



PATIENT

Isaac Caiazzo

SPECIES

Canine

BREED

St. Poodle

SEX

Neutered Male

AGE

11 Years

WEIGHT

66 lbs

INTERPRETED BY

Dr Brittany Sinclair,
 BVSc(hons),
 DACVECC

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Millen Road Animal
 Hospital

REFERRING VET

Dr. Karmur

INVOICE

74293

DATE

4/8/26

PRESENTING CLINICAL SIGNS

A wet, watery cough began this week, the day after a fall. The owner reports it sounds like he is trying to cough something up. A significant coughing fit occurred last night. Additional Information: The owner reports a history of a fall on the stairs this week, which was heard but not seen. This was followed by spasms in the left hind leg for a couple of hours, with one more episode last night. The patient is a retired autism service dog. He is reported to be happy and not lethargic, with a normal appetite.

Current Medications: Furosemide 20mg SID

Abnormal PE/Chem/CBC/UA Results: ALT 162, ALP 175 Radiographic Findings Enlarged pulmonary veins. Narrow caudal trachea. The cardiac silhouette findings indicate cardiac/left atrial enlargement and pulmonary venous congestion, as seen with mitral valve insufficiency, but there are no additional signs of cardiac decompensation (pulmonary edema or pleural effusion/ascites) in this patient with a murmur. Some impingement/compression of the left caudal mainstem bronchus by the large left atrium is likely present and is probably contributing to the patient's respiratory signs.

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 hazing of corticomedullary definition to the point of inability to determine cortical/medullary ratio. No evidence of pelvic dilation was present. Hyperechoic, shadowing foci present in renal parenchyma and calyces consistent with nephrocalcinosis. Left kidney measures 6.75 cm.

The right kidney is generally normal in size, shape and position. There appears to be some decrease in corticomedullary distinction. Resolution is somewhat limited by overall gas-filled GI tract and likely patient conformation. Right kidney measures 6.75 cm.

Adrenal Glands

The left adrenal gland is visualized and recognized as having normal shape, size, position and echogenicity for this breed and age. The visible phrenic vasculature was unremarkable. Left measures 2.41 cm in length x 0.64 cm at the caudal pole and 0.61 cm at the cranial pole.

The right adrenal gland is visualized on still images only. It appears to have normal shape, size, position and echogenicity for this breed and age though this could not be confirmed on cine loops. Right measures 2.45 cm in length x 1.04 cm in thickness.

Spleen

The spleen was normal in size with a mottled parenchyma and smooth capsule. Normal splenic vasculature with no signs of congestion or thrombosis. There were a few very small hypoechoic nodules noted in the spleen. No specific masses visualized.



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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.

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 were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. 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.

Free Abdomen

No clinically significant lymphadenopathy or abnormalities noted. No free fluid noted.

ULTRASONOGRAPHIC FINDINGS

- Mildly mottled spleen with very small hypoechoic nodules – likely benign aging changes.
- Degenerative renal changes with mild nephrocalcinosis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Splenic 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. Fine needle aspirate could be considered to further characterize parenchymal changes if clinically indicated, especially if any weight loss is noted or for baseline cytological assessment.

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



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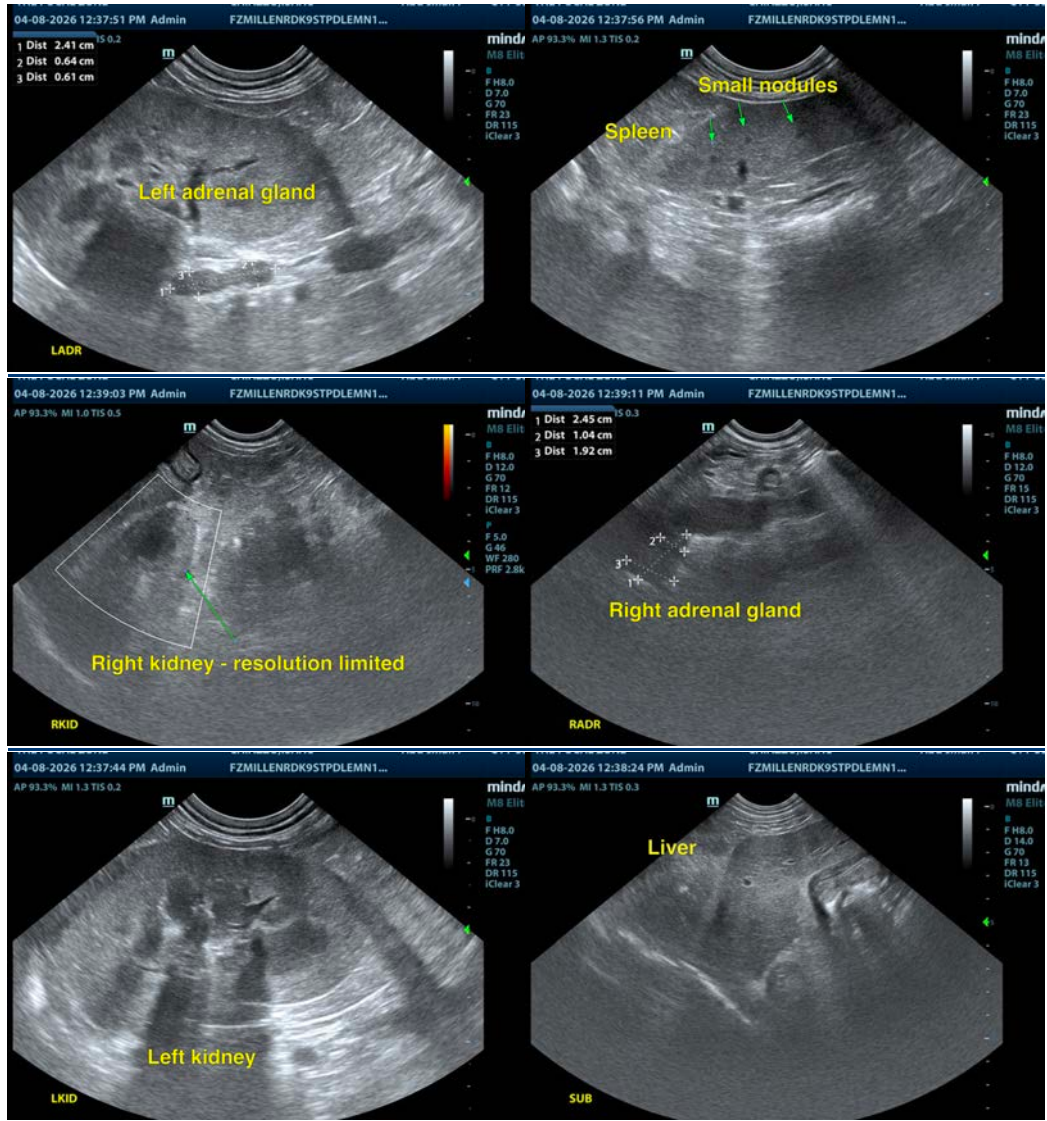
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
 info@SonoPath.com