



PATIENT

Elliot Burton

SPECIES

Canine

BREED

Cavalier

SEX

Neutered Male

AGE

12 Years 3 Months

WEIGHT

19 lbs

INTERPRETED BY

Dr Brittany Sinclair,
BVSc(hons),
DACVECC

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Wyckoff Veterinary
Hospital

REFERRING VET

Dr. Eisenberg

INVOICE

74119

DATE

4/1/26

PRESENTING CLINICAL SIGNS

Recurrent GI issues, vomiting/diarrhea app. is so so

Abnormal PE/Chem/CBC/UA Results: cbc chem wnl cortisol-4.5

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. Left kidney measures 4.68 cm. Right kidney measures 4.26 cm.

Adrenal Glands

Both adrenal glands were visualized and recognized as having normal shape, size, position and echogenicity for this breed and age. The visible phrenic vasculature was unremarkable. Left measures 1.99 cm in length x 0.44 cm at the cranial pole and 0.63 cm at the caudal pole. Right measures 1.46 cm in length x 0.69 cm at the cranial pole and 0.52 cm at the caudal pole.

Spleen

The spleen was subjectively mildly prominent with a slightly mottled echotexture. There are no specific nodules and no masses visualized.

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 a small amount of ingesta and some gas shadowing. 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 majority of the small intestinal loops have minimal luminal contents with normal wall layering and normal thickness. Some loops contain a small amount of fluid but are not significantly distended. Wall thickness and layering remain normal in these loops. There are no specific masses and no overt signs of obstruction.

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

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

SPECIES

Free Abdomen

Canine

No clinically significant lymphadenopathy or abnormalities noted. No free fluid noted.

BREED

ULTRASONOGRAPHIC FINDINGS

Cavalier

- Mild enteritis and slightly prominent spleen with slightly mottled echotexture.

SEX

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Neutered Male

GI changes are non-specific and are consistent with nonobstructive gastroenteritis. While the pancreas was not overtly abnormal, pancreatitis cannot be definitively ruled out. Consideration for dietary indiscretion, food sensitivity/allergy, toxin, infectious (bacterial, viral, parasitic) or mild inflammatory bowel disease is reasonable. Treatment is supportive and involves fluid support, GI support (anti-nausea, appetite stimulant), analgesia and enteral nutrition as needed. Antibiotics are generally not warranted. Serial imaging is indicated if clinical signs are not resolving. Current chem/Iytes/CBC, GI panel (TLI/PLI/cobalamin/folate), baseline cortisol +/- ACTH stimulation test, fecal pathogen PCR, and empiric broad spectrum deworming and treatment with probiotics should be considered as clinically warranted. Ultimately GI biopsy may be required for more definitive diagnosis.

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Splenic changes are a common benign age related change, but infiltrative disease (lymphoma, MCT, other) cannot be definitively ruled out. No significant disruption of architecture noted to suggest significant pathology. Fine needle aspirate could be considered to further characterize parenchymal changes if clinically indicated, especially if any weight loss is noted or for baseline cytological assessment.

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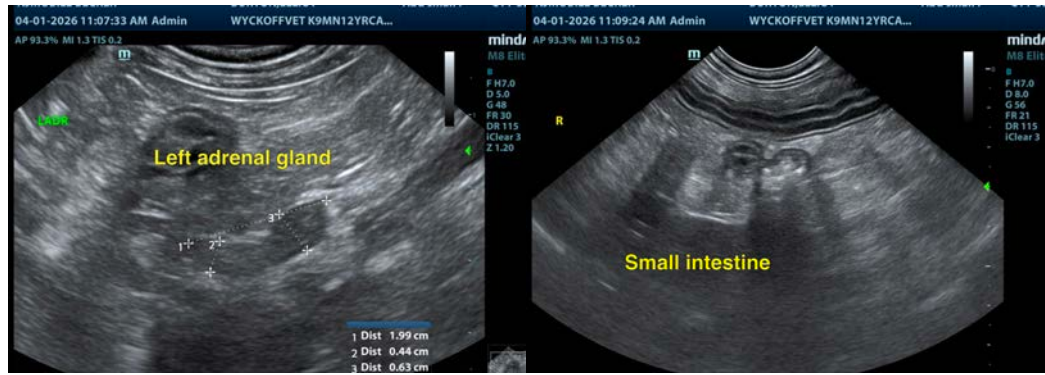
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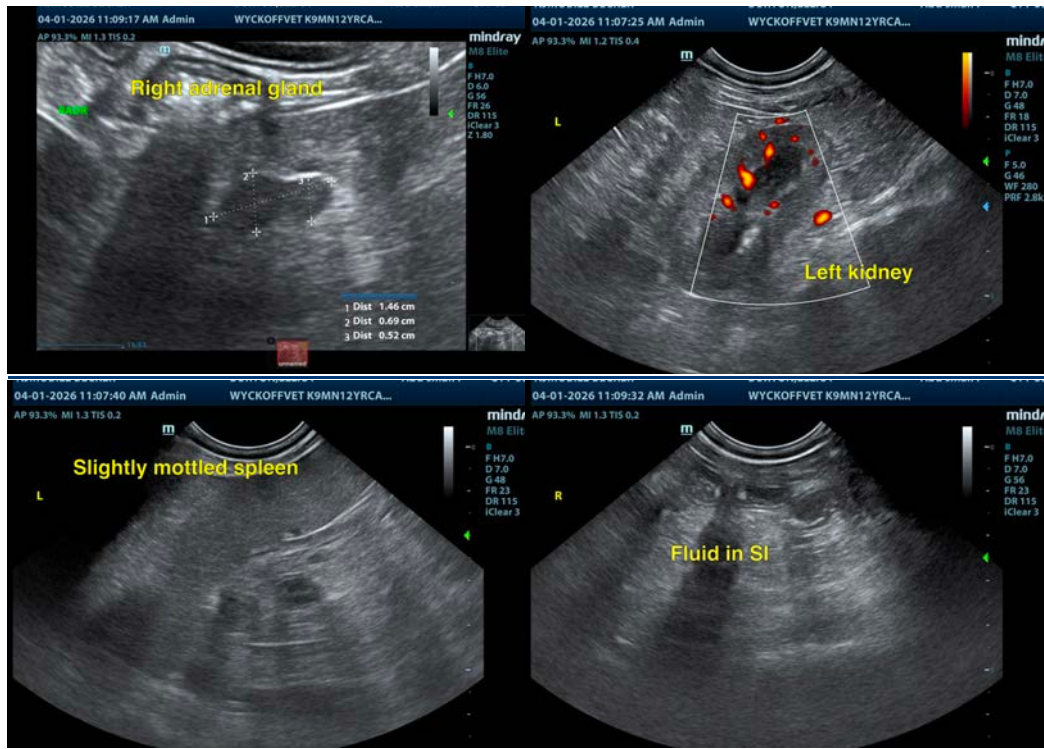
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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 info@SonoPath.com