



**PATIENT**

Bowie McGraw

**SPECIES**

Canine

**BREED**

Shep X

**SEX**

Spayed Female

**AGE**

10 Years

**WEIGHT**

30 kg

**INTERPRETED BY**

Dr. Brittany Sinclair,  
 BVSc(hons), DACVECC

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Downtown AH

**REFERRING VET**

Arnold

**INVOICE**

36116

**DATE**

3/6/26

**PRESENTING CLINICAL SIGNS**

History: ADR

Abnormal PE/Chem/CBC/UA Results: anemia, increased WBC

**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 has a smooth capsule and with mild hazing of corticomedullary definition. No evidence of pelvic dilation was present. Hyperechoic, shadowing foci present in left renal parenchyma and calyces consistent with nephrocalcinosis. The left kidney measured 7.02 cm in length.

Visualization and resolution of right kidney is significantly limited. Measurement on still image cannot be verified. The right kidney measured 6.7 cm in length.

**Adrenal Glands**

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 1.77 cm in length and 0.38 cm at the caudal pole and 0.47 cm at the cranial pole.

The right adrenal gland is not distinctly visualized.

**Spleen**

The spleen contains a complex partially cavitated mass, measuring at least 8.8 cm x 7.1 cm. There is surrounding scant free fluid near the mass.

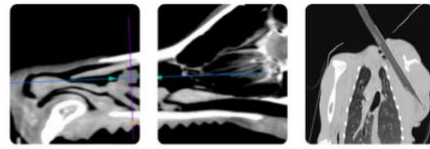
**Liver**

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.

**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.



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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 pancreas is not distinctly visualized.

***Lymph Nodes***

No clinically significant lymphadenopathy or abnormalities noted.

***Free Abdomen***

No masses were noted.

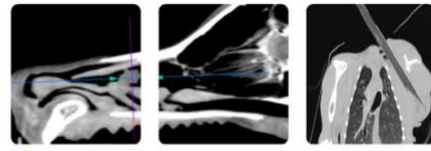
Scant free fluid was noted near the splenic mass.

**ULTRASONOGRAPHIC FINDINGS**

- Complex cavitated splenic mass with surrounding scant free fluid

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Splenic mass is the likely cause of reported anemia. Free fluid likely represents hemorrhage. Abdominocentesis with fluid analysis, if possible, is recommended to verify or refute this suspicion. If there are no signs of metastasis in the thorax, emergent abdominal explore with plan for splenectomy is recommended.



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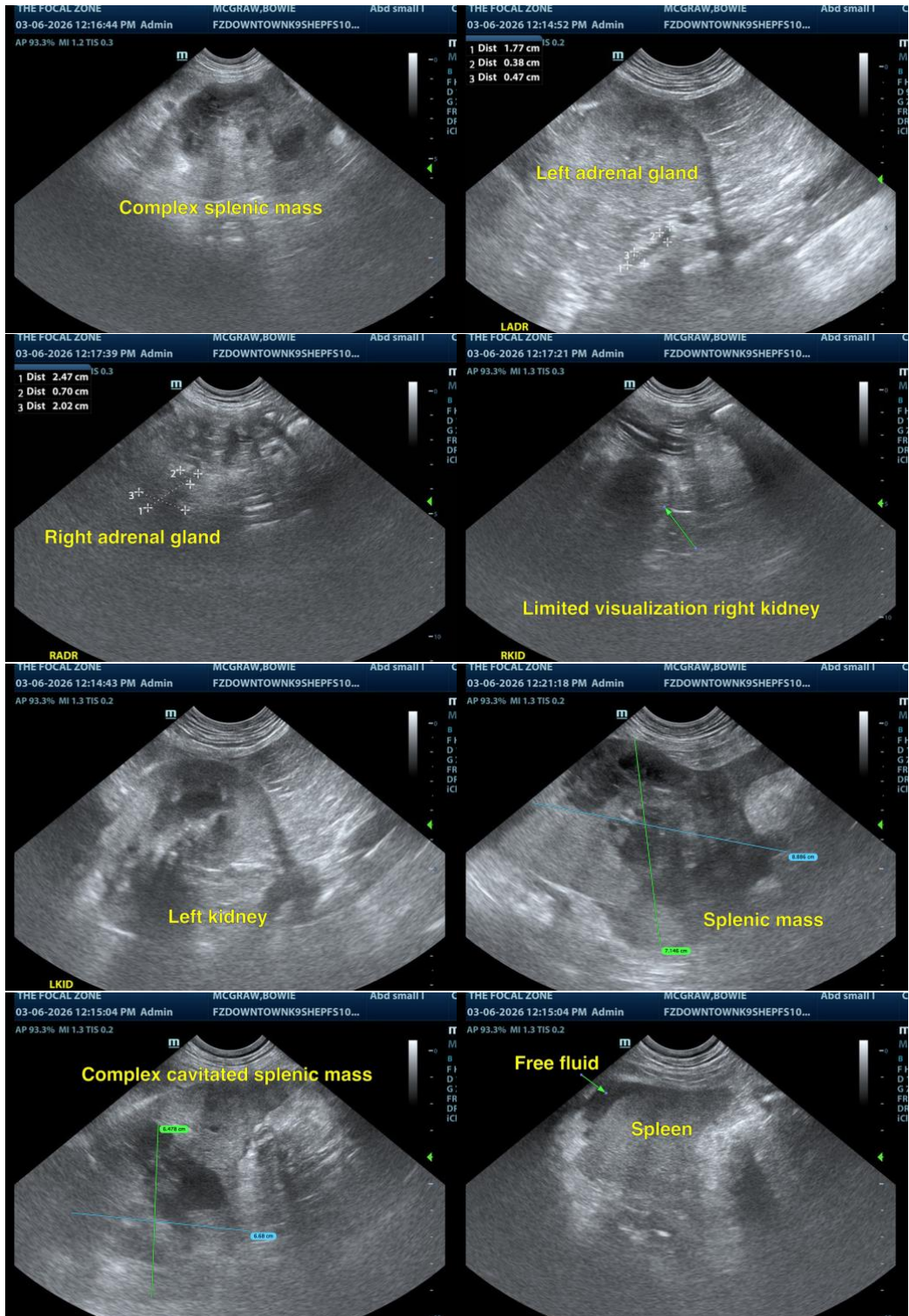
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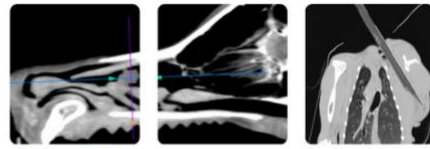
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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

[info@SonoPath.com](mailto:info@SonoPath.com)