

PATIENT

Doru Waters

SPECIES

Canine

BREED

Transylvania Hound

SEX

Neutered Male

AGE

8 Years

WEIGHT

41.8 kg

INTERPRETED BY

Brittany Sinclair DVM,
 DACVECC

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Chippawa AH

REFERRING VET

Dr. Kilkenny

INVOICE

36646

DATE

4/20/26

PRESENTING CLINICAL SIGNS

History: Seems painful. Unable to settle at night. Started burping. Four new sq lumps that O noticed in the past month. Food has remained the same and Doru did not get into anything he shouldn't have. No vomiting or diarrhea. TPR normal, PE normal, Current Medications: zenrelia and gabapentin.

Abnormal PE/Chem/CBC/UA Results: Albumin 40 (22 - 39 g/L) H ALT 134 (10 - 125 U/L) H ALP 1,904 (23 - 212 U/L) H.

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 left kidney has a smooth capsule and with mild hazing of corticomedullary definition. No evidence of pelvic dilation was present. The left kidney measured 7.38 cm in length. Hyperechoic, shadowing foci present in left renal parenchyma and calyces consistent with nephrocalcinosis.

The right kidney appears normal in size, shape, structure and position. Resolution was limited by overlying GI tract. The right kidney measured 7.15 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 2.02 cm in length and 0.46 cm at the caudal pole and 0.47 cm at the cranial pole. The right adrenal gland measured 2.9 cm in length and 0.47 cm at the caudal pole and 0.98 cm at the cranial pole.

Spleen

The spleen had a generally smooth homogeneous parenchyma and a smooth capsule with perivascular hyperechoic nodules visualized most consistent with benign myelolipomas. There was normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.

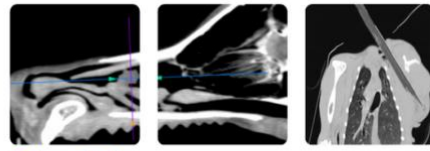
Liver

The liver is subjectively mildly enlarged with slightly rounded borders. Parenchyma is diffusely coarse with no specific nodules or masses visualized.

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 gas throughout with no overt distention. 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 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.

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.

Pancreas

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

Lymph Nodes

No clinically significant lymphadenopathy or abnormalities noted.

Free Abdomen

No masses or free fluid were noted.

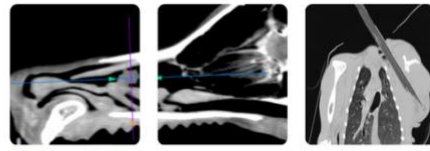
ULTRASONOGRAPHIC FINDINGS

- Coarse liver
- Splenic myelolipomas
- Mild nephrocalcinosis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Liver changes are a common benign age-related change, but infiltrative disease (lymphoma, MCT, other) cannot be definitively ruled out. No significant disruption of architecture noted to suggest significant pathology. In the face of elevated liver enzymes, fine needle aspirate is recommended to further characterize parenchymal changes, and bile acid profile to assess liver function, especially if any weight loss is noted or for baseline cytological assessment. Ultimately liver biopsy is often required for more definitive diagnosis. Empiric treatments (SAM-E, milk thistle, Vitamin E, ursodiol if bilirubin elevated or gallbladder sludge) could be tried and liver enzymes re-evaluated, especially if liver FNA does not show significant pathology before more invasive liver sampling is pursued.

No cause of restlessness at night was found on abdominal ultrasound. Further assessment may include urinalysis, chest radiographs, ECG, blood pressure measurement, and full neurologic, ocular and orthopedic evaluation.



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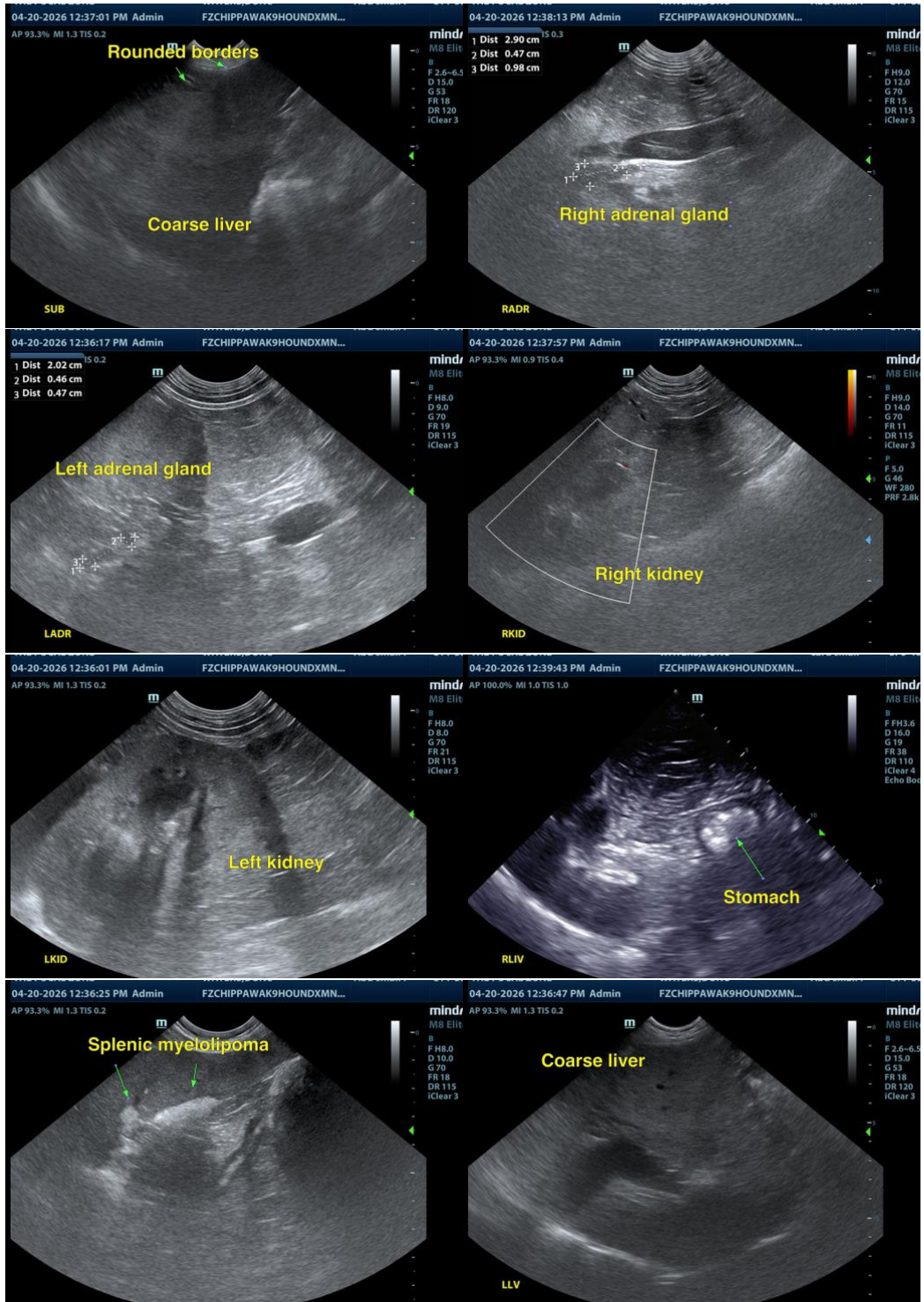
Dr. Kilkenny

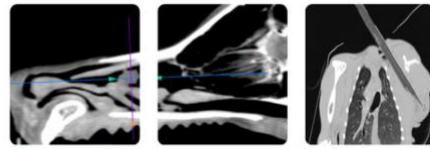
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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