



PATIENT

Polly Shelley

SPECIES

Canine

BREED

Chihuahua x

SEX

Spayed Female

AGE

7 Years

WEIGHT

20.6 lbs

INTERPRETED BY

Dr Brittany Sinclair,
BVSc(hons),
DACVECC

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Countryside Animal
Clinic

REFERRING VET

Dr. Heider

INVOICE

74371

DATE

4/10/26

PRESENTING CLINICAL SIGNS

Wt loss and nausea.

ABNORMAL Labwork Values: CBC WBC 2.5 (5.8-16.2), PMN 1.5 (3.0-4.2), Lymph 0.55 (0.98-4.2) Eos 0.05 (0.14-1.9), NRBC 3 (0-2), Chem ALP 681 (5-160). UA no urine avail at time of submission. HWT Neg, Fecal Neg, CBC WBC 3.9 (5.8-16.2) 2.5, PMN 2.5 (3.0-9.7) 1.5, Lymph 0.87 (0.98-4.2) 0.55, Eos 0.10 (0.14-1.9) 0.05, Chem ALP 487 (5-160) 681, UA USG 1.029, pH 7.0, Prot 2+ inactive sediment

Current Medications: Simparica trio SIM, Apoquel 5.4 mg 1 tab SID, Fluoxetine 10 mg 1 cap SID, Mirtazapine 15 mg BID

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 have a smooth capsule and with mild hazing of corticomedullary definition. No evidence of pelvic dilation was present. Hyperechoic striations noted in renal cortices consistent with mineralization. Left kidney measures 4.83 cm. Right kidney measures 4.0 cm. Resolution of the right kidney is somewhat limited by overlying gas filled GI tract.

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 2.63 cm in length x 0.67 cm at the caudal pole and 0.80 cm at the cranial pole. Right measures 2.28 cm in length x 0.56 cm at the caudal pole and 0.70 cm at the cranial pole.

Spleen

In the area of the splenic hilus there is a large, hypoechoic mass measuring at least 0.89 cm x 4.88 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.

The gall bladder is moderately distended with anechoic fluid, with hyperechoic non-shadowing debris present. There is no surrounding free fluid or signs of active inflammation.

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



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layering maintaining the typical 1:3 muscularis:mucosa layer ratio. There were no focal lesions consistent with obstruction or a mass effect observed.

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.

Free Abdomen

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

No obvious cardiac pathology noted on brief evaluation. If cardiac function evaluation is desired, a full echocardiogram is warranted.

ULTRASONOGRAPHIC FINDINGS

- Splenic mass.
- Aging renal changes.
- Gallbladder debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Mass in the spleen is concerning for neoplasia which may be benign or malignant. Splenic aspirate could be considered to further characterize. Whether benign or malignant, all splenic masses are at risk of rupture and if no signs of metastasis are present in the chest and abdomen, splenectomy with histopathology is recommended.

Gall bladder debris is likely an incidental finding and is often subclinical and often does not warrant specific treatment or further investigation. Ursodiol could be given as a choleric to help reduce debris accumulation. Correlate clinical significance with bloodwork findings and clinical signs. Serial imaging for monitoring could be considered especially if liver enzymes subsequently become elevated. If otherwise clinically indicated, investigation for endocrinopathy such as hyperadrenocorticism or hypothyroidism could be considered as an underlying cause predisposing to gall bladder debris accumulation.

Renal changes are likely age related degeneration. Correlate clinical significance with semi-annual blood work/urinalysis findings and clinical signs.



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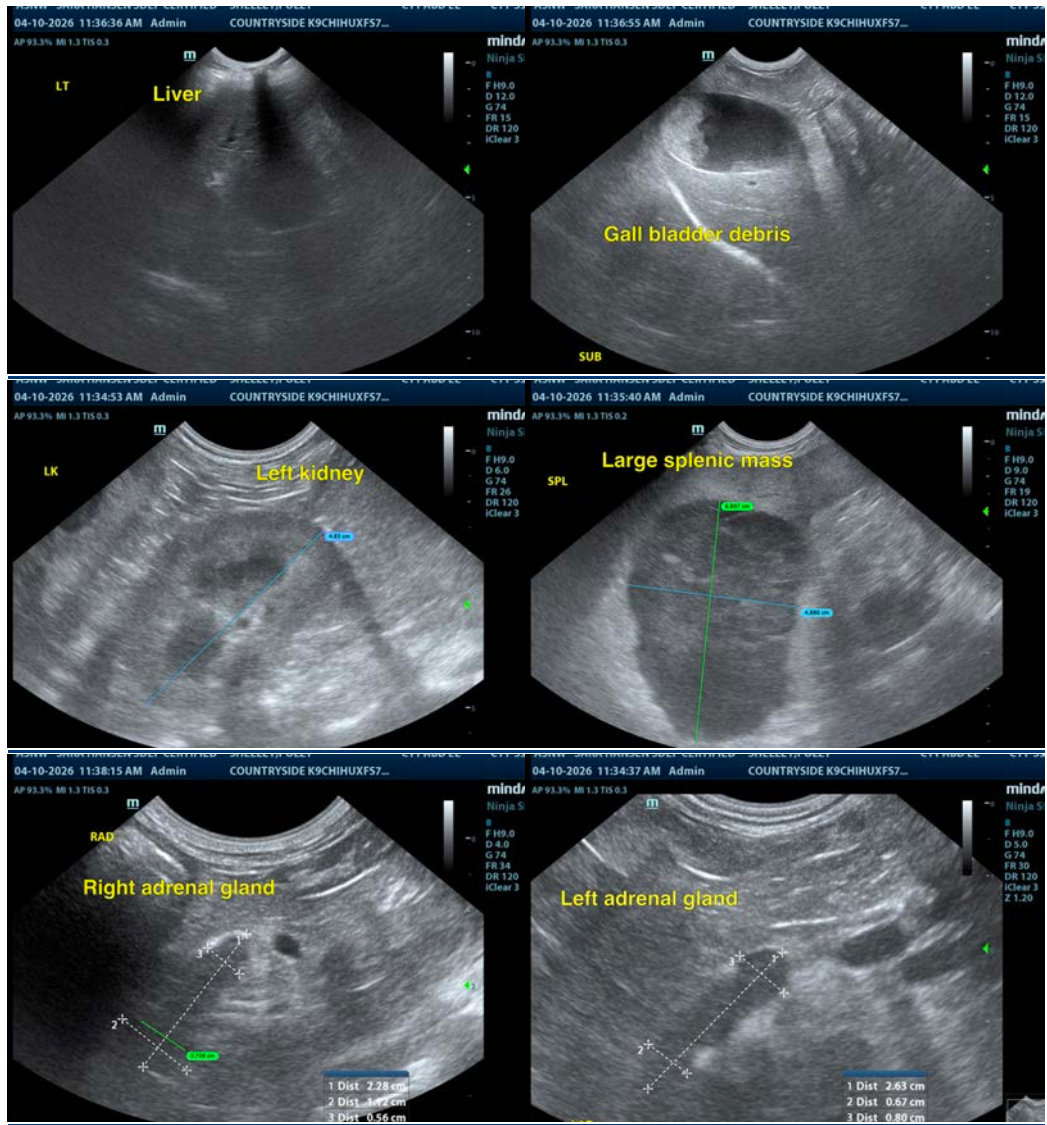
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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