



PATIENT

Roxy Chaves

SPECIES

Canine

BREED

Morkie

SEX

FS

AGE

4.5 years

WEIGHT

7.4 kg

INTERPRETED BY

Dr Brittany Sinclair,
 BVSc(hons),
 DACVECC

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

East Credit VH

REFERRING VET

Dr. Gardiner

INVOICE

11464

DATE

3/12/2026

PRESENTING CLINICAL SIGNS

- Clinically normal, owner noticed a distended abdomen after Roxy stayed with her daughter for some time.
- Noted on exam March 12/26 and abdominal distension has progressed with muscle atrophy over the spine.
- Normal appetite, no V/D/C/S.
- No meds.

Abnormal PE/Chem/CBC/UA Results: Bloodwork 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 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 3.81 cm in length, the right kidney measures 3.72 cm in length.

Adrenal Glands

The adrenal glands are not visualized.

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

Visualization of liver is significantly limited by the large volume of fluid and overlying gas filled GI tract. Visible portions of the liver and gallbladder appear normal with normal parenchyma and no masses, or nodules seen within the liver parenchyma.

Gastrointestinal

The stomach is not well visualized.

Loops of small intestines are visualized floating in the large volume of fluid. Some loops of intestine are thickened with a hyperechoic mucosal layer. Wall layering is intact and there are no specific masses seen.

Sections of colon are visualized with gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas



PATIENT The pancreas was not visualized.

Roxy Chaves **Free Abdomen**

SPECIES There's a large volume of anechoic fluid visualized in every quadrant.

Canine **ULTRASONOGRAPHIC FINDINGS**

- Large volume of abdominal effusion.
- Thickened hyperechoic small intestinal loop - Likely protein losing enteropathy.

Morkie **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

SEX The abdominal effusion together with changes to the small intestine as well as panhypoproteinemia, hypocholesterolemia and patient signalment are most consistent with protein losing enteropathy. Abdominocentesis is recommended - if fluid is clear with a total solids of zero (pure transudate), this is consistent with a low oncotic pressure caused effusion - in this case due to protein loss through the GI tract. If the fluid is of any other nature, fluid analysis and cytology is recommended. Ultimately small intestinal biopsy is necessary to attempt to determine an underlying cause, though patients with low albumin levels often have trouble healing. Treatment involves diet modification (hydrolyzed or novel protein), GI support as needed and steroid therapy. Therapeutic abdominocentesis can be helpful in alleviating GI signs - goals of therapy are not to remove every drop of fluid, but to reduce the volume to decrease the pressure surrounding the organs and especially the GI tract which can decrease appetite, cause lethargy etc.

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Other causes of low albumin cannot be completely ruled out by this study and urinalysis is recommended to evaluate for protein losing enteropathy. Hypoadrenocorticism should be ruled out with a baseline cortisol +/- ACTH stimulation test. This would be an unusual presentation of this disease. Liver function should be assessed with a bile acid profile - this would also be an unusual presentation of liver failure related hypoalbuminemia. For completeness thoracic radiographs and an echocardiogram to rule out right sided heart failure should be considered. This would generally cause a modified transudate effusion, rather than a pure transudate.

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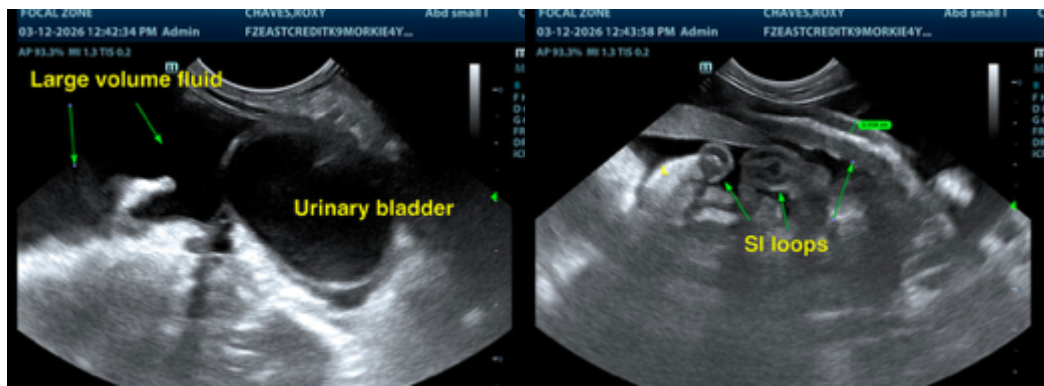
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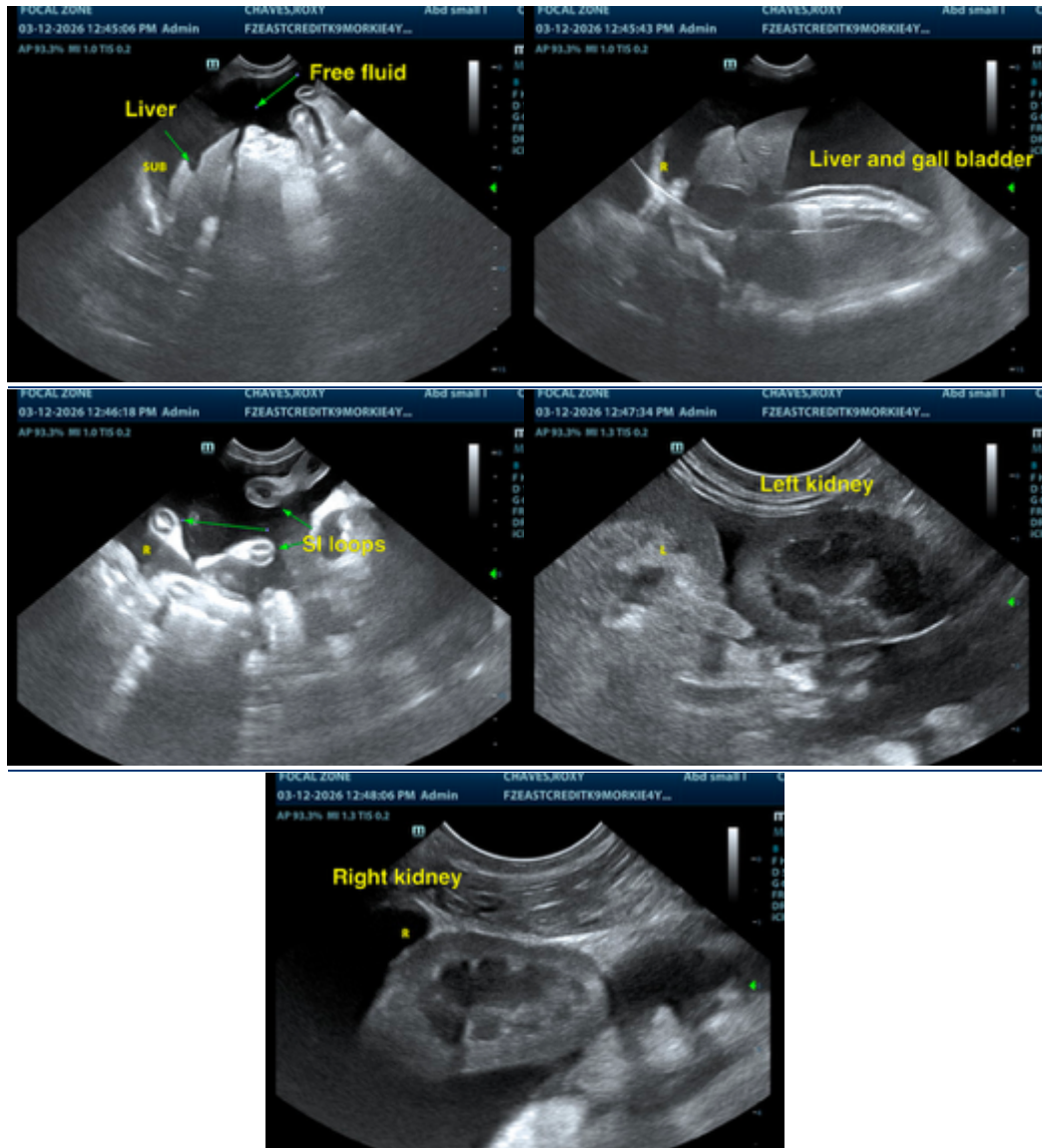
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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