



**PATIENT**

Riley Jensen

**SPECIES**

Canine

**BREED**

Viszla

**SEX**

Spayed Female

**AGE**

13 Years

**WEIGHT**

27.2 kg

**INTERPRETED BY**

Dr Brittany Sinclair,  
 BVSc(hons),  
 DACVECC

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Joshua Creek Animal  
 Hospital

**REFERRING VET**

Dr. Al-Zubaidy

**INVOICE**

75103

**DATE**

5/13/26

**PRESENTING CLINICAL SIGNS**

Riley came in on 5/5/2026. Riley has been vomiting a white foam about 2-3 times per day. It is difficult to tell if it is sputum v.s vomiting. BAR, nervous, euhydrated. No LN enlargement. No coughing, sneezing or diarrhea. Eating and drinking is normal. No issues with urination or defecation. No murmur, or arrhythmia auscultated in the cardiac field. No crackles or wheezes in the lung field. Abdominal auscultation yielded no significant findings. Bloodwork and radiographs were not taken; O wants to do U/S first. Patient was prescribed 2 tablets of cerenia SID x 2d, patient was responsive to treatment. Vomiting returned after medication was stopped. Today, abdominal breathing. Patient was prescribed famotidine BID x 7d. Patient has been unresponsive to this as a monopharmacy. Current Medications: Famotidine

**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 hazing of corticomedullary definition to the point of inability to determine cortical/medullary ratio. No evidence of pelvic dilation was present. Pinpoint areas of cortical mineralization are noted. Left kidney measured 6.14 cm. Right kidney measured 6.4 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 measured 1.97 cm in length s 0.59 cm at the caudal pole and 0.54 cm at the cranial pole.

The right adrenal gland is visualized and measured on still images only. Resolution is inadequate to assess glandular detail or confirm measurement. Right measured 2.3 cm in length x 0.71 cm in thickness.

**Spleen**

The spleen had a hypoechoic parenchyma and a smooth capsule with a solitary hyperechoic nodule visualized most consistent with benign myelolipoma. 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 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.



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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.

**Other**

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

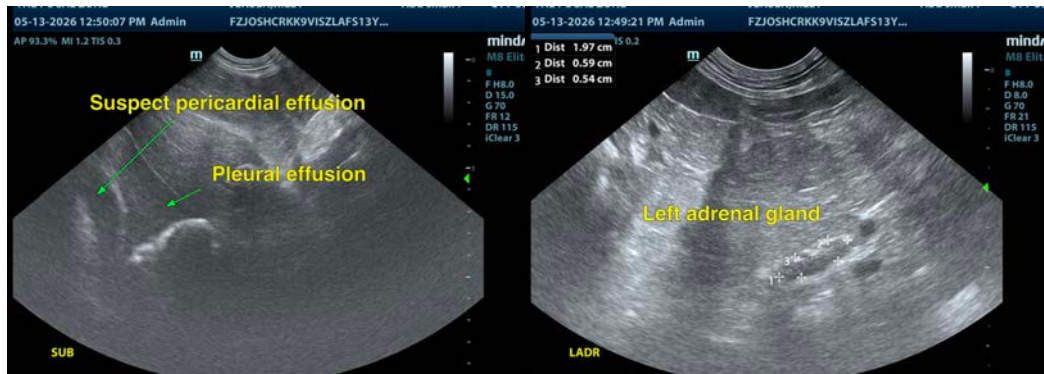
There appears to be pleural effusion and suspect pericardial effusion visualized across the diaphragm. Correlate with echocardiogram findings.

**ULTRASONOGRAPHIC FINDINGS**

- Suspect pleural and pericardial effusion.
- Splenic myelolipomas - benign aging change.
- Aging renal changes.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There appears to be pleural and likely pericardial effusion visualized across the diaphragm. Correlate with findings on echocardiogram. There are no significant intraabdominal abnormalities to explain patient's clinical signs.





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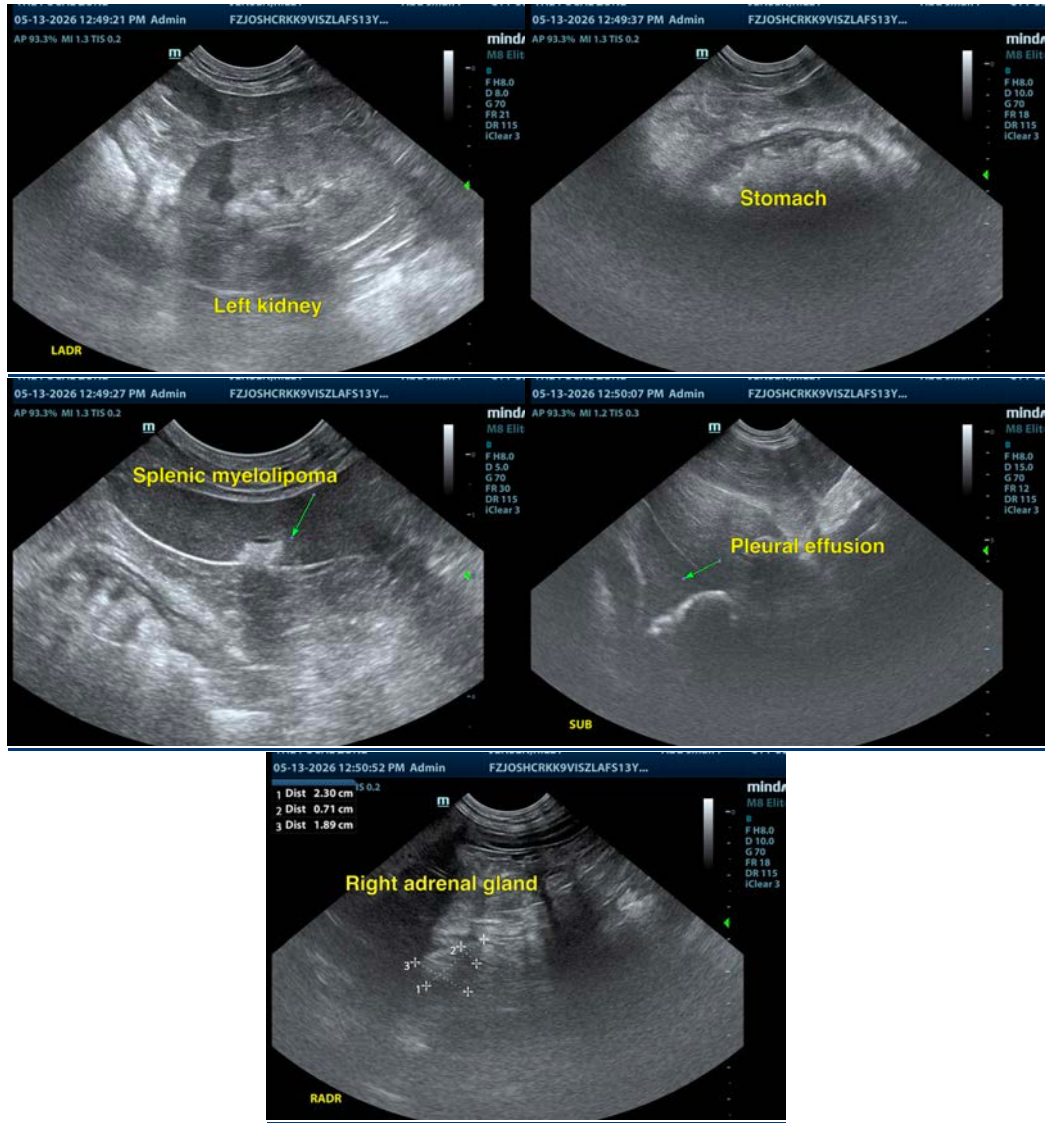
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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