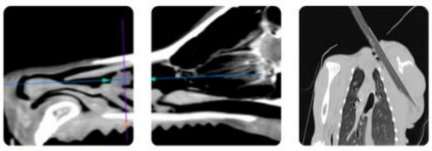


PATIENT

Molly Rettig

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed Female

AGE

4.5 Years

WEIGHT

24.9 kg

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

East Plains Animal Hospital

REFERRING VET

Dr. Hindle

INVOICE

16404

DATE

05/21/26

PRESENTING CLINICAL SIGNS

Presented for progressive weakness and inappetence which began on Monday morning and is worsening. Was at cottage on the weekend and consumed some unpopped popcorn with oil. Sunday AM she vomited multiple times but not since then. Was at EMERG Tuesday night for supportive care (Sulcrate, Cerenia, Low fat Gastro diet). Has continued to worsen, increased trembling, weak, not eating, still passing normal stool. No PU/PD, no C/S. Has been known Lyme POS on 4DX since 2025 but was never clinical. UTD on Lepto Vaccines Nov 2025. PE - QAR, shaking, no fever, uncomfortable abdomen, mild dehydration, weak. Last Cerenia last night with dinner and last Sulcrate 8AM. Is on Nexgard Spectra monthly.

Abnormal PE/Chem/CBC/UA Results: Please see attached lab results and radiographs.

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 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. The left kidney measured 7.13 cm in length. The right kidney measured 6.45 cm in length. Visualization of the cranial pole of the right kidney is limited by overlying gas filled GI tract. Measurement may possibly be inaccurate.

Adrenal Glands

Both adrenal glands were visualized and recognized as having normal shape, size, position and echogenicity for this breed and age. The visible phrenic vasculature was unremarkable. The left adrenal gland measured 2.55 cm in length and 0.54 cm at the caudal pole and 0.69 cm at the cranial pole. The right adrenal gland measured 1.97 cm in length and 0.59 cm at the caudal pole and 0.88 cm at the cranial pole.

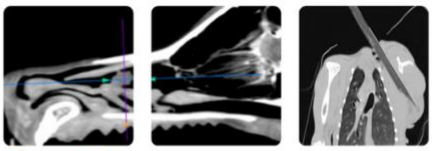
Spleen

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.

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 anechoic bile and organized non-shadowing hyperechoic debris. Gallbladder wall is mildly thickened and hypoechoic consistent with mild gallbladder wall edema.



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Gastrointestinal

The stomach contains hyperechoic amorphous non-shadowing material most consistent with ingesta/chyme. There is a small linear shadowing object measuring 1.0 cm in length, which may represent a non-food item. It does not appear obstructive or likely to become obstructive. 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 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 were noted. There is very scant free fluid noted in the cysticolic view.

ULTRASONOGRAPHIC FINDINGS

- Gallbladder wall edema.
- Very scant free fluid.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No definitive cause of clinical signs, anemia, thrombocytopenia, azotemia, and hepatopathy was identified on ultrasound. Gallbladder wall edema may indicate an anaphylactic reaction, which could explain initial clinical signs. A secondary significant systemic inflammatory reaction causing organ dysfunction following anaphylactic reaction is a possible explanation. There's no definitive test to prove this theory.

Other causes of gallbladder wall thickening are possible, including acute cholangiohepatitis, which may be infectious, inflammatory, or toxic in nature. Leptospirosis should be considered if regionally appropriate given the involvement of both kidneys and livers. Toxins remain a possibility.

Coagulation profile is recommended given anemia, though there are no overt signs of cavitary hemorrhage and no clinical indication of GI bleeding given reported normal bowel movements. Aggressive supportive care for renal and hepatic injury with monitoring of anemia for progression and potential eventual need for transfusion is recommended.

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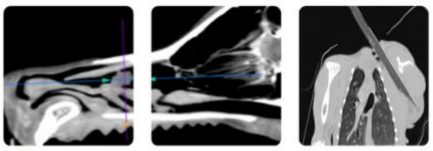

Teleradiology
Educational Teleconsultation Services™

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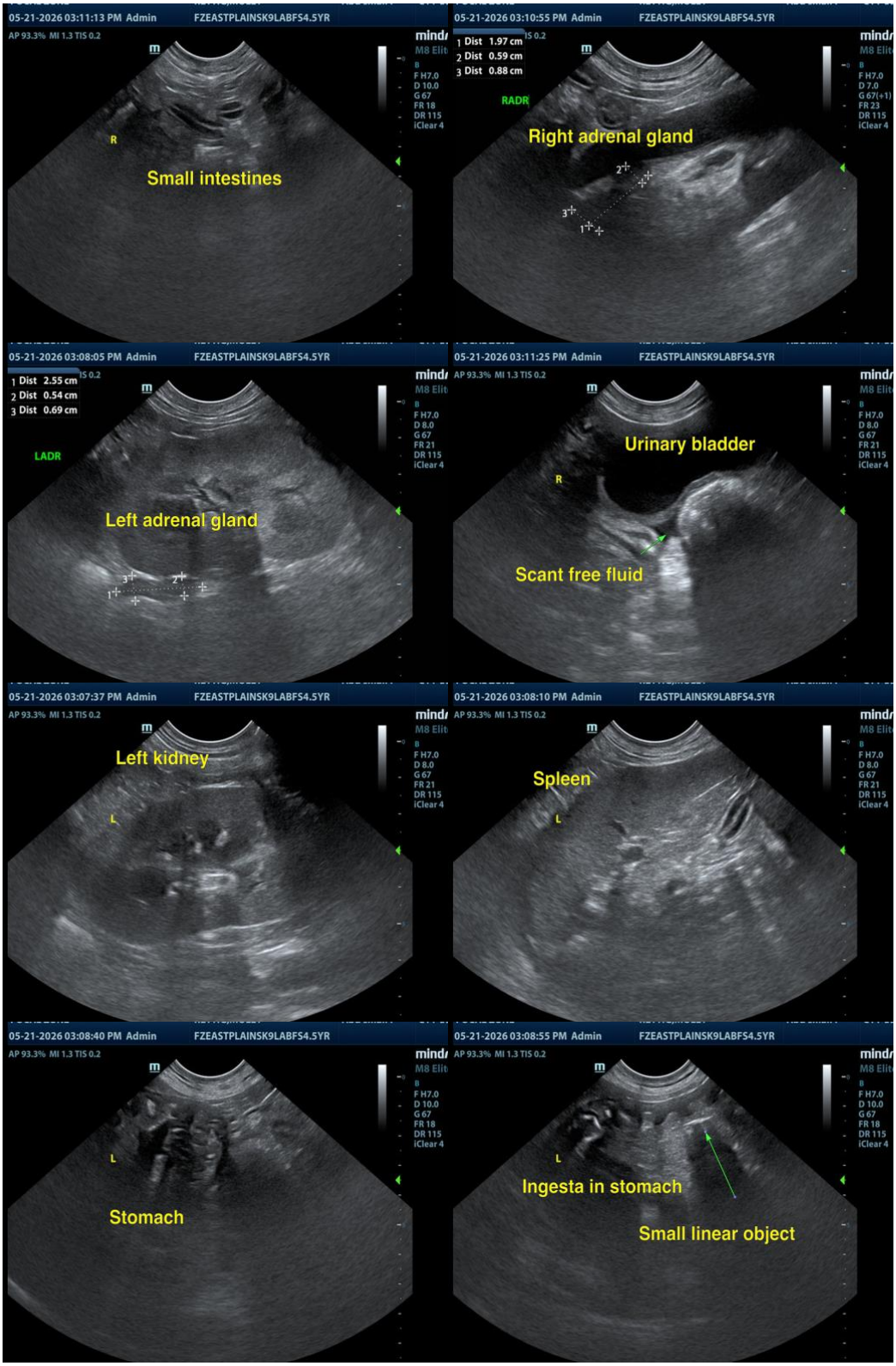

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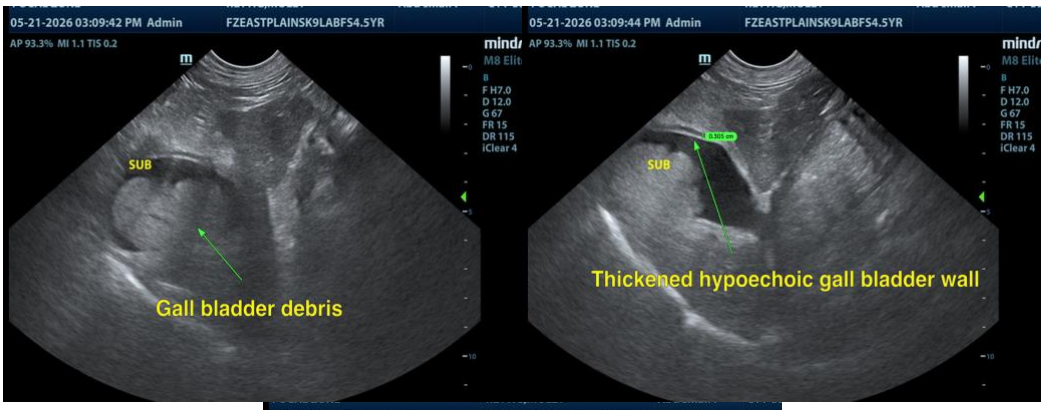

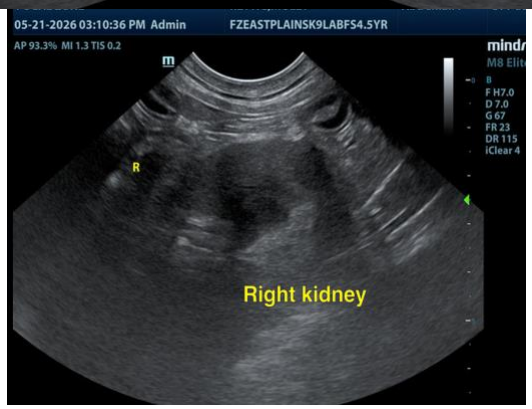

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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