



PATIENT

Lily Provincial Animal Welfare Services PAWS

SPECIES

Canine

BREED

German Shepherd

SEX

FS

AGE

Approx 7 years

WEIGHT

46.5 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

11445

DATE

3/11/2026

PRESENTING CLINICAL SIGNS

- Vomiting, lethargy, PE 5% dehydration, HR 100, BP normotensive, BCS 7/9, urine stained coat otherwise NSF.
- Baseline CBC/Chem unremarkable.
- Fed wet food in clinic last night around 4 am, vomited at 9:30am which was wet food and kibble - did not eat kibble in hospital.
- Start Trazodone Gabapentin, Methadonem Butorphanol

Abnormal PE/Chem/CBC/UA Results: 4dx and pancreatic lipase 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 left kidney was normal in 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. Hyperechoic, shadowing foci present in renal parenchyma and calyces consistent with nephrocalcinosis is noted.

The kidneys have a smooth capsule and with mild hazing of corticomedullary definition. No evidence of pelvic dilation was present. Hyperechoic, shadowing foci present in renal parenchyma and calyces consistent with nephrocalcinosis is noted.

Adrenal Glands

Adrenal glands are visualized and measured on still images only. Resolution is inadequate to assess glandular detail or confirm measurement.

Left adrenal measures 2.6 cm in length, 0.62 cm at the caudal pole and 0.63 cm at the cranial pole. Right adrenal measures 2.55 cm in length, 0.41 cm at the caudal pole and 1.15 cm at the cranial pole.

Spleen

The spleen is diffusely enlarged with a mottled to micronodular echotexture. There are no specific masses visualized. Though there is some rounding at the head of the spleen.

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 contains some gas shadowing but is not overtly distended. On images taken with the small curvilinear probe, stomach wall appears thickened and hypoechoic with loss of wall layering. Images taken with the phased array probe have a more normal thickness and normal wall appearance.

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

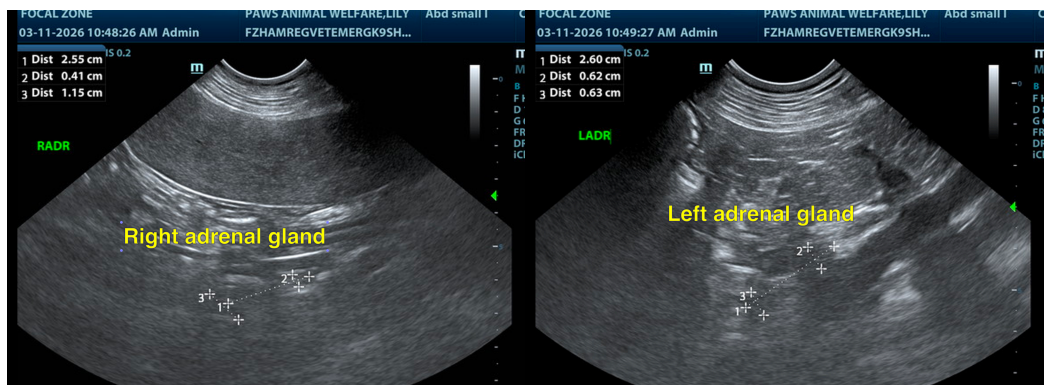
The area of the pancreas was isoechoic to surrounding tissue with no overt inflammation. Pancreatic tissue was not distinctly visualized which is common.

ULTRASONOGRAPHIC FINDINGS

- Splenomegaly with mottled/micronodular echotexture.
- Gastric wall thickening with loss of wall layering on some images.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Splenomegaly with parenchymal changes is concerning for infiltrative disease and FNA is recommended. This may also reflect passive congestion, a reactive or inflammatory change, or be secondary to immune stimulation. Gastric wall thickening is of uncertain clinical significance. Given the reported vomiting, gastritis or infiltrative disease such as lymphoma or other neoplasia, is possible. Ultimately, gastric biopsies should be considered. Given the more differing appearance on different probes, supportive care for gastritis, and seeing response to treatment is reasonable prior to pursuing more invasive gastric biopsy.





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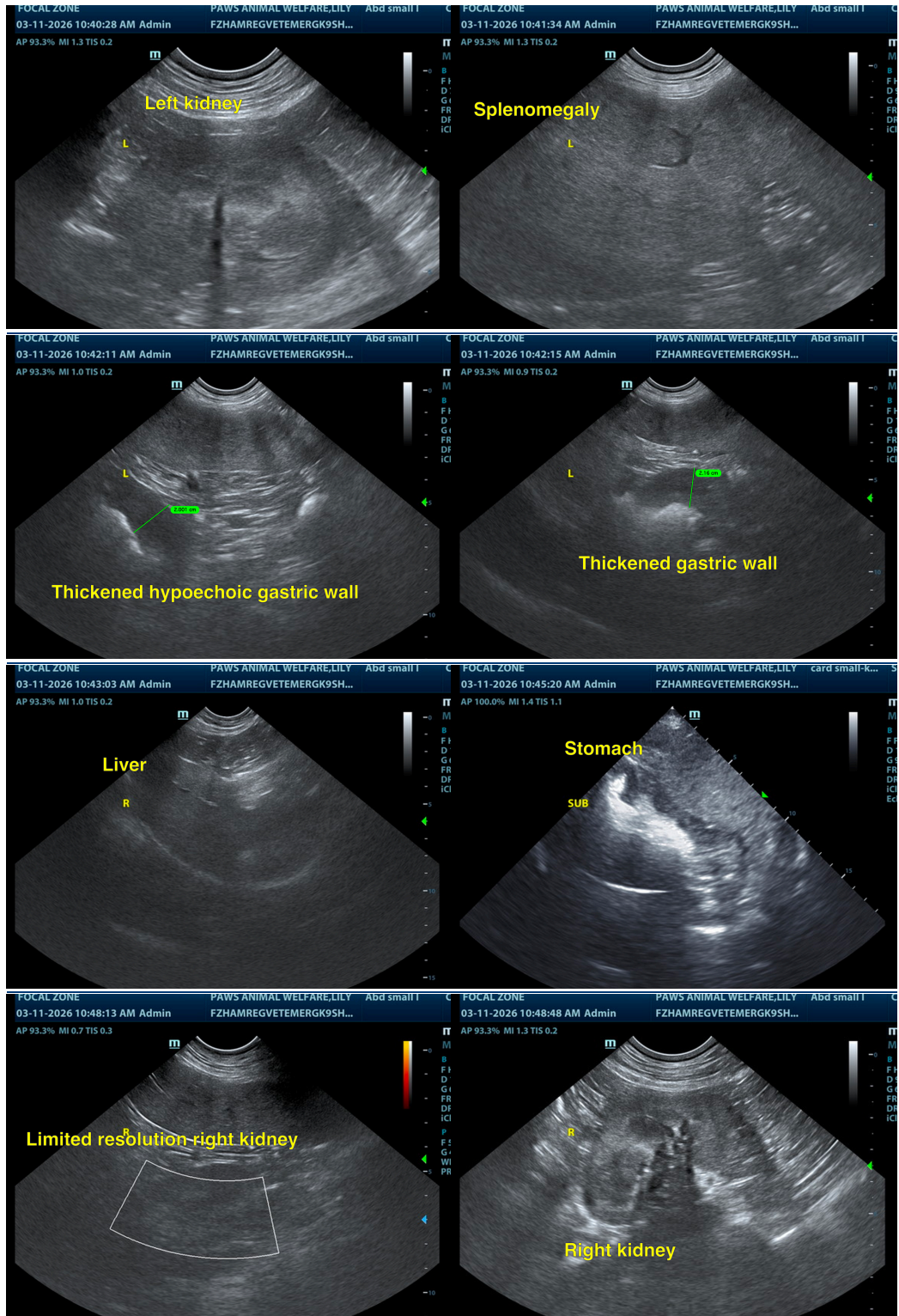
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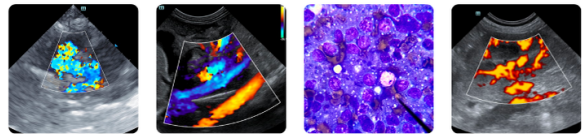
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com