

PATIENT PRESENTING CLINICAL SIGNS

Bernie Doe
SPECIES Canine
 First presented with vomiting with a couple of speckles of blood with decreased appetite (slow to eat) on April 6th. Returned on April 8th for a follow up after 2 more bouts of vomit with blood, still slow to eat. Sent home with Cerenia, Sulcrate and Famotidine as owner's chose to monitor. Came in on April 13th for diagnostics as still slow to eat/decreased appetite. Does have a rash/bug bites on thighs and lower abdomen that started shortly before April 8th. Does eat RAW - o's have needed to cook food lately to encourage him to eat.

BREED Poodle Mix
 Current Medications: Rilexine 900mg BID, Sulcrate 5mL BID.
 Abnormal PE/Chem/CBC/UA Results: Labs and rads attached.

SEX **ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

MI *Urinary System*

AGE 1 year
 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.

WEIGHT 31.8 kg
 The prostate is uniformly moderately enlarged and hyperechoic consistent with an intact male. No mineralization, evidence of masses or fluid accumulations consistent with cyst or abscess visualized.

INTERPRETED BY

Dr Brittany Sinclair,
 BVSc(hons),
 DACVECC

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. Visualization of the right kidney was limited making measurement inaccurate. This is commonly related to breed related anatomical positioning.

Left kidney measures 7.0 cm in length, and the right kidney measures 5.5 cm in length.

IMAGING PERFORMED BY

Kelly Reschny

Adrenal Glands

Adrenal glands are visualized and measured on still images only. Resolution of the right adrenal is inadequate to assess glandular detail or confirm measurement.

HOSPITAL NAME

Simcoe AH

Left adrenal measures 2.61 cm in length, 0.55 cm at the caudal pole and 0.57 cm at he cranial pole. Right adrenal measures 2.77 cm in length, 0.88 cm in thickness.

Spleen

REFERRING VET

Dr. Kaur

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.

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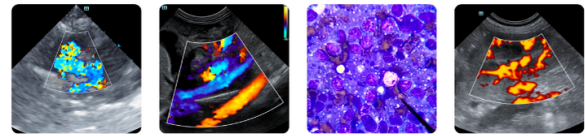
Liver

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.

DATE

4/14/2026

Gall bladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally.



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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.

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

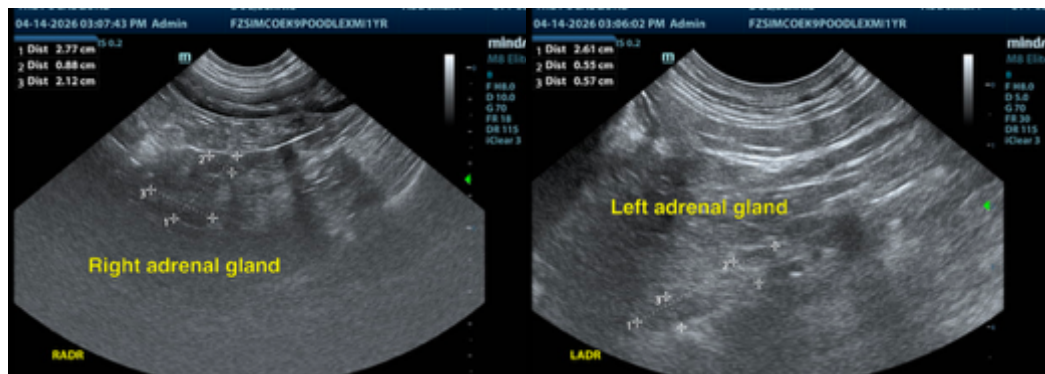
The area of the pancreas was isoechoic to surrounding tissue with no overt inflammation. Pancreatic tissue was not distinctly visualized which is common.

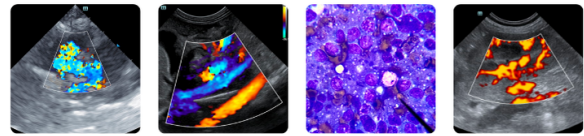
ULTRASONOGRAPHIC FINDINGS

- Unremarkable abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no ultrasonographically evident cause of reported GI signs in this abdominal study. Pancreas and GI tract are within normal limits. Consideration for dietary indiscretion, infectious etiologies (bacterial, viral, parasitic), food sensitivity/allergy or mild inflammatory bowel disease is reasonable. While not sonographically evident, pancreatitis cannot be completely ruled out. Empiric treatment for GI signs including anti-nausea, appetite stimulant and fluid support as clinically indicated is warranted. A diet trial with hydrolyzed protein or select protein diet could be considered if food sensitivity is suspected clinically. If signs are persistent or recurrent, additional diagnostics to be considered include baseline cortisol +/- ACTH stimulation test, GI panel (TLI/PLI/cobalamin/folate), fecal pathogen panel, thyroid testing, bile acid profile, and thoracic radiographs to rule out occult neoplasia, cardiac disease and esophageal disease as potential causes. Ultimately GI biopsy may be required for more definitive diagnosis if the patient is not responsive to medical treatment.





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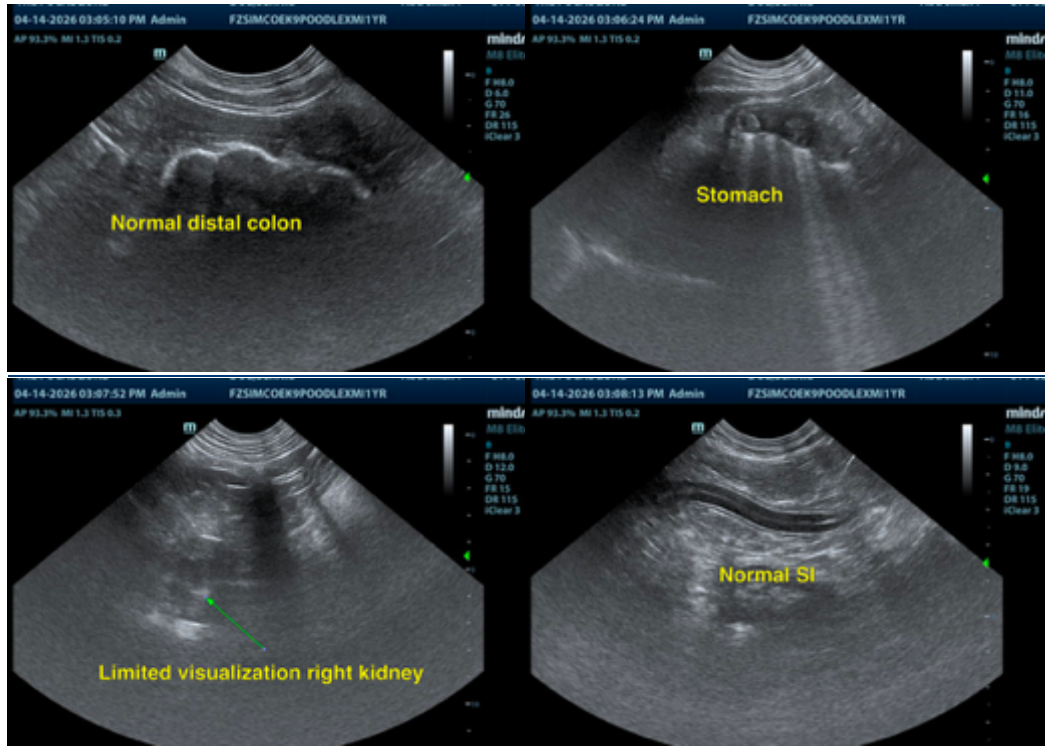
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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