



**PATIENT**

Malu Goulart Acuna

**SPECIES**

Canine

**BREED**

Labrador Retriever

**SEX**

Intact Female

**AGE**

7.5 Years

**WEIGHT**

~24 kg

**INTERPRETED BY**

Dr Brittany Sinclair,  
 BVSc(hons), DACVECC

**IMAGING PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Chippawa Animal  
 Hospital

**REFERRING VET**

Dr. Kilkenny

**INVOICE**

14984

**DATE**

04/10/26

**PRESENTING CLINICAL SIGNS**

Presented for issues that began 2-5 days after return from vacation. P was with pet sitter On and off food for 2-3 weeks now, owner often watches other dogs in the home. Eating some treats and human food. V/D but not daily, stools are soft and light brown to yellow in color. Drinking less water, energy is down, last heat cycle was January. Has been on Cerenia.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

Along the apical wall of the urinary bladder, there are multiple hyperechoic partially shadowing foci consistent with mineralization of the bladder wall or cystoliths. Urinary trigone is normal.

Ovaries are bilaterally enlarged and hypoechoic. Uterus is not definitively visualized.

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 5.1 cm in length. The right kidney measured 6.66 cm in length.

**Adrenal Glands**

Adrenal glands are visualized and measured on still images only. Resolution is inadequate to assess glandular detail or confirm measurement. The left adrenal gland measured 2.86 cm in length and 0.44 cm at the caudal pole and 0.54 cm at the cranial pole. The right adrenal gland measured 2.96 cm in length and 0.88 cm in thickness.

**Spleen**

The spleen is difficult to definitively visualize given the severe hepatomegaly and hyperechogenicity of the liver. In some views, there is organ which may represent splenic tissue. However, it has structure more consistent with liver so definitive splenic origin of this tissue is difficult to determine. If previous splenectomy has not been performed, I suspect spleen is being displaced by severe hepatomegaly.

**Liver**

The liver is severely enlarged and hyperechoic. There is perihepatic lymphadenopathy and scan effusion between liver lobes. No specific nodules or masses are seen.

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.



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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.

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**Pancreas**

The pancreas was not distinctly visualized.

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Labrador Retriever

**Lymph Nodes**

Perihepatic lymph nodes are enlarged, rounded and hypoechoic.

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**Free Abdomen**

No masses or free fluid were noted.

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There is a large volume of pleural effusion visualized.

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**ULTRASONOGRAPHIC FINDINGS**

- Severe hyperechoic hepatomegaly with surrounding free fluid and lymphadenopathy.
- Bilaterally enlarged ovaries- uncertain clinical significance.
- Pleural effusion.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The severity of hepatomegaly together with significantly elevated liver values and concurrent lymphadenopathy and effusion is concerning for infiltrative disease of the liver. Liver FNA is recommended to further define. Coagulation profile prior to liver FNA is recommended. Thoracocentesis with plan for fluid analysis and cytology is recommended.

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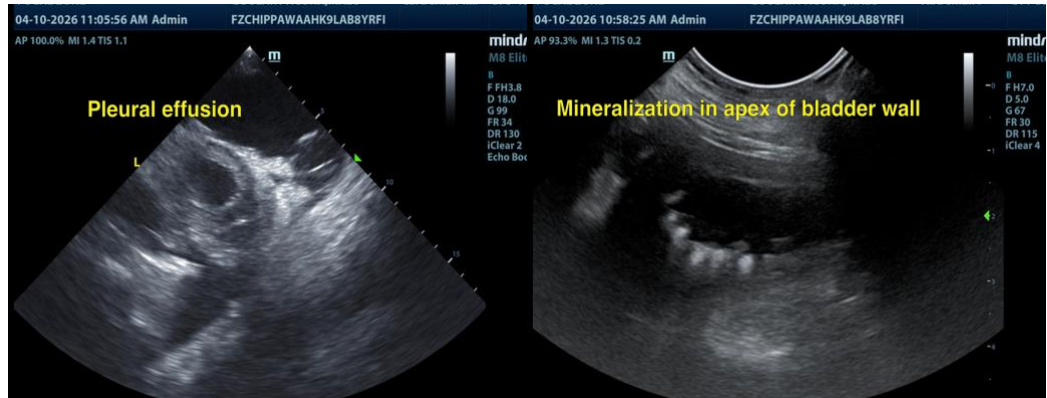
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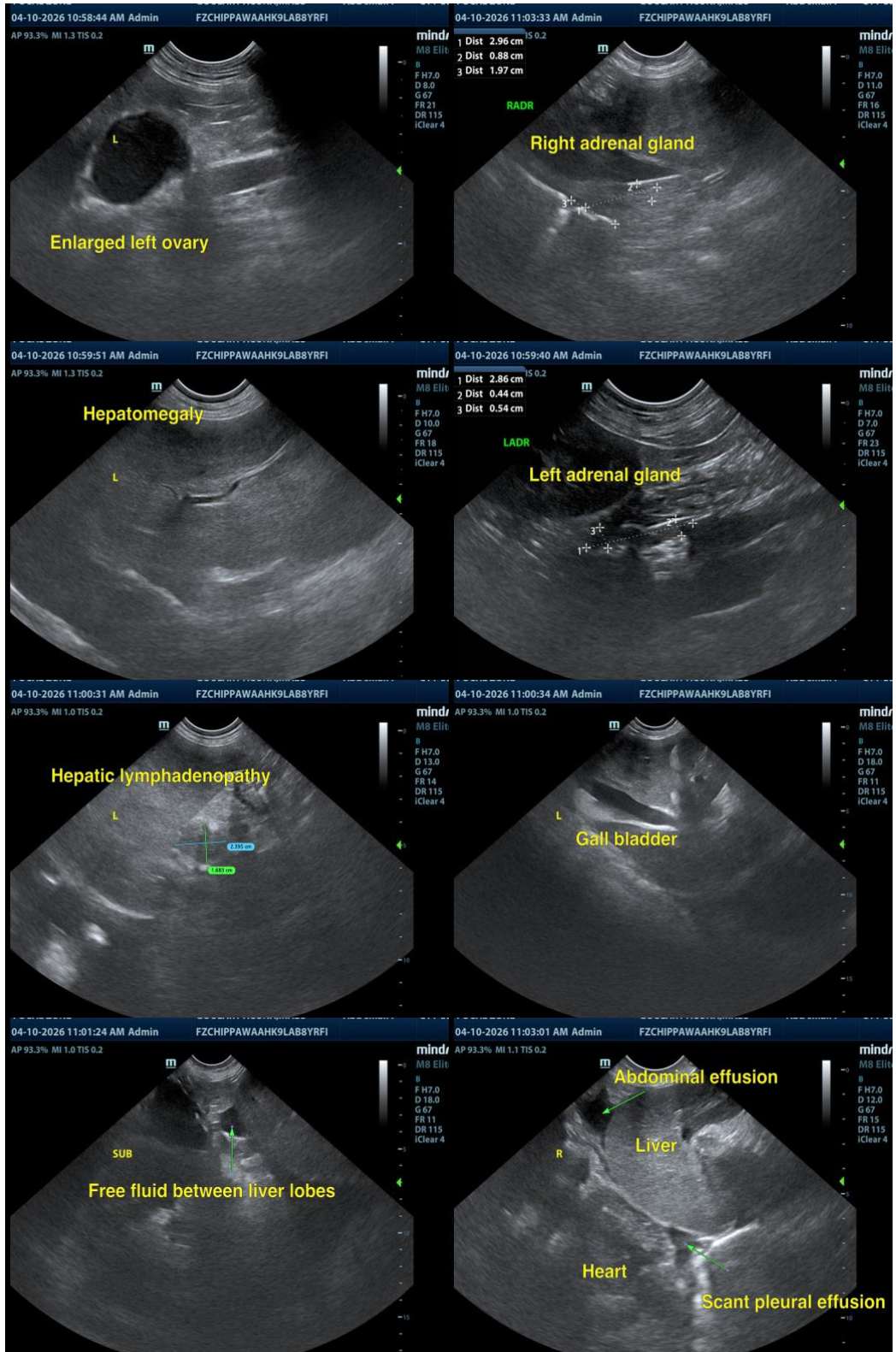
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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