



**PATIENT**

Luna Harper

**SPECIES**

Canine

**BREED**

Boxer x

**SEX**

Spayed Female

**AGE**

8 Years

**WEIGHT**

35 kg

**INTERPRETED BY**

Dr Brittany Sinclair,  
 BVSc(hons),  
 DACVECC

**IMAGING PERFORMED BY**

Amanda Stewart

**HOSPITAL NAME**

Buck Animal Hospital

**REFERRING VET**

Dr. Galbraith

**INVOICE**

74974

**DATE**

5/6/26

**PRESENTING CLINICAL SIGNS**

Lethargy, mild anemia, decreased appetite, collapse vs seizure. Current Medications: Thyro tabs bid, triacomb

Abnormal PE/Chem/CBC/UA Results: RBC 5.12 x10<sup>12</sup>/L 5.65 - 8.87 LOW 5.73 x10<sup>12</sup>/L HCT 33.9 % 37.3 - 61.7 LOW 37.8 % HGB 12.4 g/dL 13.1 - 20.5 LOW LYM 5.51 x10<sup>9</sup>/L 1.05 - 5.10 HIGH MPV 14.5 fL 8.7 - 13.2 HIGH 14.0 fL ALKP < 10 U/L 23 - 212 LOW CHOL 2.47 mmol/L 2.84 - 8.26 LOW AMYL 1989 U/L 500 - 1500 HIGH Primary Question to Be Answered in This Exam neoplasia, internal bleeding, mass???

**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 measured 6.33 cm. Right kidney measures 6.23 cm.

**Adrenal Glands**

The left adrenal gland is not distinctly visualized but the area and surrounding vasculature are normal.

The right adrenal gland is visualized on still images only. They appear to have normal shape, size, position and echogenicity for this breed and age though this could not be confirmed on cine loops. Right measured 2.02 cm in length x 0.56 cm at the caudal pole and 0.73 cm at the cranial pole.

**Spleen**

The spleen was normal in size with a slightly irregular capsular margin and diffusely mottled echotexture. There is a small hypoechoic non-capsular distending hypoechoic nodule noted measuring approximately 0.68 cm x 0.76 cm.

**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 gas throughout with no overt distention. Wall thickness is normal. Bowel loops follow a curvilinear path



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

**Free Abdomen**

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

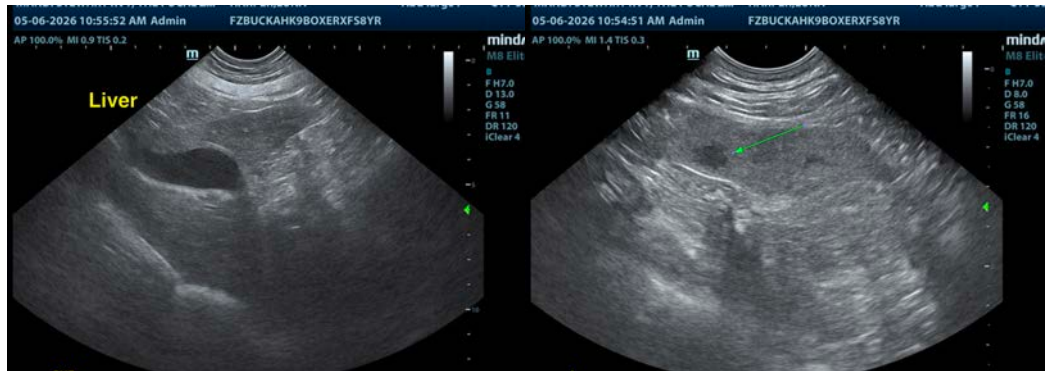
**ULTRASONOGRAPHIC FINDINGS**

- Small splenic nodule – Likely incidental to clinical signs.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No cause of lethargy, inappetence, and collapse for seizure was found on abdominal ultrasound. Further assessment may include urinalysis, chest radiographs, ECG, blood pressure measurement, and full neurologic, ocular and orthopedic evaluation.

The splenic nodule noted is small and not likely related to reported clinical signs. It does not have any overt ultrasonographic features concerning for a mass, though this cannot be definitively ruled out with ultrasonographic appearance. It may represent a benign hematoma, hemangioma, regenerative or reactive nodule. FNA is recommended to further define. Repeat ultrasound evaluation (every 2-3 months) for progression or resolution is recommended pending aspirate results.





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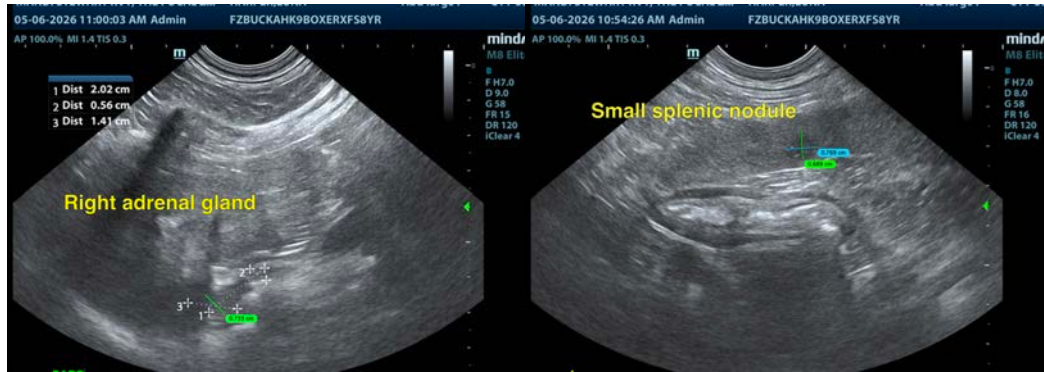
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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