



## PATIENT

Wren Diaz

## SPECIES

Canine

## BREED

Mastador

## SEX

Spayed Female

## AGE

4 Years

## WEIGHT

117 lbs

## INTERPRETED BY

Dr Brittany Sinclair,  
BVSc(hons),  
DACVECC

## IMAGING PERFORMED BY

Dr. Gallick

## HOSPITAL NAME

Magnolia Springs  
Veterinary Center

## REFERRING VET

Dr. Gallick

## INVOICE

75475

## DATE

5/27/26

## PRESENTING CLINICAL SIGNS

Hx inappetence, vomiting, and lethargy that has been progressively worsening over the past two weeks. The owner reports that approximately two weeks ago, the patient vomited her food. Since then, her appetite has been poor, and she has been picky, sometimes only eating once per day. On Friday, May 22, 2026, she vomited again shortly after eating. Her appetite has been significantly decreased since then. The owner attempted to feed a bland diet of ground turkey and rice, which the patient ate a few times before refusing it. Yesterday, May 25, 2026, the owner offered a new type of kibble. The patient ate a small amount around 1:00 PM and then vomited the undigested food and a large amount of grass around 7:00 PM. The owner has also noted a significant decrease in stool volume and describes the stool as having a mucoid appearance. Over the weekend, the patient was unusually lethargic on a 3.5-mile walk, repeatedly trying to stop and lie down in the shade, which is abnormal for her. The owner also noticed last night that the patient's gums did not look as pink as usual. She has lost nearly ten pounds since her last visit two weeks prior.

Abnormal PE/Chem/CBC/UA Results: In-house CBC/Chem 17/Lytes: Revealed markedly elevated ALT at 1,736 U/L (ref 10-125). Kidney values were normal. In-house Urinalysis: Revealed isosthenuria with a USG of 1.005. In-house Canine 4Dx SNAP: Negative. In-house Leptospirosis Antibody SNAP: Negative. Fecal analysis submitted. Leptospirosis PCR (blood and urine) sent to an outside laboratory for definitive testing. Medications Dispensed: Doxycycline: Dispensed 2.5 tablets to be given by mouth every 12 hours with food. Liver Support Supplement: Dispensed 3 capsules to be given by mouth once daily with food.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder is visualized on still images only. 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. Left kidney measured 8.18 cm. Visualization of the right kidney is somewhat limited by overlying GI tract, and a measurement cannot be obtained.

### *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. Left measures 2.54 cm in length x 0.49 cm at the caudal pole and 0.54 cm at the cranial pole. Right measures 1.62 cm in length x 0.45 cm at the caudal pole and 0.73 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.



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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. Visualization of the liver is somewhat limited by overlying gas-filled GI tract.

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.

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 pancreas is not distinctly visualized.

## Free Abdomen

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

## ULTRASONOGRAPHIC FINDINGS

- Unremarkable abdomen.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver and gallbladder are ultrasonographically normal on images provided. No significant disruption of architecture noted to suggest significant pathology. In the face of severely elevated liver enzymes, fine needle aspirate is recommended to further characterize changes. A bile acid profile to assess liver function is recommended if/when tбили normalizes. 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. Coverage for Leptospirosis is reasonable given clinical suspicion. Leptospirosis PCR should be considered prior to antibiotic therapy.



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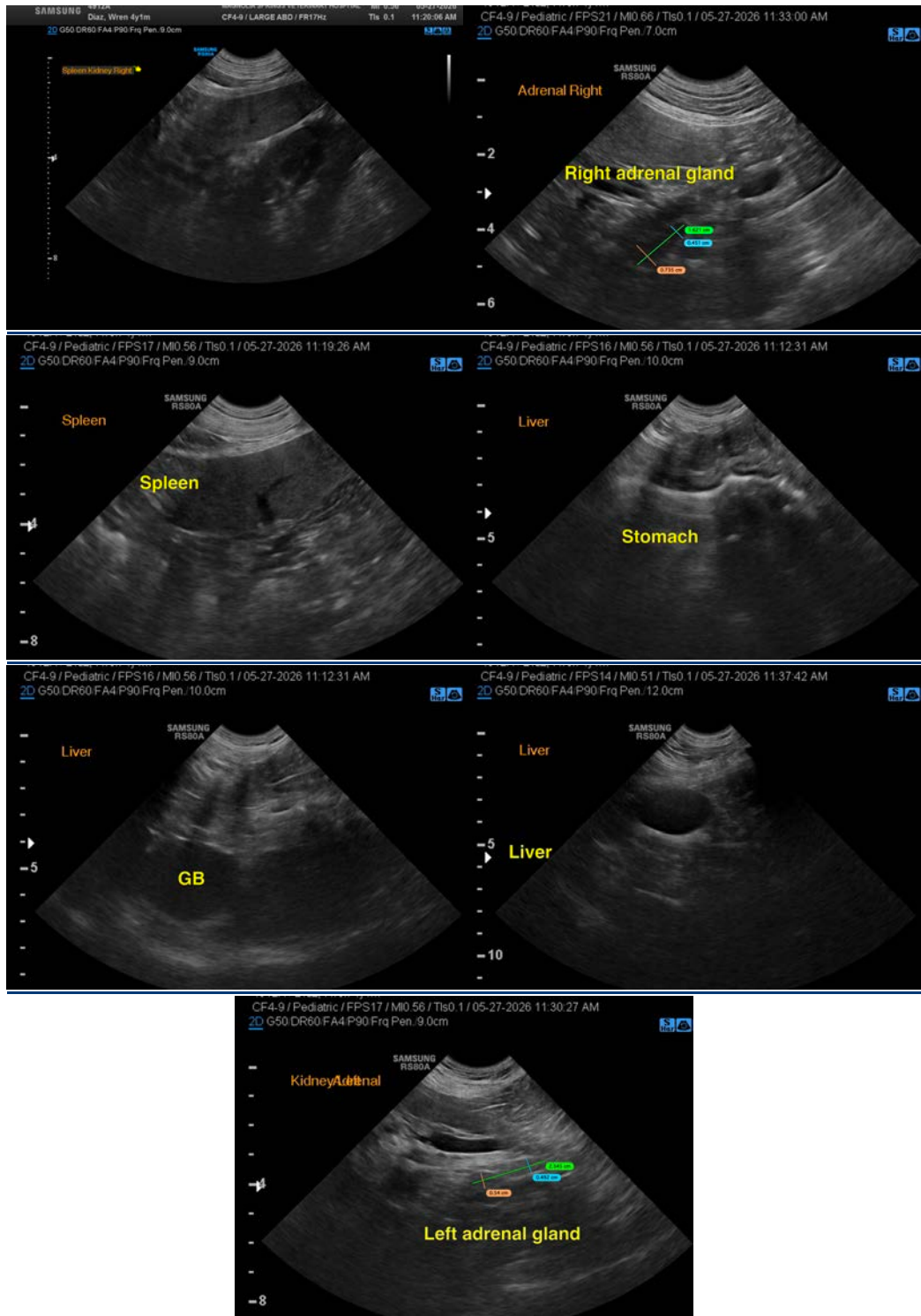
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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