



PATIENT PRESENTING CLINICAL SIGNS

Goose Patterson

SPECIES

Canine

BREED

Aussie

SEX

Neutered Male

- Diarrhea and vomiting for the past 12h started March 4th
- -Consistently vomiting in the last 12 hours
- -Diarrhea started 48hours from Mar 4th
- -Fecal has greasy mucus like coat
- -Fecal score is 7 out of 7
- -Vomiting very consistently
- Returned for follow up today
- -Was on Cerenia and when off of it started to drool
- -Last night the drooling stopped and was vomiting
- Exam mostly WNL but P vomited immediately after abdominal palpation today
- Current Medications
- Cerenia 60mg, Tylosin 400mg, Sulcrate 1g/5ml

AGE

13 Years

Abnormal PE/Chem/CBC/UA Results: see attached rads BW including cPL WNL Radiographic Findings Barium series - delayed gastric emptying (barium present in stomach for 5+ hours); dilated SI loops (barium filled) Primary Question to Be Answered in This Exam Fb vs Mass vs ileus

WEIGHT

26.4 kg

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.

INTERPRETED BY

Dr Brittany Sinclair,
 BVSc(hons), DACVECC

Visible prostate is normal in size has uniform echotexture with no fluid accumulations, masses or other abnormalities

IMAGING PERFORMED BY

Amanda Stewart

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. Pinpoint areas of cortical mineralization. Visualization of kidneys is somewhat limited by what appears to be heavy panting and overlying gas filled shadowing GI tract. The left kidney measured 6.81 cm in length. The right kidney measured 6.70 cm in length.

HOSPITAL NAME

Acton Vet Clinic

REFERRING VET

Dr. Shah

Adrenal Glands

The left adrenal gland is not distinctly visualized but area is well visualized and surrounding vasculature appears normal. The left adrenal gland measured 1.53 cm in length and 0.37 cm at the caudal pole and 0.54 cm at the cranial pole.

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Right adrenal gland was visualized on still image 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.

DATE

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Spleen



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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.

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Liver

The liver is visualized and has a generally normal size and shape in some views. Parenchyma is diffusely coarse with some poorly defined nodules noted throughout. In the right liver, there is a large, roughly spherical, complex, cavitated mass measuring approximately 8.0 cm by 8.0 cm.

BREED

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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 significant amount of gas shadowing.

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Within the small intestine, there is a focal loop with wall thickening due to severely thickened muscularis layer most consistent with small intestinal mass. Multiple other loops of small intestine are visualized and are within normal limits.

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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.

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Pancreas

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

Lymph Nodes

No clinically significant lymphadenopathy or abnormalities noted.

IMAGING PERFORMED BY

Amanda Stewart

Free Abdomen

Scant volume of free fluid is visualized.

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ULTRASONOGRAPHIC FINDINGS

- Small intestinal mass.
- Cavitated liver mass.
- Renal nephrocalcinosis.

REFERRING VET

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The small intestinal mass is not overtly obstructive, though there is a large amount of gas shadowing throughout the small intestine. The shadowing may also represent barium in the small intestine, which causes shadowing on ultrasound. Clinically, it appears to be an obstructive mass. Abdominal explore with plan for resection and anastomosis should be considered.

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The clinical significance of the cavitated liver mass is uncertain, but pending patient stability, this could be assessed and removed within the same surgery.



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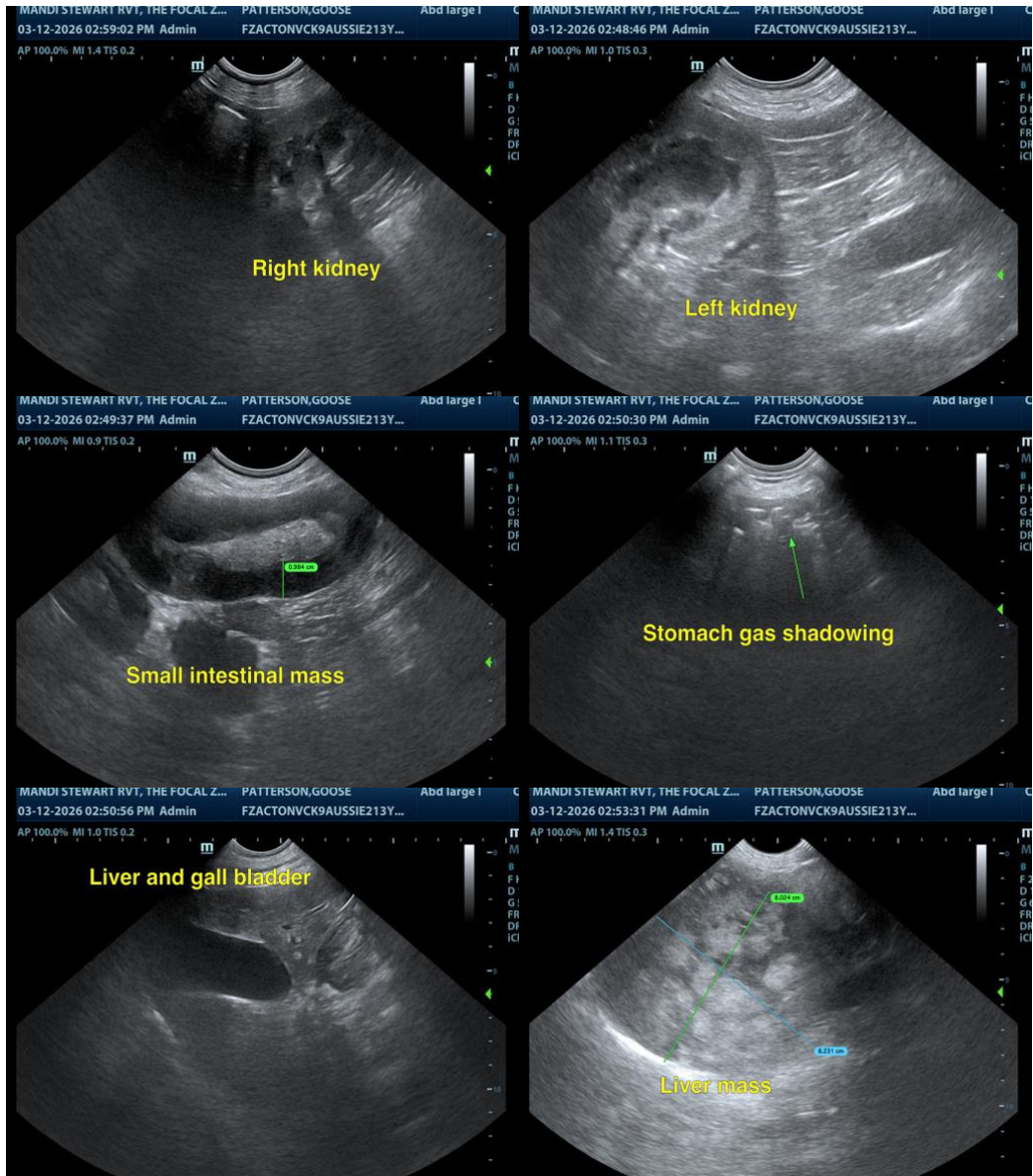
Dr. Shah

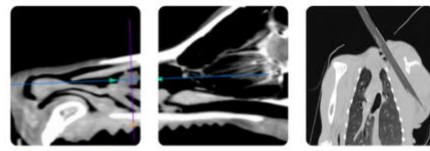
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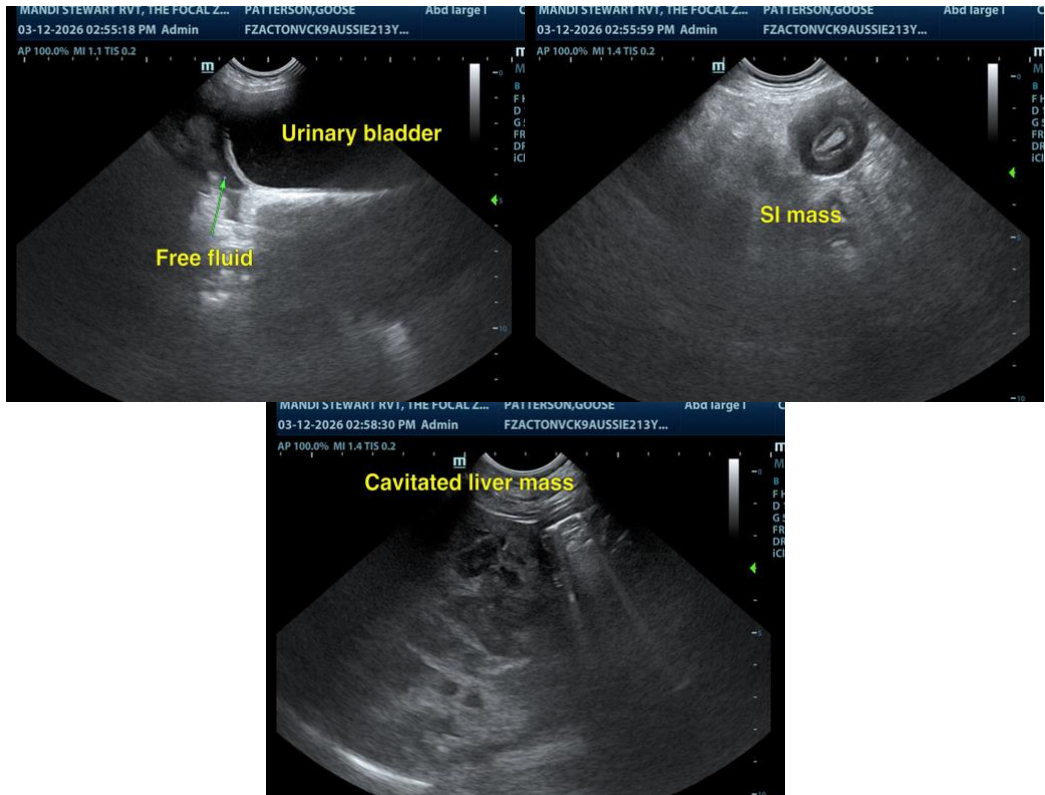
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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