



PATIENT

Murphy Long

SPECIES

Canine

BREED

Rottweiler

SEX

MN

AGE

10 years

WEIGHT

52.9 kg

INTERPRETED BY

Dr Brittany Sinclair,
 BVSc(hons),
 DACVECC

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Hartzel AH

REFERRING VET

Dr. Hobbs

INVOICE

11473

DATE

3/13/2026

PRESENTING CLINICAL SIGNS

- Here for annual exam 2 weeks ago, no significant findings
- returned yesterday for lepto booster and noted potty belly and pale pink MM
- Owner reports some decrease in his activity levels and may seem a bit uncomfortable
- tech here put probe on and could see free fluid

Abnormal PE/Chem/CBC/UA Results: Gabapentin and Trazodone given Please see attached blood results.

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.

Not visualized in this study likely due to intrapelvic location.

The left kidney was 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 7.89 cm in length.

Full visualization of the right kidney is hindered by overly gas filled GI tract. The caudal pole of the right kidney is well visualized and appears to have normal size, shape, position, and structure.

Adrenal Glands

The adrenal glands were not distinctly visualized.

Spleen

Within the body of the spleen, there is an approximately 8.7 cm x 6.6 cm hypoechoic, partially cavitated, roughly spherical mass.

Liver

The liver is diffusely effaced with multifocal variably size, heterogenous nodules. Some of which are coalescing. Some of which have a hyperechoic center consistent with target lesions.

Gall bladder is moderately distended with normal wall thickness and anechoic contents.

Gastrointestinal

The stomach is not well visualized.

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.



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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 pancreas is not distinctly visualized.

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Free Abdomen

There is echogenic fluid visible throughout the abdomen.

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- Large splenic mass.
- Diffuse hepatic nodules – Likely metastatic neoplasia.
- Abdominal effusion.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Masses in the spleen and diffuse hepatic nodules are concerning for metastatic neoplasia with hemangiosarcoma being a top differential. Abdominal effusion is suspected to represent hemorrhage. Abdominocentesis is recommended to confirm or refute this finding. Aspirate of lesions could be considered to further characterize, especially if consultation with a veterinary oncologist is desired. Surgical resection is not likely to increase survival time and is not generally recommended - consultation with a veterinary surgeon could be pursued to discuss further. Palliative care and humane euthanasia when quality of life is unacceptable is not unreasonable.

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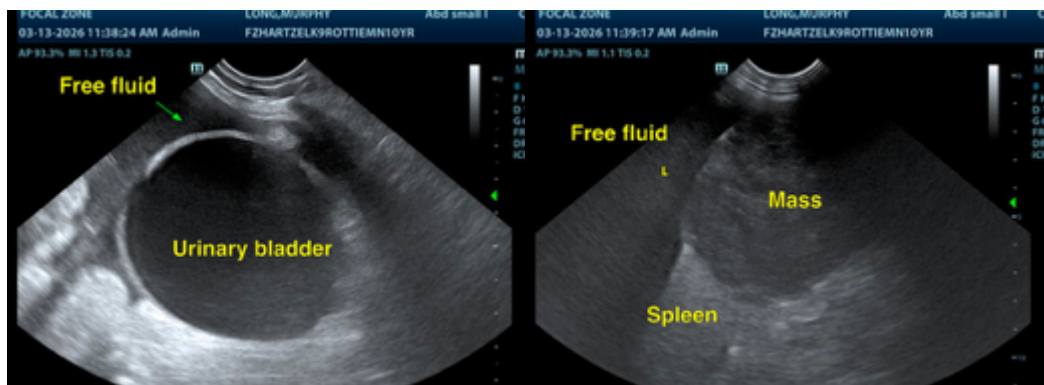
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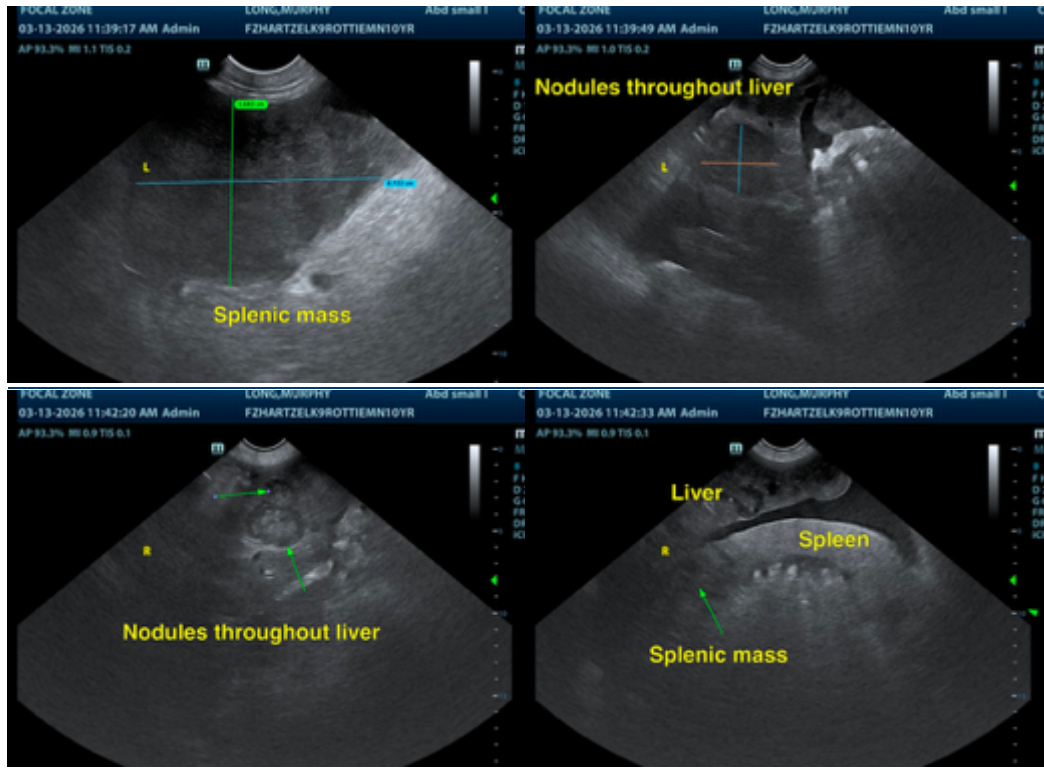
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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