



**PATIENT**

Milo Trtyachenko

**SPECIES**

Canine

**BREED**

Cockapoo

**SEX**

Intact Male

**AGE**

8 Months

**WEIGHT**

8 kg

**INTERPRETED BY**

Dr Brittany Sinclair,  
BVSc(hons), DACVECC

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Collegeway AH

**REFERRING VET**

Dr. Hanna

**INVOICE**

15040

**DATE**

04/13/26

**PRESENTING CLINICAL SIGNS**

vomiting for past 4-5 days, suspect FB

**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 4.41 cm in length. The right kidney measured 3.97 cm in length.

**Adrenal Glands**

The left adrenal gland was visualized and were subjectively small for a patient this size, with normal shape, position and echogenicity for this breed. The visualized phrenic vasculature, glandular echogenicity and detail were unremarkable. The left adrenal gland measured 1.84 cm in length and 0.28 cm at the caudal pole and 0.26 cm at the cranial pole.

Right adrenal gland was visualized and measured on still image only. Resolution is inadequate to assess glandular detail or confirm measurement. The right adrenal gland measured 1.6 cm in length and 0.73 cm in thickness.

**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**

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 is a solitary loop of jejunum



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which is mildly fluid dilated. There is no shadowing material visualized within this loop and it tapers normally on both ends. There were no other focal lesions consistent with obstruction or 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 area of the pancreas was isoechoic to surrounding tissue with no overt inflammation. Pancreatic tissue was not distinctly visualized which is common.

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***Lymph Nodes***

No clinically significant lymphadenopathy or abnormalities noted.

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***Free Abdomen***

No masses or free fluid were noted.

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**ULTRASONOGRAPHIC FINDINGS**

- Focal loop of fluid-filled small intestine with no sign of foreign body obstruction.
- Small left adrenal gland.

**INTERPRETED BY**

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 BVSc(hons), DACVECC

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

GI changes are consistent with nonobstructive gastroenteritis and in the absence of chronic GI signs, acute gastroenteritis is most likely. 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/lytes/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.

**IMAGING PERFORMED BY**

Kelly Reschny

Adrenal gland size is variable. This patient's left adrenal gland is subjectively small in size which can occur due to exogenous glucocorticoid use, be a variation of normal or may represent hypoadrenocorticism. Assessment of baseline cortisol +/- ACTH stimulation test is recommended if clinically warranted.

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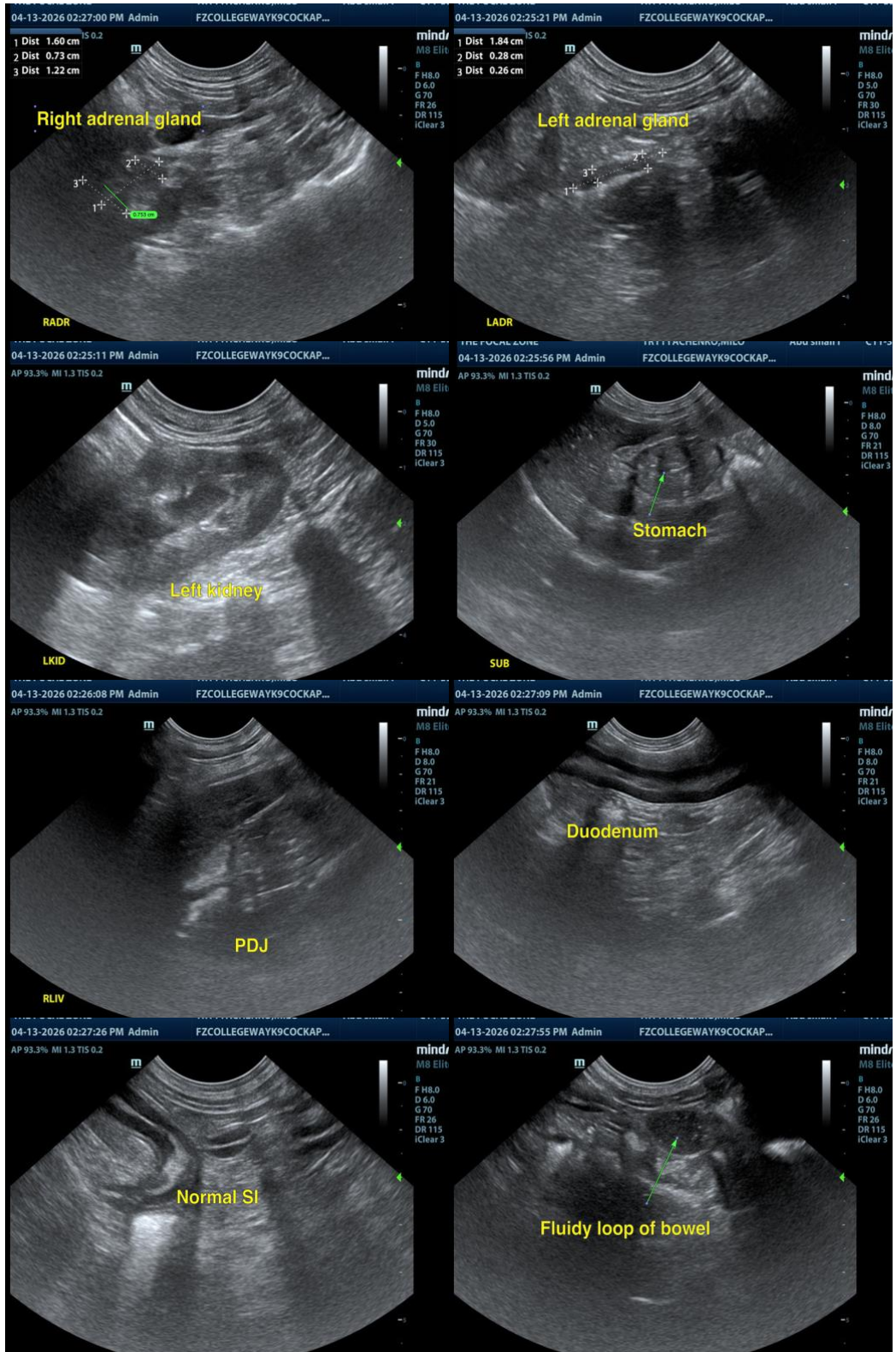
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)