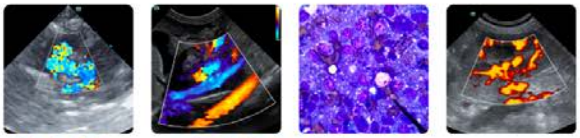


SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Patches Ewert

SPECIES

Canine

BREED

Terrier x

SEX

Neutered Male

AGE

13 Years

WEIGHT

14.5 kg

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Fairview Animal Clinic

REFERRING VET

Dr. Combe

INVOICE

75668

DATE

6/4/26

PRESENTING CLINICAL SIGNS

Presented for annual wellness 5-22-26. Had been a rescue from the US, previously HW + and treated with melarsomine prior to adoption. On a preventative until 2018 then was not on anything. HW and microfilaria + 5-22-2026. II/VI systolic HM, PMI left heart base, pulses synchronous, no arrhythmia. Moderate dental disease. Current Medications: doxycycline 150mg q12h; prednisone 7.5 mg q12h (on for 1 week); Heartguard, bravecto

Abnormal PE/Chem/CBC/UA Results: HW Ag + microfilaria 21-50/LPF mild increase BUN 11.2 mmol/L mild increase albumin 42g/L ALT increased 348 ALP increased 1911 Radiographic Findings VHS 11, enlarged r/o slight loss of caudal cardiac waist

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. A small spherical anechoic fluid accumulation is noted consistent with cortical cyst. Left kidney measures 5.45 cm.

Resolution of the right kidney is limited by overlying gas-filled GI tract. Right kidney measures 4.52 cm.

Adrenal Glands

The left adrenal gland is visualized and recognized as having normal shape, size, position and echogenicity for this breed and age. The visible phrenic vasculature was unremarkable. Left measures 1.91 cm in length x 0.67 cm at the caudal pole and 0.56 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 1.6 cm in length x 0.71 cm in thickness.

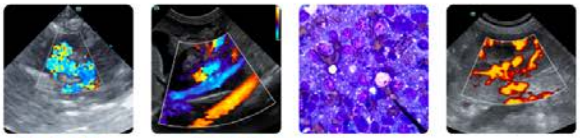
Spleen

The spleen had a generally smooth homogeneous parenchyma and a smooth capsule with a solitary hyperechoic nodule visualized most consistent with benign myelolipoma. There was 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 enlarged with rounding of the hepatic borders. Parenchyma is diffusely hyperechoic with subtle hypoechoic nodules noted, especially in the left liver. No cystic masses were visualized.

The gall bladder is moderately distended with anechoic fluid, with hyperechoic non-shadowing gravity dependent debris present. There is no surrounding free fluid or signs of active inflammation.



SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Patches Ewert

SPECIES

Canine

BREED

Terrier x

SEX

Neutered Male

AGE

13 Years

WEIGHT

14.5 kg

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Fairview Animal Clinic

REFERRING VET

Dr. Combe

INVOICE

75668

DATE

6/4/26

Gastrointestinal

The stomach contains a small amount of ingesta. 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 ingesta throughout. 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

- Hyperechoic hepatomegaly with subtle hypoechoic nodules.
- Mild aging renal changes.
- Splenic myelolipoma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Liver changes are most consistent with a vacuolar hepatopathy, though this diagnosis cannot be definitively made with ultrasound imaging alone. Vacuolar degeneration is a common nonspecific indicator of hepatocyte injury which is most commonly secondary to exogenous steroid exposure, hyperadrenocorticism, or an idiopathic age related change, though other endocrinopathy (hypothyroidism), infectious or inflammatory hepatitis (bacterial, viral, auto-immune other), and neoplasia among other things remain possibilities. In the face of elevated liver enzymes liver aspirate is recommended to further characterize these ultrasonographic changes. Ultimately liver biopsy is generally required for definitive diagnosis and should be considered if significant clinical signs or severe liver enzyme elevations are progressive despite empiric treatments (SAM-E, milk thistle, Vitamin E, ursodiol). Bile acid profile could be considered to assess liver function if clinically indicated. Clinical signs associated with vacuolar hepatopathy often reflect underlying disease. Idiopathic vacuolar hepatopathy may be asymptomatic and treatment is not necessarily indicated or effective at reducing liver enzymes. Imaging should be rechecked on a routine basis (q3-6mo) or if further significant increase in liver enzymes and/or new clinical signs are noted.

Splenic changes are a common age related change and hyperechoic areas are most consistent with benign myelolipoma, but infiltrative disease (lymphoma, MCT, other) cannot be definitively ruled out. No significant disruption of architecture noted to suggest significant pathology. Fine needle aspirate could be considered to further characterize parenchymal changes if clinically indicated, especially if any weight loss is noted or for baseline cytological assessment.

PATIENT

Patches Ewert

SPECIES

Canine

BREED

Terrier x

SEX

Neutered Male

AGE

13 Years

WEIGHT

14.5 kg

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Fairview Animal Clinic

REFERRING VET

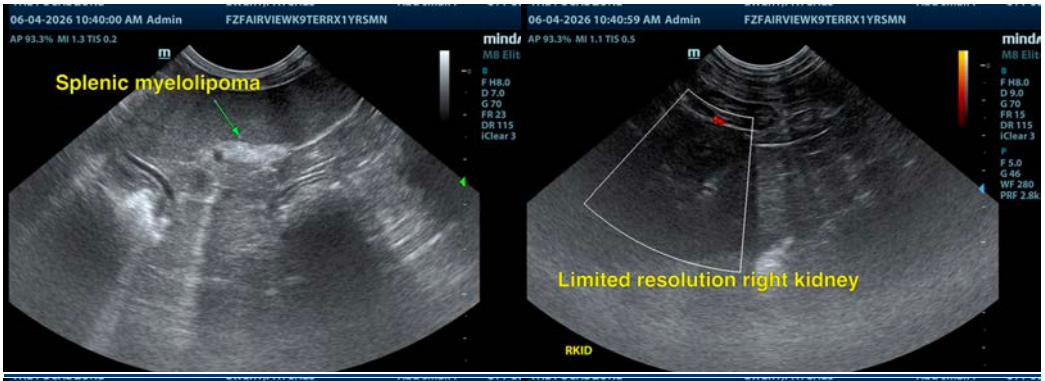
Dr. Combe

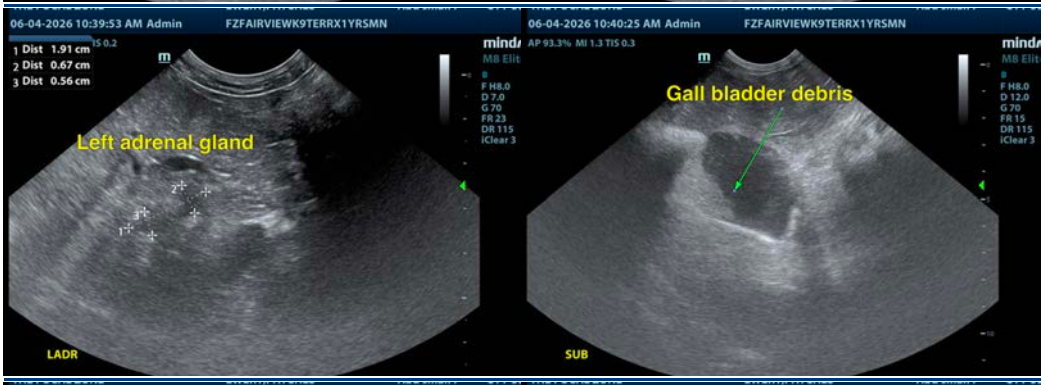
INVOICE

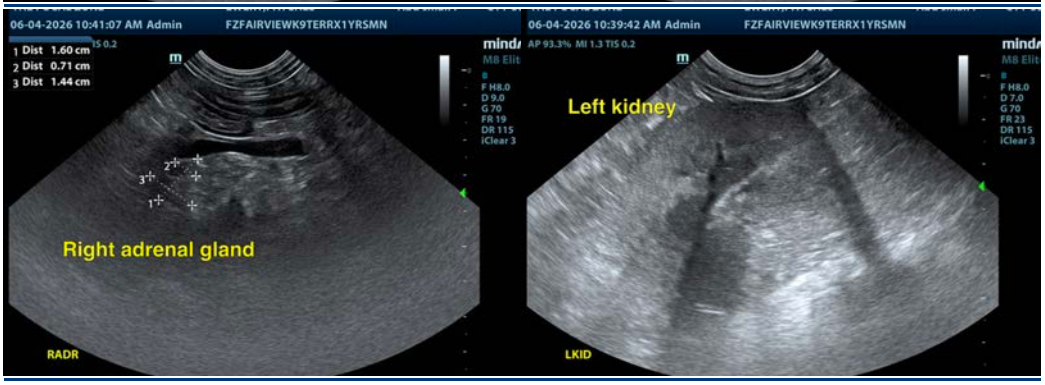
75668

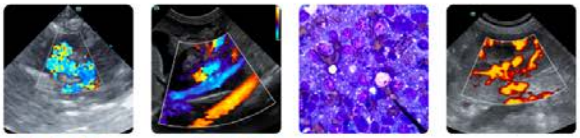
DATE

6/4/26









SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Patches Ewert

SPECIES

Canine

BREED

Terrier x

SEX

Neutered Male

AGE

13 Years

WEIGHT

14.5 kg

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Fairview Animal Clinic

REFERRING VET

Dr. Combe

INVOICE

75668

DATE

6/4/26

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