

PATIENT PRESENTING CLINICAL SIGNS

Winston Nguyen History: Presented panting, yelping when carrying, painful abdo. stiff walking, hunched back on exam, tense abdo, stiff hind end. Still has appetite, drinking. BM/U ok no vomiting/diarrhea.

SPECIES

Canine

Current Medications: Vetergesic Buprenorphine IM 0.025mg/kg (0.53ml) given 4/24/26
 Abnormal PE/Chem/CBC/UA Results: See attached rads CBC: leukocytosis, neutrophilia, dehydration
 Chem: none significant

BREED

Yorkshire Terrier

Radiographic Findings stomach not empty, gas in small intestine, very pronounced thickness of intestinal wall, fecal like material in large intestine. spine/pelvis/joints: wnl Primary Question to Be Answered in This Exam FB? sm. intestine accident like strangulation or something else?

SEX

Neutered Male

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

AGE

5

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

6.2 kg

The kidneys have a smooth capsule and with mild hazing of corticomedullary definition. No evidence of pelvic dilation was present. Hyperechoic, shadowing foci present in renal parenchyma and calyces consistent with nephrocalcinosis. The left kidney measures 3.1 cm in length. The right kidney measures 3.68 cm in length.

INTERPRETED BY

Dr Brittany Sinclair,
 BVSc(hons),
 DACVECC

Adrenal Glands

The left adrenal gland was visualized and measured on still images only (2.15 cm in length, 0.44 cm at the caudal pole and 0.54 cm at the cranial pole). Resolution is inadequate to assess glandular detail or confirm measurement. The right adrenal gland was not distinctly visualized.

IMAGING PERFORMED BY

Amanda Stewart

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.

HOSPITAL NAME

Erin Folk AH

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. No pathological hepatic lymphadenopathy observed.

REFERRING VET

Soliman

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

INVOICE

22919

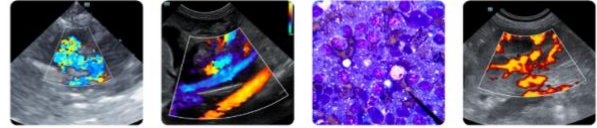
Gastrointestinal

The stomach contains minimal luminal contents with a small amount of hyperechoic non-shadowing material most consistent with a small amount of ingesta. 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.

DATE

4-24-26

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



PATIENT

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

SPECIES

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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.

BREED

Yorkshire Terrier

Lymph Nodes

No clinically significant lymphadenopathy or abnormalities noted.

SEX

Neutered Male

Free Abdomen

No masses or free fluid were noted.

ULTRASONOGRAPHIC FINDINGS

AGE

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Mild nephrocalcinosis. Otherwise, normal abdomen.

WEIGHT

6.2 kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no ultrasonographically evident cause of reported acute abdominal pain in this abdominal study. Pancreas and GI tract are within normal limits. Consideration for dietary indiscretion, food sensitivity/allergy or mild inflammatory bowel disease is reasonable though non-GI causes remain possible. While not sonographically evident, pancreatitis cannot be completely ruled out. Additional diagnostics to be considered include GI panel (TLI/PLI/cobalamin/folate), baseline cortisol +/- ACTH stimulation test, fecal pathogen panel, thyroid testing, bile acid profile, and thoracic radiographs to rule out occult neoplasia, cardiac disease and esophageal disease as potential causes.

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HOSPITAL NAME

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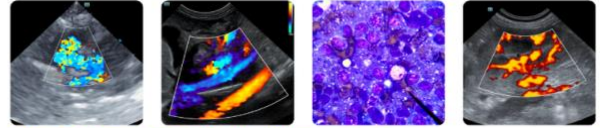
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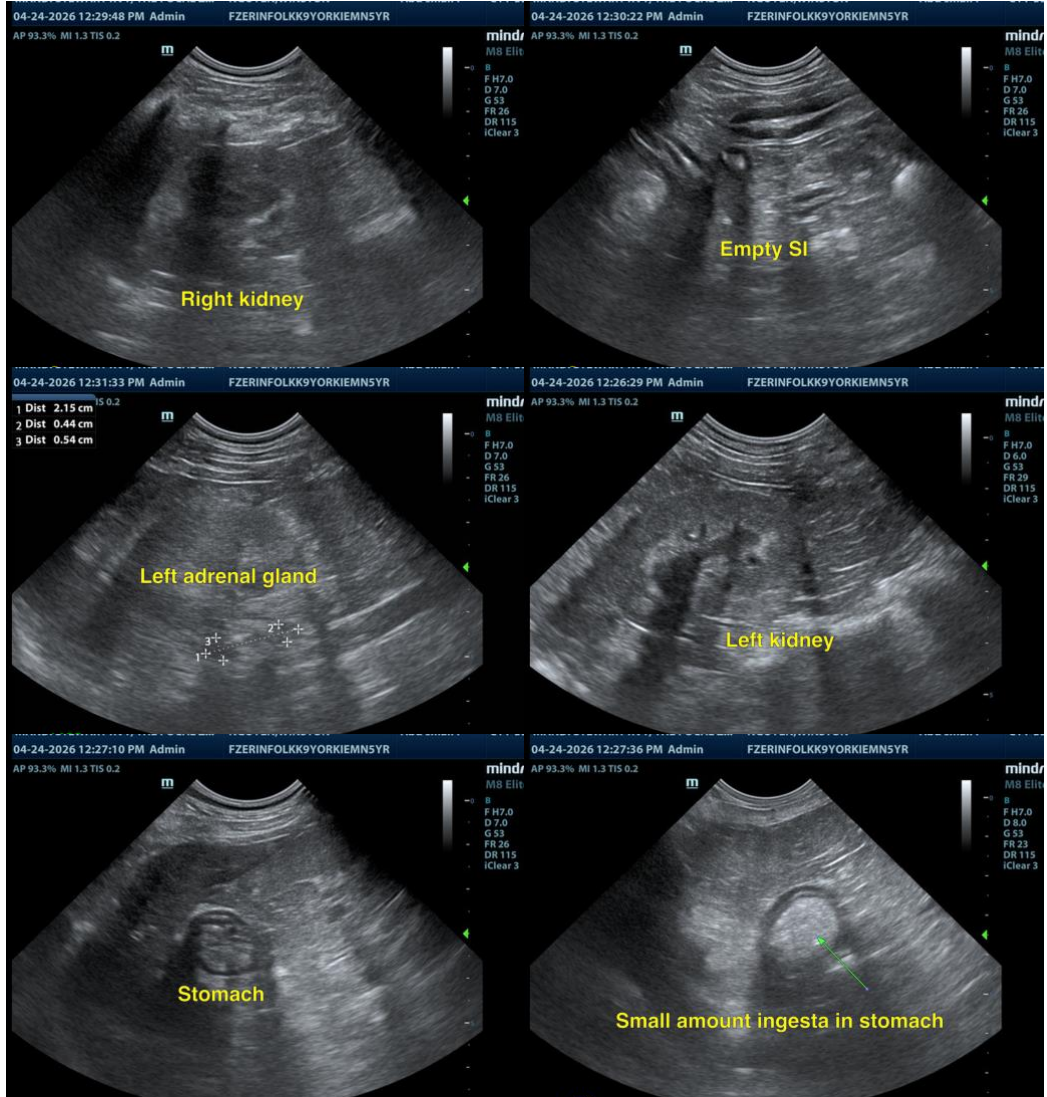
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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