



PATIENT

Turbo Benning

SPECIES

Canine

BREED

Boxer

SEX

Neutered Male

AGE

11 Years

WEIGHT

40.7 kg

INTERPRETED BY

Dr Brittany Sinclair,
 BVSc(hons), DACVECC

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

New Hamburg VC

REFERRING VET

Dr. Von Hausen

INVOICE

15061

DATE

04/13/26

PRESENTING CLINICAL SIGNS

History of collapse, suspected boxer cardiomyopathy on previous holter d/t number of VPCs. Stage B1 MVD, possibly early stage B2. Started on sotalol 1 month ago. No additional collapse episodes since then

Screening abdominal U/S to asses for alternative underlying cause of VPCs other than suspected boxer cardiomyopathy

Current Medications: 40mg Sotalol BID, Sulcrate 1g PO BID, OFA supplement 1000mg daily

Abnormal PE/Chem/CBC/UA Results: Values cbc/chem/lytes WNL except mild hyperkalemia (suspect sample sitting on artifact from EDTA contamination, mild hyperglobulinemia (suspect d/t allergies), mild increase ALP (DDX OA vs dental dz vs hepatic), Mild increase lipase (individual variation vs chronic pancreatitis) Radiographic Findings attached Primary Question to Be Answered: Abdomen: other underlying cause of VPCs? Holter: Response to sotalol?

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. Hyperechoic, shadowing foci present in renal parenchyma and calyces consistent with nephrocalcinosis. The left kidney measured 7.07 cm in length. The right kidney measured 7.87 cm in length.

Adrenal Glands

Both adrenal glands were generally normal in shape and position. They measured slightly enlarged. The caudal pole of the left adrenal gland was somewhat heterogeneous with a small hyperechoic nodule visualized. The left adrenal gland measured 2.86 cm in length and 0.84 cm at the caudal pole and 0.61 cm at the cranial pole. The right adrenal gland measured 2.95 cm in length and 0.65 cm at the caudal pole and 0.86 cm at the cranial pole.

Spleen

The spleen is normal in size with a diffusely slightly mottled parenchyma. No specific masses were seen.

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. Heavy panting throughout scan caused somewhat decreased resolution.

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 contains gas shadowing obstructing visualization of 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.

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The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with gas throughout. 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 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

- Slightly mottled spleen- likely aging change, rule out infiltrative disease.
- Bilaterally prominent adrenal glands with slightly heterogenous caudal pole of left adrenal with small solitary nodule.
- Mild aging renal changes.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The splenic parenchyma is slightly mottled, which is likely an age-related benign remodeling change given the reported VPCs and patient signalments. Splenic FNA is recommended to rule out infiltrative disease.

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Adrenomegaly is bilateral and may represent stressful illness or hormonal stimulation as is seen with pituitary dependent hyperadrenocorticism. If corresponding clinical signs are present, a urine cortisol creatinine ratio could be used as a screening test, and subsequent testing for hyperadrenocorticism should be considered (ACTH stimulation test vs LDDST). This is not likely related to reported arrhythmia.

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

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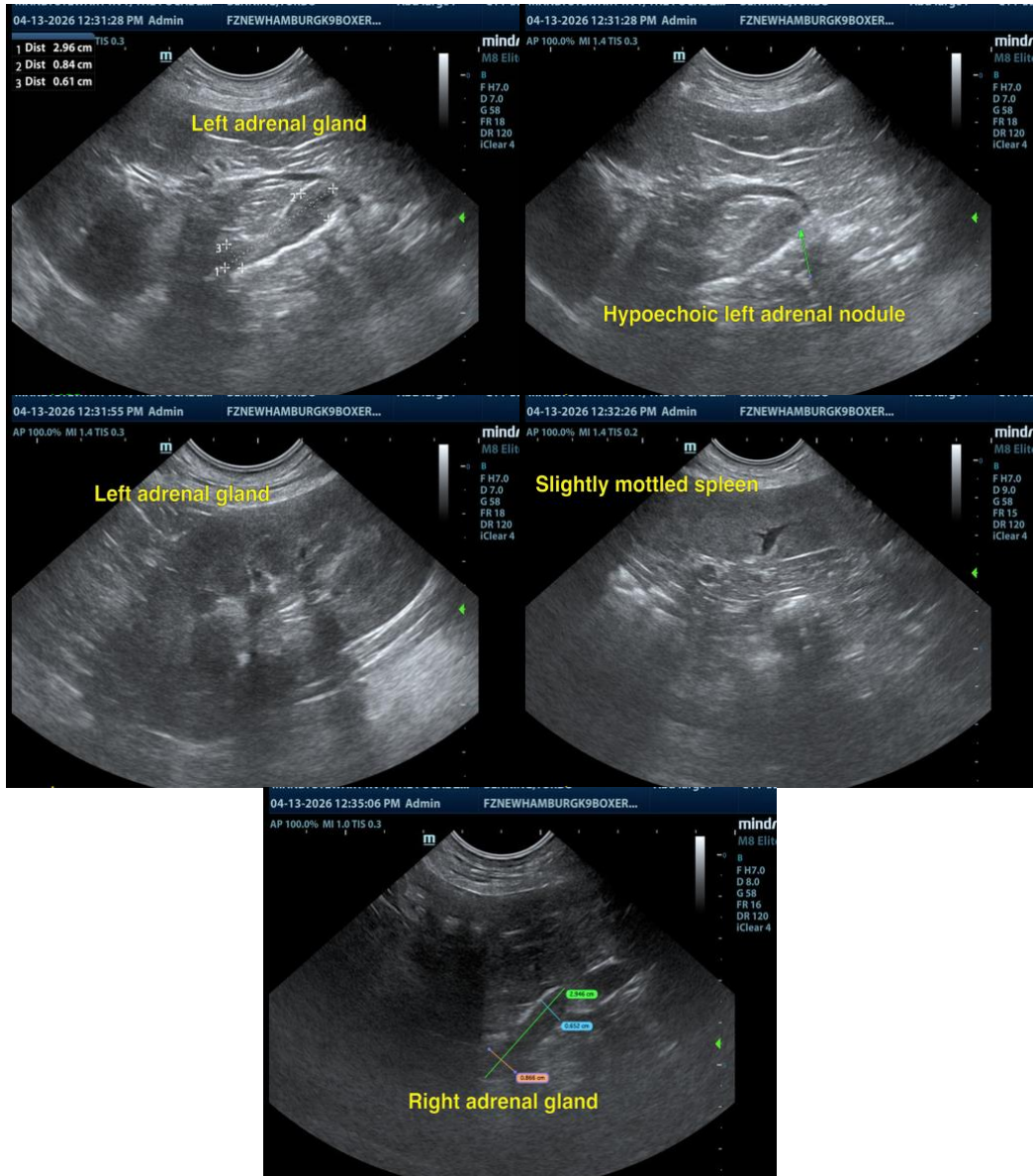
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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