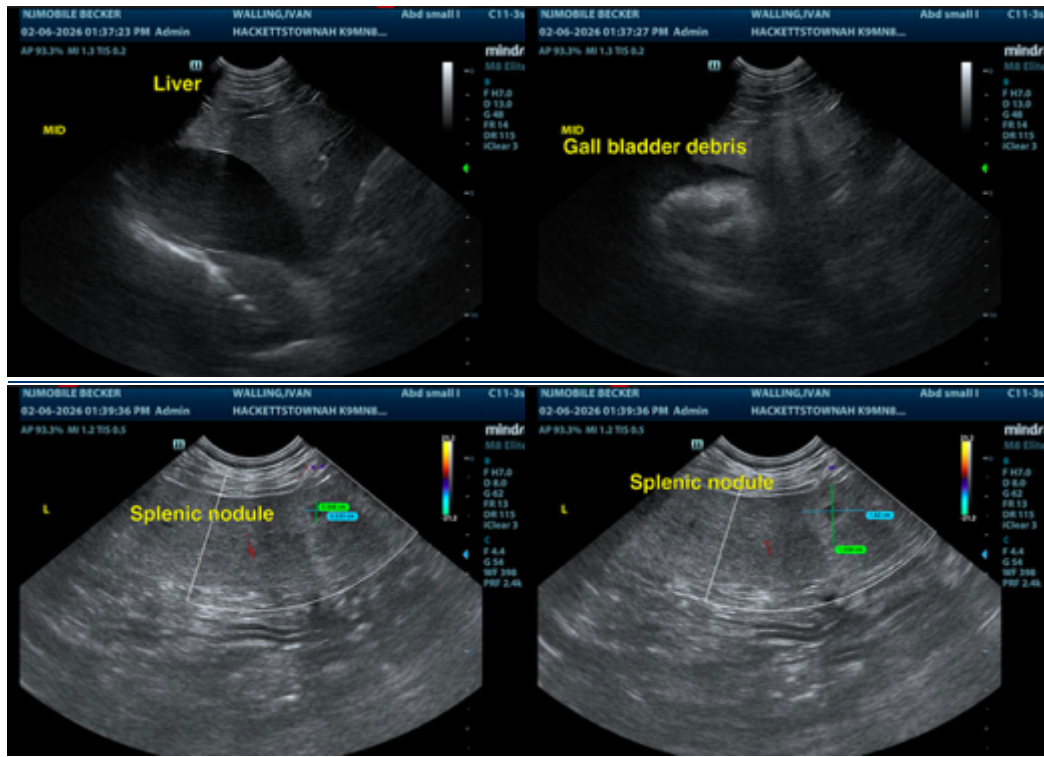
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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