



**PATIENT**

Rosie Maxwell

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

Spayed Female

**AGE**

6 Years

**WEIGHT**

36.4 kg

**INTERPRETED BY**

Dr Brittany Sinclair,  
 BVSc(hons),  
 DACVECC

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Hamilton Region Vet  
 Emergency Clinic

**REFERRING VET**

Dr. Ho

**INVOICE**

75530

**DATE**

5/29/26

**PRESENTING CLINICAL SIGNS**

Vomiting, not able to keep food or water down for the past 3-4 days, no known history of dietary indiscretion. 6-8% dehydrated & abdominal discomfort on physical exam, BCS 8/9, AFAST free fluid score 0/4. Current Medications: Maropitant 1mg/kg IV q24h, acepromazine 0.01mg/kg IV PRN, gabapentin 600mg PO q8h

Abnormal PE/Chem/CBC/UA Results: ABNORMAL Labwork Values no clinically significant findings, including normal pancreatic lipase & lactate Radiographic Findings 3 view abdominal radiographs performed, suspicious of SI dilation orad to cecum

**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. Left kidney measures 5.91 cm. Right kidney measures 6.25 cm.

**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 1.82 cm in length x 0.53 cm at the caudal pole and 0.52 cm at the cranial pole. Right measures 2.98 cm in length x 0.80 cm in thickness.

**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 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 lumen contents with a small amount of gas shadowing in some loops with no overt distention. Wall



**PATIENT**

Rosie Maxwell

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.

**SPECIES**

Canine

Sections of colon are visualized with shadowing material in the distal colon that may represent foreign material or formed feces. There is no observed focal or generalized colon wall thickening or loss of layering.

**BREED**

**Pancreas**

Golden Retriever

The visible pancreas was observed to be largely isoechoic to surrounding omental fat.

**SEX**

**Free Abdomen**

Spayed Female

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

**AGE**

**ULTRASONOGRAPHIC FINDINGS**

6 Years

- Unremarkable abdomen.

**WEIGHT**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

36.4 kg

No definitive cause of acute GI signs or dehydration identified on ultrasound. There is shadowing material in the distal colon, which may represent formed fecal material or may represent foreign material that has moved to the distal colon, which should pass normally without intervention. Treatment for acute gastroenteritis is reasonable.

**INTERPRETED BY**

Dr Brittany Sinclair,  
BVSc(hons),  
DACVECC

While the pancreas appeared sonographically normal, pancreatitis cannot be definitively ruled out. Consideration for dietary indiscretion, food sensitivity/allergy, toxin, infectious (bacterial, viral, parasitic) or mild inflammatory bowel disease is reasonable. Treatment is supportive and involves fluid support, GI support (anti-nausea, appetite stimulant), analgesia and enteral nutrition as needed. Antibiotics are generally not warranted. Serial imaging is indicated if clinical signs are not resolving. GI panel (TLI/PLI/cobalamin/folate), baseline cortisol +/- ACTH stimulation test, fecal pathogen PCR, and empiric broad spectrum deworming and treatment with probiotics should be considered as clinically warranted. Ultimately GI biopsy may be required for more definitive diagnosis.

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Hamilton Region Vet  
Emergency Clinic

**REFERRING VET**

Dr. Ho

**INVOICE**

75530

**DATE**

5/29/26





**PATIENT**

Rosie Maxwell

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

Spayed Female

**AGE**

6 Years

**WEIGHT**

36.4 kg

**INTERPRETED BY**

Dr Brittany Sinclair,  
 BVSc(hons),  
 DACVECC

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Hamilton Region Vet  
 Emergency Clinic

**REFERRING VET**

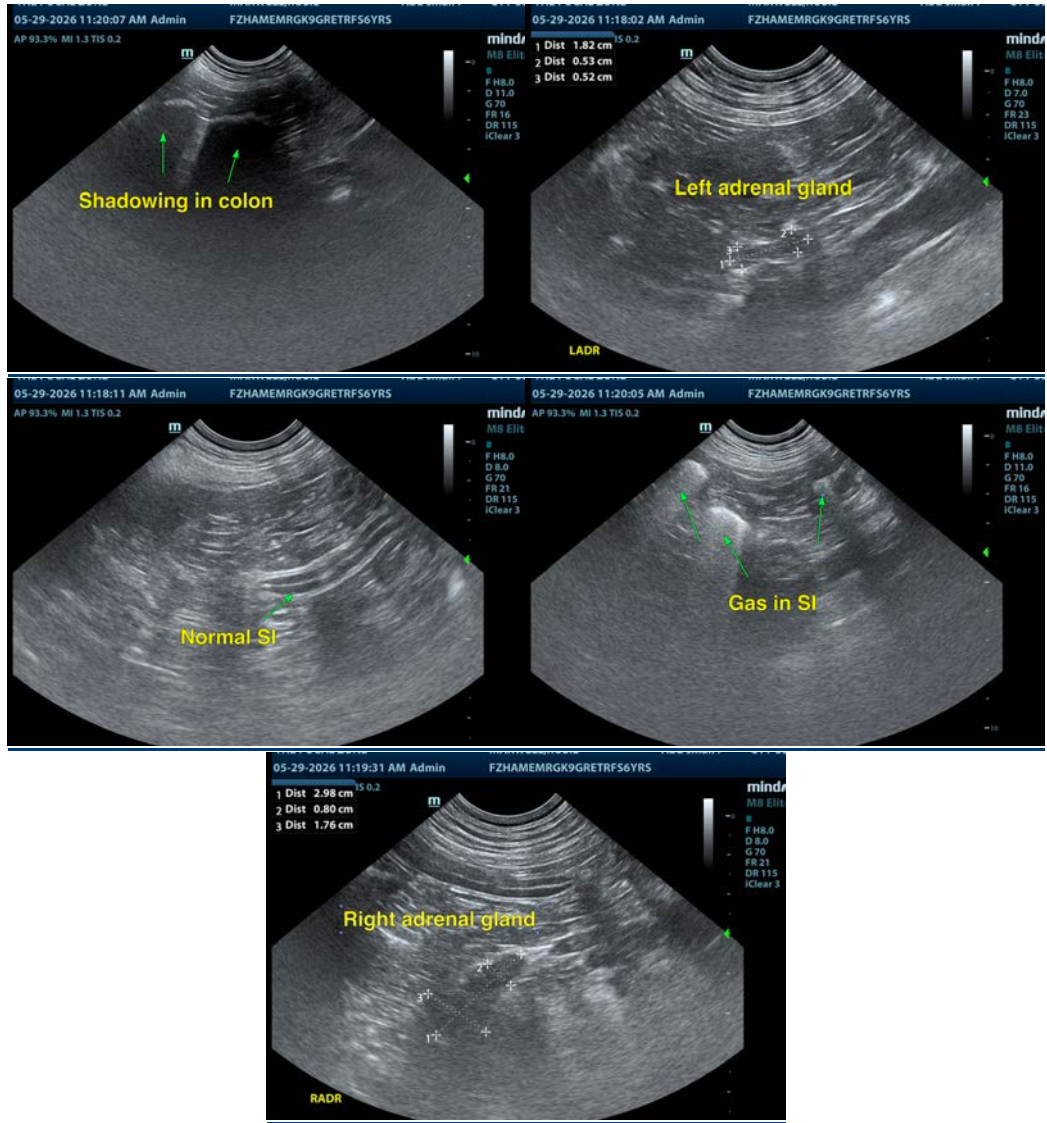
Dr. Ho

**INVOICE**

75530

**DATE**

5/29/26



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