



**PATIENT**

Fergus Tait

**SPECIES**

Canine

**BREED**

CKCS

**SEX**

Neutered Male

**AGE**

8 Years

**WEIGHT**

10 kg

**INTERPRETED BY**

Dr Brittany Sinclair,  
 BVSc(hons),  
 DACVECC

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

East Credit Veterinary  
 Hospital

**REFERRING VET**

Dr. Webster

**INVOICE**

74941

**DATE**

5/5/26

**PRESENTING CLINICAL SIGNS**

Abdomen - recurrent diarrhea, elevated spec cPL, normal B12 levels (see blood results emailed). Has been on Royal Canin Gastrointestinal Low Fat Small Dog diet since January 2025. Cardiac - Follow up on heart murmur, prior to possible general anesthesia. meds: Metronidazole 125 mg PO BID, Omeprazole 10 mg PO SID (being used for hydrocephalus), Trazodone 50 mg PO TID, Advantix topically monthly, RC Gi Low Fat Small Dog diet, Clenz-a-dent oral supplement

**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 5.13 cm.

The right kidney appears normal in size, shape and position. Resolution is significantly hindered by overlying gas-filled GI tract. The right kidney measures 5.26 cm.

**Adrenal Glands**

The left adrenal gland is normal in shape and position. It measures slightly small. Left measures 1.86 cm in length x 0.37 cm at the caudal pole and 0.39 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 measures 1.58 cm in length x 0.35 cm at the caudal pole and 0.69 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 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.



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The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with gas throughout with no overt distention. 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.

***Free Abdomen***

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

**ULTRASONOGRAPHIC FINDINGS**

- Mild nephrocalcinosis.
- Small left adrenal.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Colon is ultrasonographically normal with no signs of mural disease. Colonic wall is of normal thickness with no cause of described clinical signs. GI panel (TLI/PL/cobalamin/folate/cortisol), fecal pathogen PCR, and empiric broad spectrum deworming and treatment with probiotics should be considered. An easily digestible GI diet with consideration for addition of extra fiber could be considered. If initial treatments are unsuccessful, treatment for dietary sensitivity/allergy could be considered which includes diet trial with either hydrolyzed or select protein diet, vitamin b-12 supplementation, and continued GI support as needed. Colonoscopy may reveal pathology not visible on ultrasound.

The previously noted small cystolith was not visualized today.

The liver parenchyma appears normal and there is no ultrasonographic explanation for the elevated liver enzymes in this patient. There is no significant disruption of architecture noted to suggest significant pathology. Low grade inflammatory hepatopathy/reactive hepatopathy is a likely cause of LE elevations. Fine needle aspirate is recommended and bile acid profile to assess liver function. Ultimately liver biopsy is often required for more definitive diagnosis. Empiric treatments (SAM-E, milk thistle, Vitamin E, ursodiol if bilirubin elevated or gall bladder 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.



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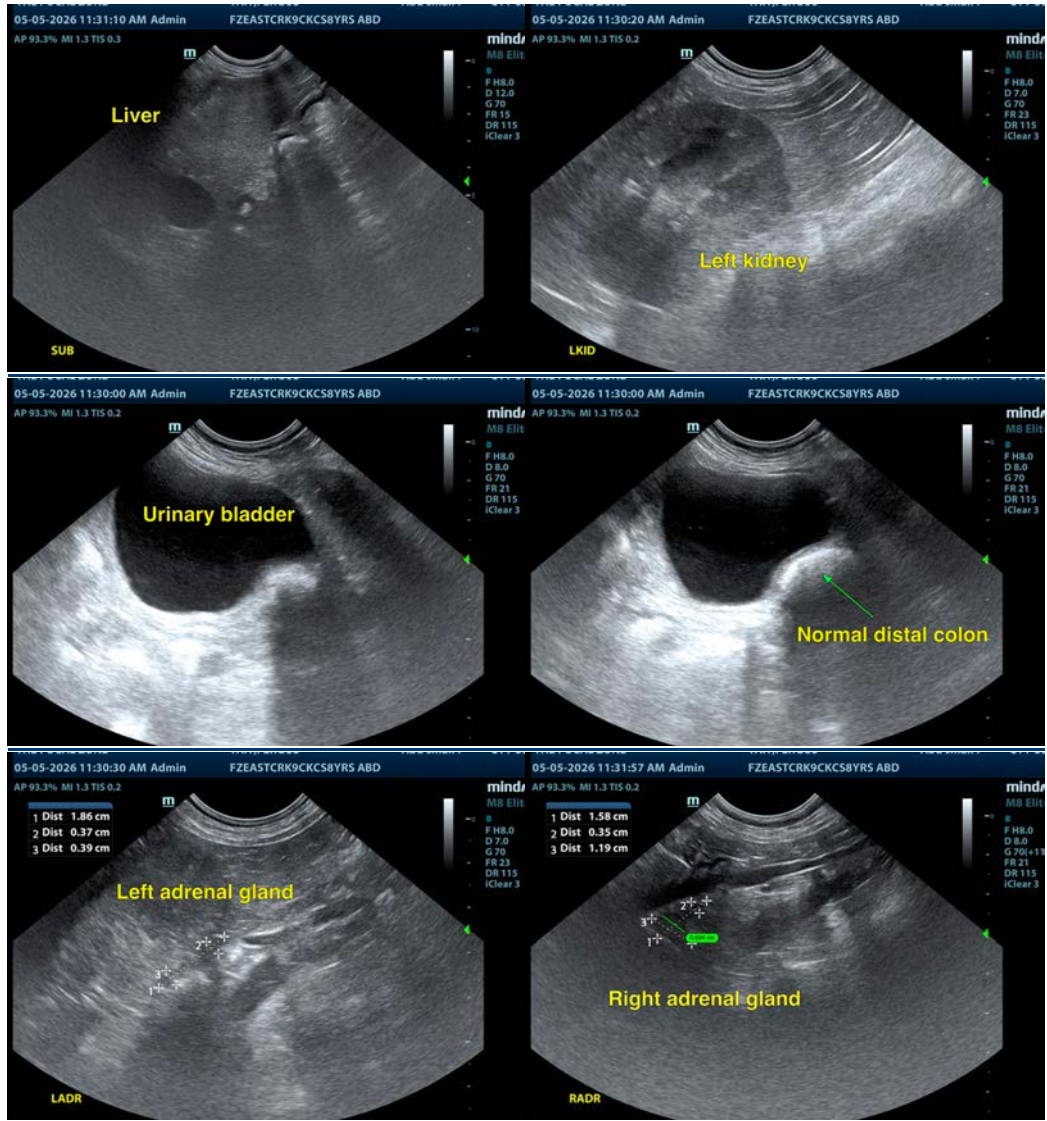
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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