



PATIENT	PRESENTING CLINICAL SIGNS
Oliver Pisano	Wt loss, mass effect on rads, monocytosis. Current meds: Ondansetron 8mg BID, Galliprant
SPECIES	Abnormal PE/Chem/CBC/UA Results: ALKP 878, Glob 4.0, WBC 23K, Mono 10530, Lymphs 7722 U/A: pH 6.5, usg 1.004
Canine	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
BREED	Urinary System
Labrador Retriever x	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.
SEX	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 8.13 cm. Right kidney measures 7.9 cm.
Neutered Male	Adrenal Glands
AGE	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 measures 2.47 cm in length x 0.65 cm in thickness. Right measures 4.03 cm in length x 1.59 cm at the caudal pole and 2.02 cm at the cranial pole.
6 Years	Spleen
WEIGHT	The spleen is subjectively normal in size with a diffusely micronodular echotexture. No specific masses were seen.
104 lbs	Liver
INTERPRETED BY	The liver is subjectively enlarged and slightly hyperechoic with otherwise normal parenchyma. No specific masses or nodules visualized.
Dr Brittany Sinclair, BVSc(hons), DACVECC	Gall bladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally.
IMAGING PERFORMED BY	Gastrointestinal
Meghan Morse, LVT, CVT	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.
HOSPITAL NAME	The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with gas throughout with no overt distention. 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.
Shohola Veterinary Hospital	Sections of colon are visualized with gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.
REFERRING VET	
Dr. DeMeo	
INVOICE	
73611	
DATE	
3/12/26	



PATIENT

Oliver Pisano

SPECIES

Canine

BREED

Labrador Retriever x

SEX

Neutered Male

AGE

6 Years

WEIGHT

104 lbs

INTERPRETED BY

Dr Brittany Sinclair,
BVSc(hons),
DACVECC

IMAGING PERFORMED BY

Meghan Morse, LVT,
CVT

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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

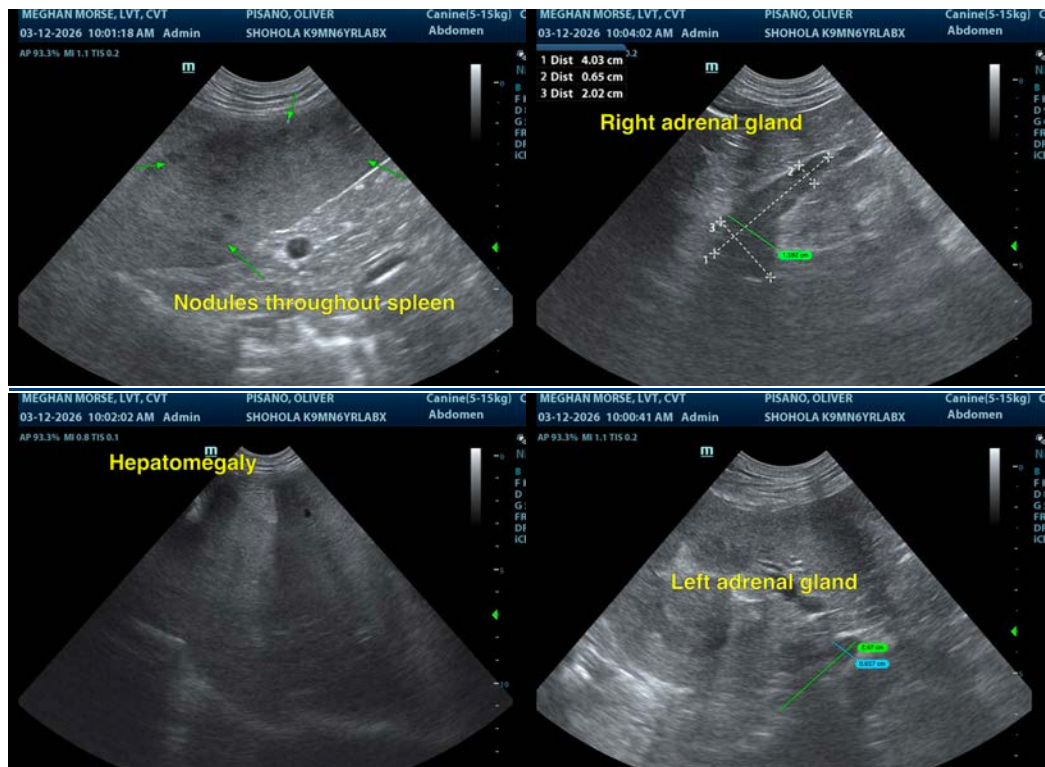
- Micronodular spleen.
- Hepatomegaly.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The splenic parenchymal changes together with hepatomegaly and reported weight loss is concerning for infiltrative disease. Liver and splenic aspirates are recommended to screen for lymphoma and other potential round cell neoplasia. No other cause of weight loss was identified on abdominal ultrasound.

The right adrenal gland measured slightly enlarged. It was otherwise normal in appearance, and given the large patient size, I suspect this is a variation of normal. Adrenal gland function testing could be considered if clinically indicated. This would not be a likely cause of weight loss.

No specific abdominal mass was seen on this ultrasound.





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**IMAGING
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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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