

PATIENT

Luna Moon

SPECIES

Canine

BREED

Lab

SEX

Spayed Female

AGE

4 Years

WEIGHT

63.2 Pounds

INTERPRETED BY

Brittany Sinclair DVM,
 DACVECC

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Halton Peel AH

REFERRING VET

Dr. Walters

INVOICE

36115

DATE

3/6/26

PRESENTING CLINICAL SIGNS

- Vomiting bile (1x) in morning past 1-2 wk
- Current Medications
- Acepromazine
- Abnormal PE/Chem/CBC/UA Results: Photos of X-rays attached Radiographic Findings Possible FB (?) in stomach on one lateral view

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. The left kidney measured 5.08 cm in length. The right kidney measured 5.53 cm in length.

Adrenal Glands

Left adrenal gland was visualized and measured on still image only. Resolution is inadequate to assess glandular detail or confirm measurement. The left adrenal gland measured 2.29 cm in length and 0.45 cm in thickness.

Right adrenal gland was visualized on still image only. It appears to have normal shape, size, position and echogenicity for this breed and age though this could not be confirmed on cine loops. The right adrenal gland measured 2.38 cm in length and 0.37 cm at the caudal pole and 0.96 cm at the cranial pole.

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.

Gastrointestinal



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The stomach is nondistended. Wall thickness is normal with normal wall layering. There is some gas shadowing in the stomach, as well as some areas with shadowing material, causing complete acoustic drop out, concerning for possible foreign material.

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

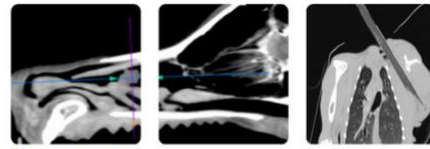
No masses or free fluid were noted.

ULTRASONOGRAPHIC FINDINGS

- Shadowing in stomach- possible foreign material

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The stomach is nondistended, but there is shadowing visualized within the stomach causing complete acoustic drop out, which is concerning for non-food material. It is not overtly obstructive and clinical relevance is uncertain. Ideally, further visualization may include endoscopy to evaluate gastric contents. If there is not foreign material within the stomach or innocuous material, such as plant material, etc., GI biopsy should be obtained if this diagnostic is pursued. Gastrotomy is an alternative. Full thickness GI biopsies can be obtained at the time, if explore is negative. Empiric treatment for gastritis is not unreasonable, given the lack of signs of obstruction.



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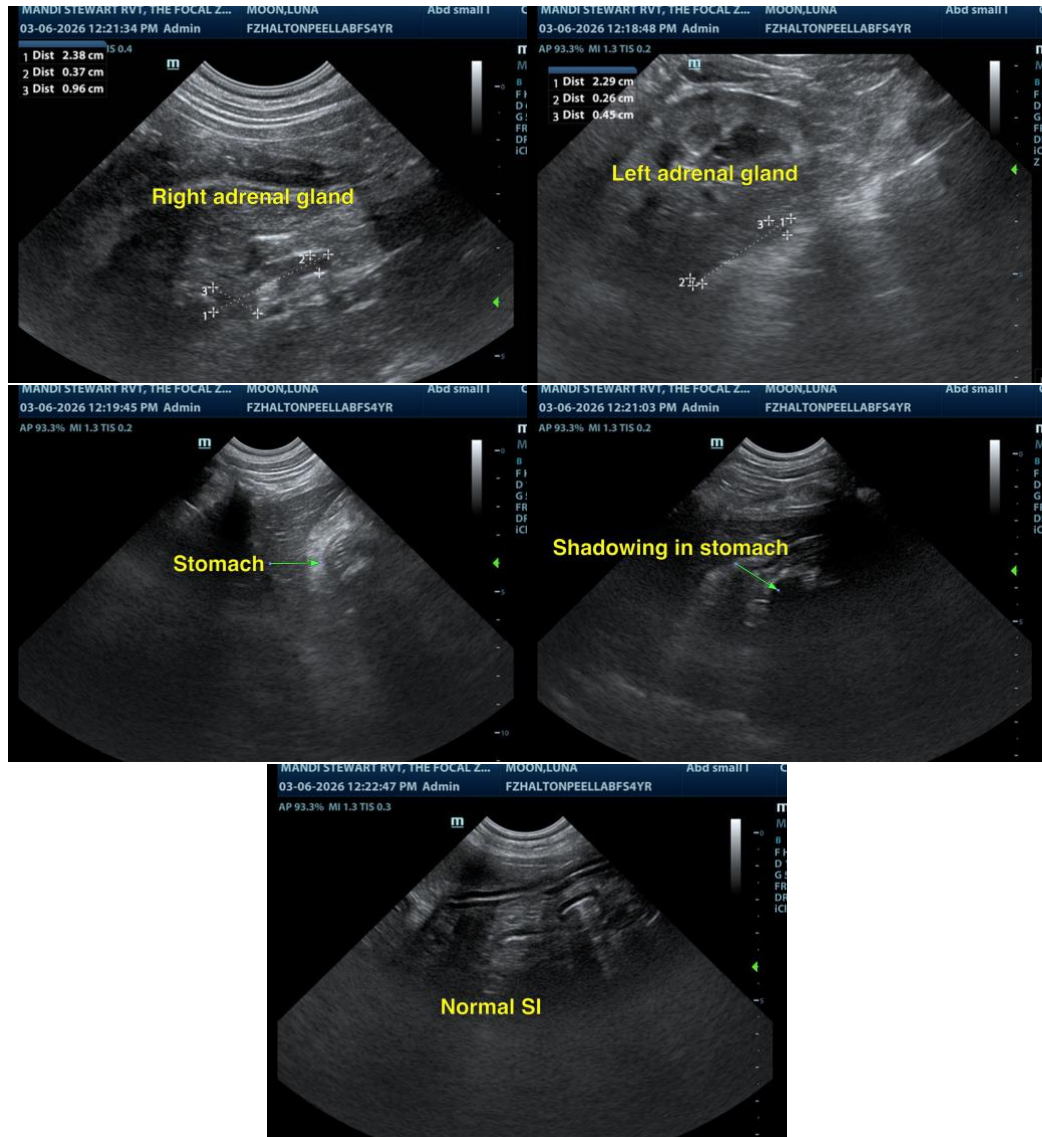
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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