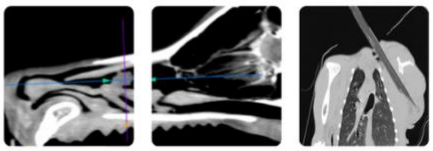


PATIENT

Luna Adam

SPECIES

Canine

BREED

Terrier X

SEX

Spayed Spayed

AGE

9 Years

WEIGHT

12.7 kg

INTERPRETED BY

Brittany Sinclair DVM, DACVECC

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

East Plains AH

REFERRING VET

Dr. Hindle

INVOICE

36251

DATE

3/16/26

PRESENTING CLINICAL SIGNS

- Chronic history of intermittent hyporexia, non-productive hacking cough every 9 months or so (chronic for years), recent episode of acute vomiting. Weight loss noted. Cough is exacerbated/triggered by excitement. On examination Grade 2/6 left apical systolic heart murmur, noted chronically for years since she was initially rescued. Lungs clear on auscultation. Mild discomfort on palpation of cranial abdomen.
- Current Medications: Nexgard Spectra monthly prevention. gabapentin for sedation prior to ultrasound (10mg/kg PO night before and 1-2 hr prior).
- Abnormal PE/Chem/CBC/UA Results: ALT 736U/L, otherwise chem 10 WNL. CBC- mild thrombocytosis. 4dx negative.

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 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. The left kidney measured 5.19 cm in length. Hyperechoic, shadowing foci present in left renal parenchyma and calyces consistent with nephrocalcinosis.

Visualization and resolution of the right kidney is somewhat limited by overlying gas filled GI tract. It appears of normal size, structure, and position. The right kidney measured 4.82 cm in length.

Adrenal Glands

Adrenal glands were not distinctly visualized. The area of the adrenal glands and surrounding vasculature were normal.

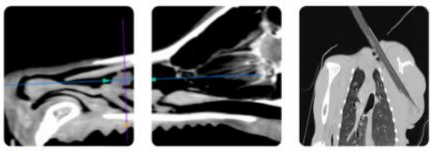
Spleen

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 normal in size with normal contours and structure. There is age-appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion.

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



PATIENT

Luna Adam

SPECIES

Canine

BREED

Terrier X

SEX

Spayed Spayed

AGE

9 Years

WEIGHT

12.7 kg

INTERPRETED BY

Brittany Sinclair DVM, DACVECC

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

East Plains AH

REFERRING VET

Dr. Hindle

INVOICE

36251

DATE

3/16/26

Gastrointestinal

The stomach contains ingesta. 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 layering maintaining the typical 1:3 muscularis: mucosa layer ratio. There were no focal lesions consistent with obstruction or a mass effect observed.

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.

Pancreas

The area of the pancreas was isoechoic to surrounding tissue with no overt inflammation. Pancreatic tissue was not distinctly visualized which is common.

Lymph Nodes

No clinically significant lymphadenopathy or abnormalities noted.

Free Abdomen

No masses or free fluid were noted.

ULTRASONOGRAPHIC FINDINGS

- Left renal nephrocalcinosis
- Otherwise, normal abdomen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no ultrasonographically evident cause of reported GI signs in this abdominal study. Pancreas and GI tract are within normal limits. Consideration for dietary indiscretion, infectious etiologies (bacterial, viral, parasitic), food sensitivity/allergy or mild inflammatory bowel disease is reasonable. While not sonographically evident, pancreatitis cannot be completely ruled out. Empiric treatment for GI signs including anti-nausea, appetite stimulant and fluid support as clinically indicated is warranted. A diet trial with hydrolyzed protein or select protein diet could be considered if food sensitivity is suspected clinically. If signs are persistent or recurrent, additional diagnostics to be considered include baseline cortisol +/- ACTH stimulation test, GI panel (TLI/PLI/cobalamin/folate), fecal pathogen panel, thyroid testing, bile acid profile, and thoracic radiographs to rule out occult neoplasia, cardiac disease and esophageal disease as potential causes. Ultimately GI biopsy may be required for more definitive diagnosis if the patient is not responsive to medical treatment.

Renal changes are likely age-related degeneration. Correlate clinical significance with semi-annual blood work/urinalysis findings and clinical signs.

The Focal Zone
FUELED BY SONOPATH VETERINARY ULTRASOUND

SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

Teleradiology
Educational Teleconsultation Services™

PATIENT

Luna Adam

SPECIES

Canine

BREED

Terrier X

SEX

Spayed Spayed

AGE

9 Years

WEIGHT

12.7 kg

INTERPRETED BY

Brittany Sinclair DVM, DACVECC

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

East Plains AH

REFERRING VET

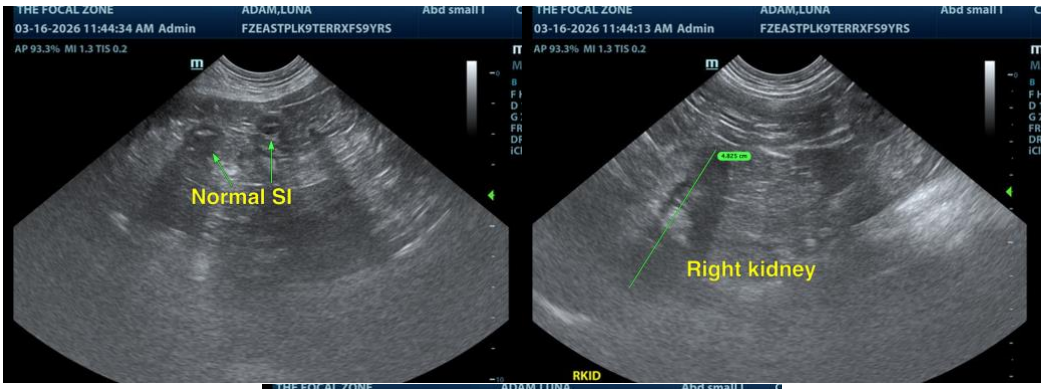
Dr. Hindle

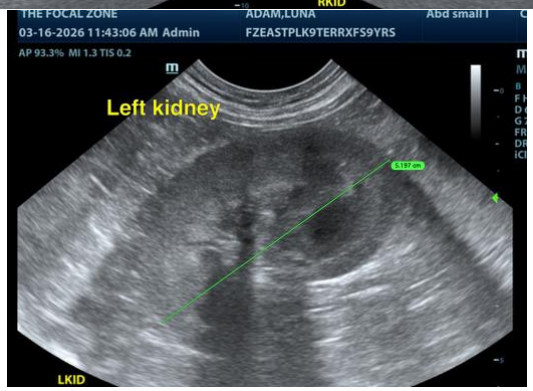
INVOICE

36251

DATE

3/16/26





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

info@SonoPath.com