



PATIENT

Jasmine Palmer

SPECIES

Canine

BREED

Golden Retriever x

SEX

Female

AGE

14 Years 3 Months

WEIGHT

50.6 lbs

INTERPRETED BY

Dr Brittany Sinclair,
BVSc(hons),
DACVECC

IMAGING PERFORMED BY

Aaron Lucas, DVM,
PhD

HOSPITAL NAME

Taylorville Veterinary
Clinic

REFERRING VET

Ashleigh Bissett, DVM

INVOICE

73634

DATE

3/12/26

PRESENTING CLINICAL SIGNS

Presented on 2/26/26 for recent episodes of epistaxis which is sporadic since 2/14/26. Bleeding appears to originate from left nostril. Airflow on exam appears adequate and symmetrical. Bleeding is described as dripping and not gushing by owner. Last episode of epistaxis reported by owner was Sunday 3/8/26. Jasmine's appetite, water intake, urination, and defecation are all reported as normal. There has been no vomiting, diarrhea, coughing, or known toxin exposure. Jasmine has a dermatology referral appointment scheduled for late March for worsening non-pruritic alopecia since October 2025. Suspicious for firm cranial abdominal mass upon abdominal palpation

Abnormal PE/Chem/CBC/UA Results: In house labs were performed: Albumin 4.3 H, ALT 185 H, TBili 1.4 H (patient was not icteric on presentation)

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 5.12 cm. Right kidney measured 5.66 cm.

Adrenal Glands

The adrenal glands are bilaterally enlarged with a heterogeneous echotexture. No specific masses or nodules are seen. Visible phrenic vasculature is unremarkable. Left measures 2.43 cm in length x 0.85 cm at the caudal pole and 1.11 cm at the cranial pole. Right measures 3.37 cm in length x 0.96 cm at the caudal pole and 1.57 cm at the cranial pole.

Spleen

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.

Liver

The liver is subjectively enlarged with a diffusely coarse echotexture. There are multifocal variably sized hypoechoic nodules noted throughout the parenchyma.

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

Gastrointestinal

The stomach contains gas shadowing, obstructing full visualization of contents with no overt distention. 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 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

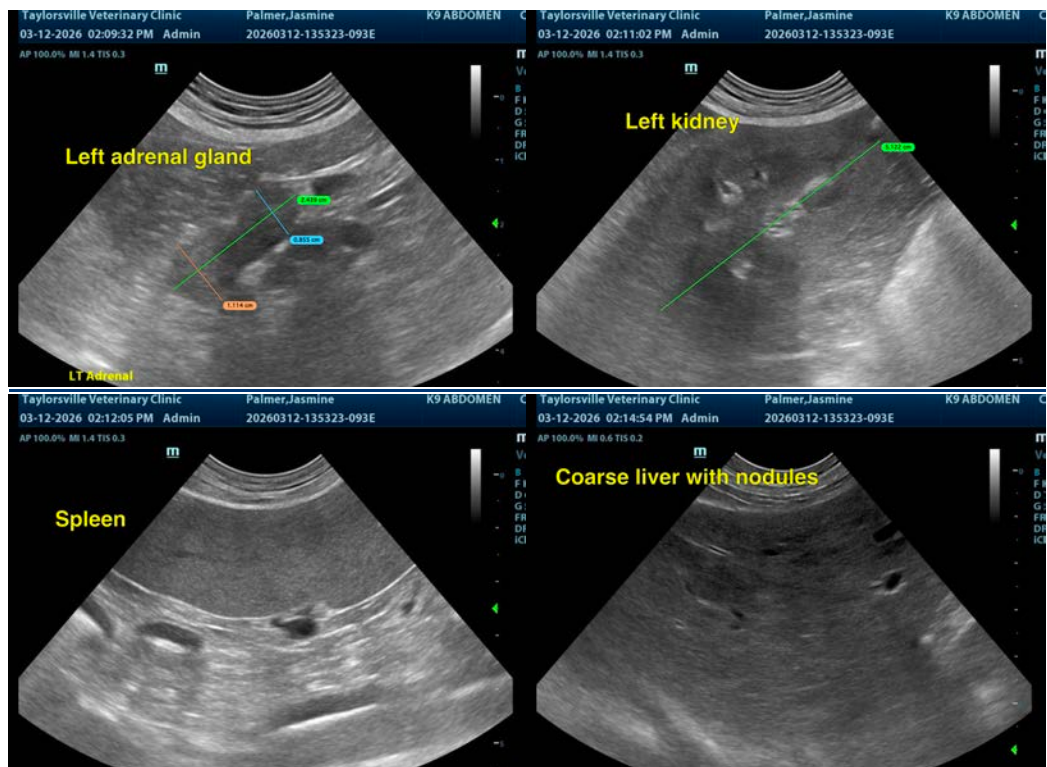
No clinically significant lymphadenopathy or abnormalities noted. No free fluid noted.

ULTRASONOGRAPHIC FINDINGS

- Bilateral adrenomegaly.
- Hepatomegaly with diffuse nodules – likely vacuolar hepatopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Adrenomegaly is bilateral and is suspected to represent hyperadrenocorticism, given the hepatic changes. Liver changes are most consistent with a vacuolar hepatopathy. Liver FNA should be considered to further define. There are no changes in the abdomen to explain the reported unilateral epistaxis, though hypertension caused by hyperadrenocorticism is a differential. Coagulation testing is recommended. Ultimately, CT/rhinocopy may be required.





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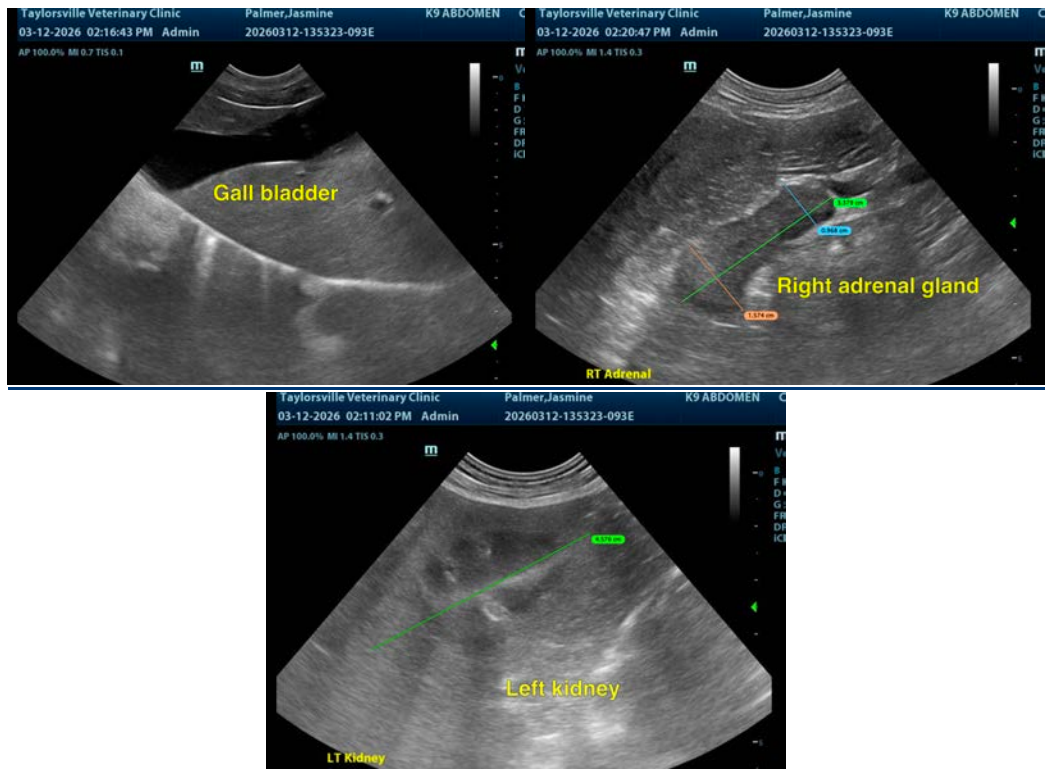
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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