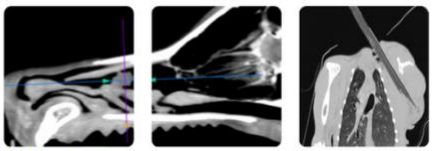


PATIENT

Sam Phillips

SPECIES

Canine

BREED

Min Poodle

SEX

Intact Male

AGE

13 Years

WEIGHT

6 kg

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Lock One AH

REFERRING VET

Dr. Kamula

INVOICE

36391

DATE

3/27/26

PRESENTING CLINICAL SIGNS

- Was clinically normal until starting GI low fat food, then started having v/d
- Current Medications
- GI low fat food, tylosin and one injection of Cerenia
- Abnormal PE/Chem/CBC/UA Results: amylase 3600, lipase >1800, pancreatic lipase 655, ALT 143, SDMA 17

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. Mobile and gravity dependent debris present in the urinary bladder. No evidence of inflammatory or neoplastic changes were noted.

The left kidney has a smooth capsule and with hazing of corticomedullary definition to the point of inability to determine cortical/medullary ratio. No evidence of pelvic dilation was present. Hyperechoic, shadowing foci present in left renal parenchyma and calyces consistent with nephrocalcinosis. The left kidney measured 4.4 cm in length.

The right kidney has a smooth capsule and with hazing of corticomedullary definition to the point of inability to determine cortical/medullary ratio. No evidence of pelvic dilation was present. Hyperechoic, shadowing foci present in right renal parenchyma and calyces consistent with nephrocalcinosis. The right kidney measured 3.45 cm in length.

Adrenal Glands

The left adrenal gland was visualized and recognized as having normal shape, size, position and echogenicity for this breed and age. The visible phrenic vasculature was unremarkable. The left adrenal gland measured 1.7 cm in length and 0.52 cm at the caudal pole and 0.50 cm at the cranial pole.

The right adrenal gland is enlarged. The cranial pole contains a hyperechoic nodule, measuring approximately 0.7 cm x 0.7 cm. Echogenicity is otherwise normal. Phrenic vasculature is unremarkable. The right adrenal gland measured 1.92 cm in length and 0.76 cm at the caudal pole and 1.13 cm at the cranial pole.

Spleen

The spleen was normal in size with a generally smooth homogenous parenchyma. There is a small hypoechoic nodule noted, measuring approximately 0.48 cm x 0.63 cm.

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.

PATIENT

Sam Phillips

SPECIES

Canine

BREED

Min Poodle

SEX

Intact Male

AGE

13 Years

WEIGHT

6 kg

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Lock One AH

REFERRING VET

Dr. Kamula

INVOICE

36391

DATE

3/27/26

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 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.

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

- Right adrenomegaly with hyperechoic nodule
- Degenerative renal changes
- Small splenic nodule
- Urinary bladder debris

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. Given the temporal relation to reported diet change, intolerance of the specific diet is a likely differential. 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.

PATIENT

Sam Phillips

SPECIES

Canine

BREED

Min Poodle

SEX

Intact Male

AGE

13 Years

WEIGHT

6 kg

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Lock One AH

REFERRING VET

Dr. Kamula

INVOICE

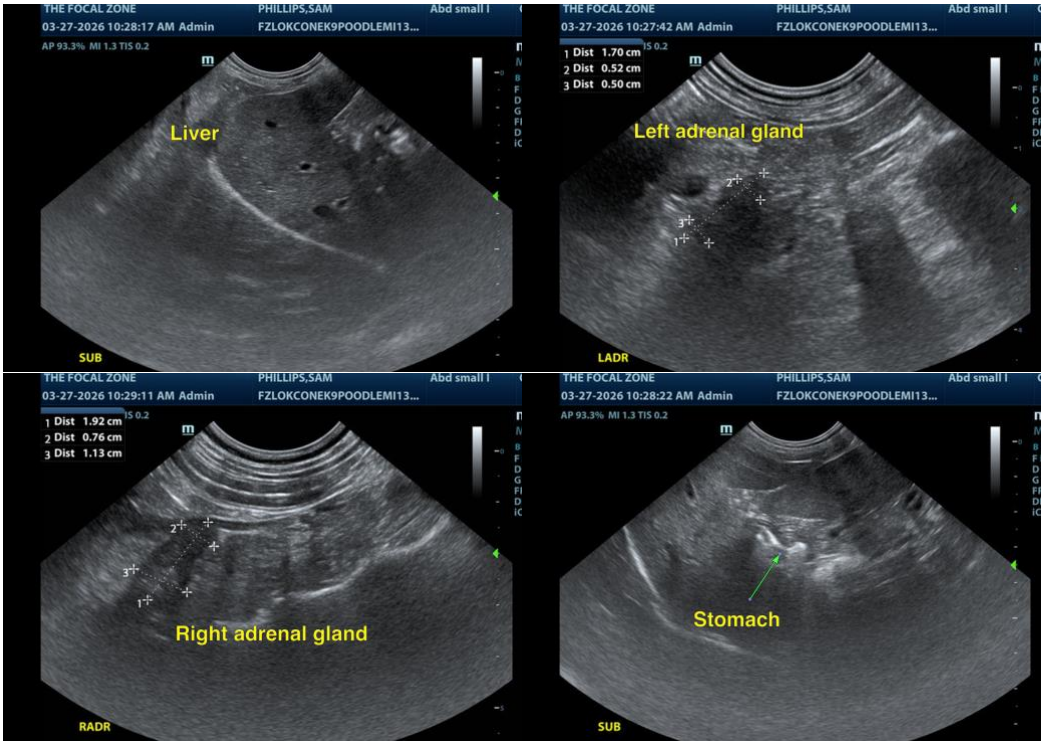
36391

DATE

3/27/26

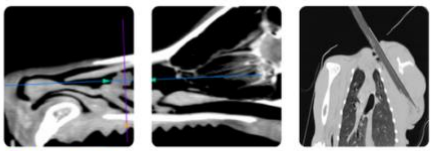
Splenic nodule is small and does not have any overt ultrasonographic features concerning for a mass, though this cannot be definitively ruled out with ultrasonographic appearance. It may represent a benign hematoma, hemangioma, regenerative or reactive nodule. FNA is recommended to further define. Repeat ultrasound evaluation (every 2-3 months) for progression or resolution is recommended pending aspirate results.

Right adrenal nodule is of uncertain clinical significance. It may represent a functional or non-functional developing mass which may be malignant or benign. It may represent carcinoma, pheochromocytoma, adenoma, hyperplasia, cortisol secreting tumor, age related remodeling or less likely myelolipoma. Adrenal gland function testing for cortisol secreting tumor and pheochromocytoma should be considered. Resection could be considered. Alternatively serial ultrasound evaluations (every 2-3 months) for progression before considering surgical excision is reasonable.



The Focal Zone
FUELED BY SONOPATH VETERINARY ULTRASOUND

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



Teleradiology
Educational Teleconsultation Services™

PATIENT

Sam Phillips

SPECIES

Canine

BREED

Min Poodle

SEX

Intact Male

AGE

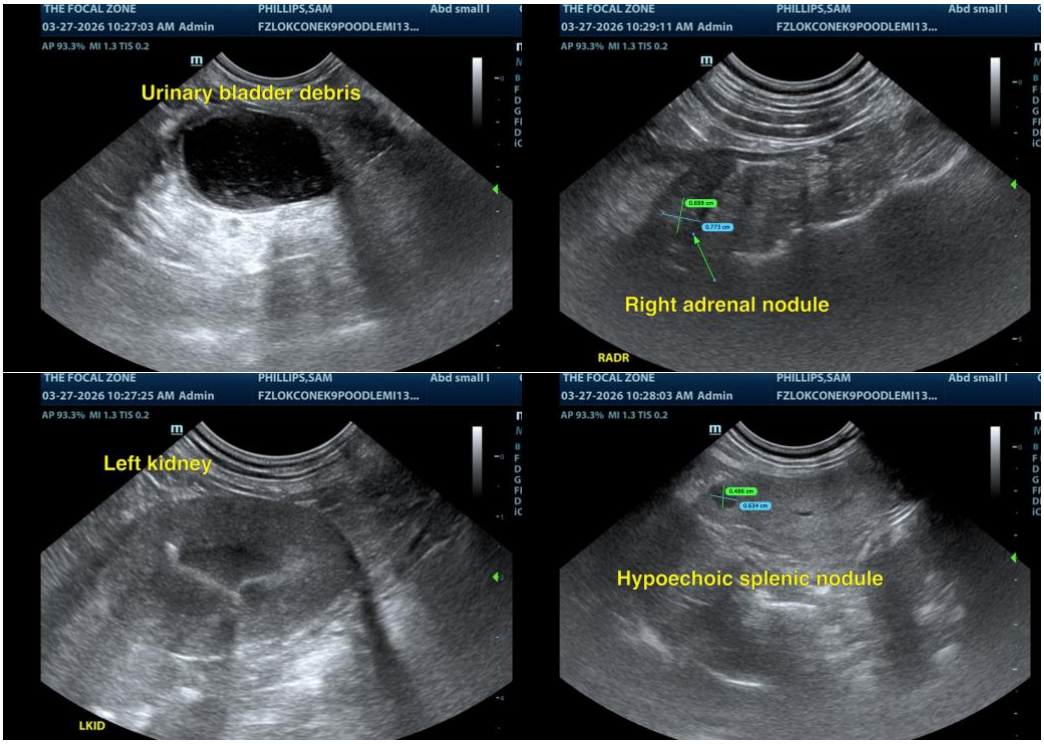
13 Years

WEIGHT

6 kg

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC



IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Lock One AH

REFERRING VET

Dr. Kamula

INVOICE

36391

DATE

3/27/26

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