



PATIENT

Juno Eisenberger

SPECIES

Canine

BREED

Doodle

SEX

Spayed Female

AGE

13 Years

WEIGHT

21 kg

INTERPRETED BY

Dr Brittany Sinclair,
BVSc(hons),
DACVECC

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Animal Hospital of
Stoney Creek

REFERRING VET

Dr. Settimi

INVOICE

75723

DATE

6/5/26

PRESENTING CLINICAL SIGNS

Owner's baby was in the NICU and Juno was staying with their parents for a few weeks. When the owners got back home, Juno was not herself. She had lost some weight, she seemed very quiet, and more thin. She is also doing an abdominal breathing pattern sometimes.

Abnormal PE/Chem/CBC/UA Results: Mild-moderate normocytic hypochromic regenerative anemia

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 5.57 cm. Right kidney measures 5.52 cm.

Adrenal Glands

Adrenal glands are visualized and measured on still images only. Resolution is inadequate to assess glandular detail or confirm measurement. Left measures 1.81 cm in length x 0.60 cm at the caudal pole and 0.63 cm at the cranial pole. Right measures 1.89 cm in length x 0.53 cm in thickness.

Spleen

The spleen is enlarged with a diffusely irregular capsule. The parenchyma is diffusely mottled. There is a somewhat poorly defined splenic mass with minimal areas of cavitation measuring at least 4.0 cm x 6.0 cm noted within the body of the spleen.

Liver

In the left liver lobe there is a complex, partially cavitated liver mass measuring at least 4.1 cm x 7.9 cm. It is not well circumscribed, and the true measurements are likely larger, as it cannot all fit on one still image. The right liver has a more normal homogeneous parenchymal appearance.

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 gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.



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Pancreas

The pancreas is not distinctly visualized.

Free Abdomen

No clinically significant lymphadenopathy or abnormalities noted.

There is scant free fluid visualized.

Other

There is concern for pleural effusion on brief cardiac assessment. There is no obvious pericardial effusion or right atrial disease.

ULTRASONOGRAPHIC FINDINGS

- Liver and splenic masses.
- Free fluid.
- Pleural effusion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The presence of multiple masses across the liver and spleen is most concerning for metastatic neoplasia. The abdominal effusion is concerning for hemorrhagic effusion, and abdominocentesis could be considered to further assess. Hemangiosarcoma is a top differential, though other neoplasia is possible. Overall prognosis is poor. FNA of the liver and/or spleen could be attempted to further define if desired. Thoracic radiographs are recommended to further assess the thoracic cavity and thoracentesis may be indicated.





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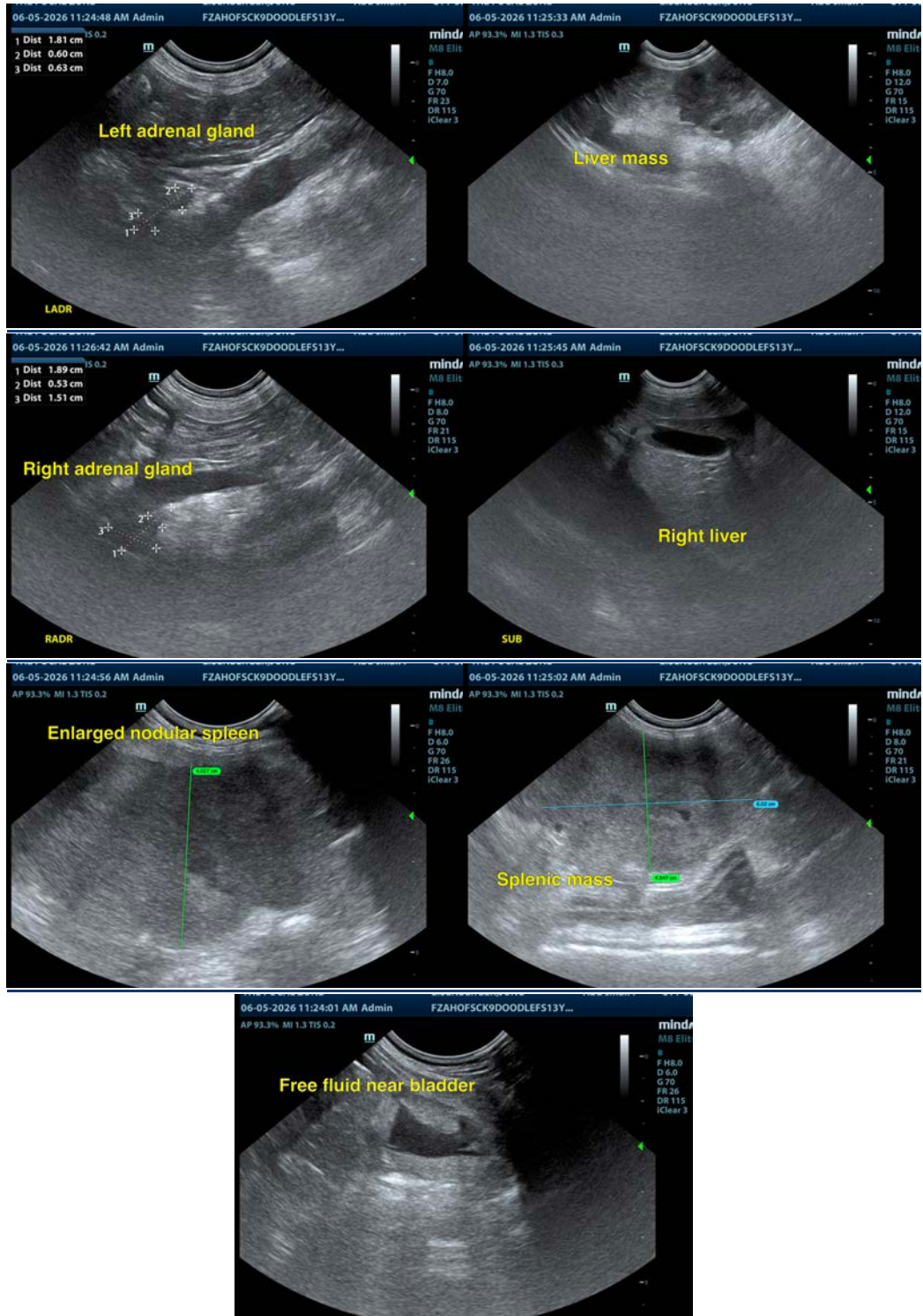
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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