

PATIENT PRESENTING CLINICAL SIGNS

Oreo Nottingham

History: Has been losing weight for the last year. No V/D/C/S. No vaccinated for Lepto, current on rest of vaccines. Weakness and periods of collapse and lethargy for the last 24 hours. On exam, mucosa pale pink, CRT <2s, NAF on cardiothoracic exam, mobile, alert, no ataxia. Stiff though stifles bilaterally with pain on thoracolumbar palpation. Ears clear, no vestibular signs, pulses strong and synchronous.

SPECIES

Canine

Current Medications: Baytril 25 mg PO SID

BREED

Rat Terrier

Abnormal PE/Chem/CBC/UA Results: CBC - M2 early regenerative anemia (Hct 28%). This dog normally has Hct near 50%. Mild neutrophilia, normal platelets, mild uremia and mild (consistent) increases in ALT and ALP. Markedly dark urine with a USG 1.016 and no RBC, 4+ hemoglobin on dipstick as well as M2 bilirubin. No RBCs on manual check so suspect hemoglobinuria, marked rods. Suspect primary or secondary IMHA, bleeding neoplasia, GI disease, less likely non-regenerative anemia.

SEX

Female Spayed

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

AGE

16

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.

WEIGHT

5 kg

The left kidney measures 3.44 cm in length and has an irregular capsule and hazing of corticomedullary definition to the point of inability to determine cortical/medullary ratio. Mild pelvic dilation was present.

INTERPRETED BY

Dr Brittany Sinclair,
BVSc(hons),
DACVECC

The right kidney appears generally normal-in-shape (3.67 cm in length) and position. Overlying gas-filled GI tract significantly limits resolution and ability to assess parenchyma.

Adrenal Glands

The caudal pole of the left adrenal gland is enlarged and rounded consistent with a developing mass (1.68 cm in length, 1.06 cm at the caudal pole and 0.47 cm at the cranial pole). Cranial pole is apparently more normal-in-size. The resolution is limited by overlying gas-filled GI tract. There are no over abnormalities in the phrenic vasculature.

IMAGING PERFORMED BY

Kelly Reschny

Right adrenal gland was visualized and measured on still image only (1.61 cm in length and 0.60 cm in thickness). Resolution is inadequate to assess glandular detail or confirm measurement.

HOSPITAL NAME

Huntington AH

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.

REFERRING VET

Granacki

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.

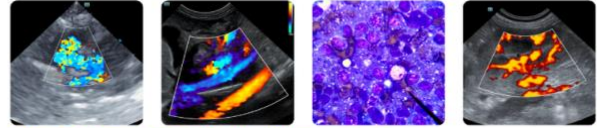
INVOICE

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

DATE

6-5-26



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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.

Pancreas

The area of the pancreas was isoechoic to surrounding tissue with no overt inflammation. Pancreatic tissue was not distinctly visualized which is common.

Lymph Nodes

No clinically significant lymphadenopathy or abnormalities noted.

Free Abdomen

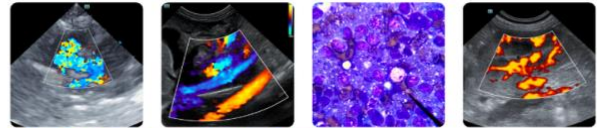
No free fluid was noted.

ULTRASONOGRAPHIC FINDINGS

- Developing left adrenal mass and degenerative renal changes with mild pyelectasia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Visible degenerative renal changes are likely age-related degeneration, the clinical significance of mild pyelectasia is uncertain, but given the reportedly marked rods on urinalysis, pyelonephritis is possible.
- Left adrenal developing mass may be malignant or benign, and hormonally active or inactive. It is not a likely cause of patient's current clinical signs. Though hypercortisolemia can cause hypercoagulability, leading to vascular events which may cause clinical signs. Pheochromocytomas can also cause spikes in blood pressure, which can cause vascular events or transient neurologic signs. I suspect this is more likely to be incidental to patient's clinical signs. Adrenal gland function testing can be considered.
- No definitive cause of anemia was identified on ultrasound and further work-up may include reticulocyte count, pathology review of CBC and infectious disease testing.



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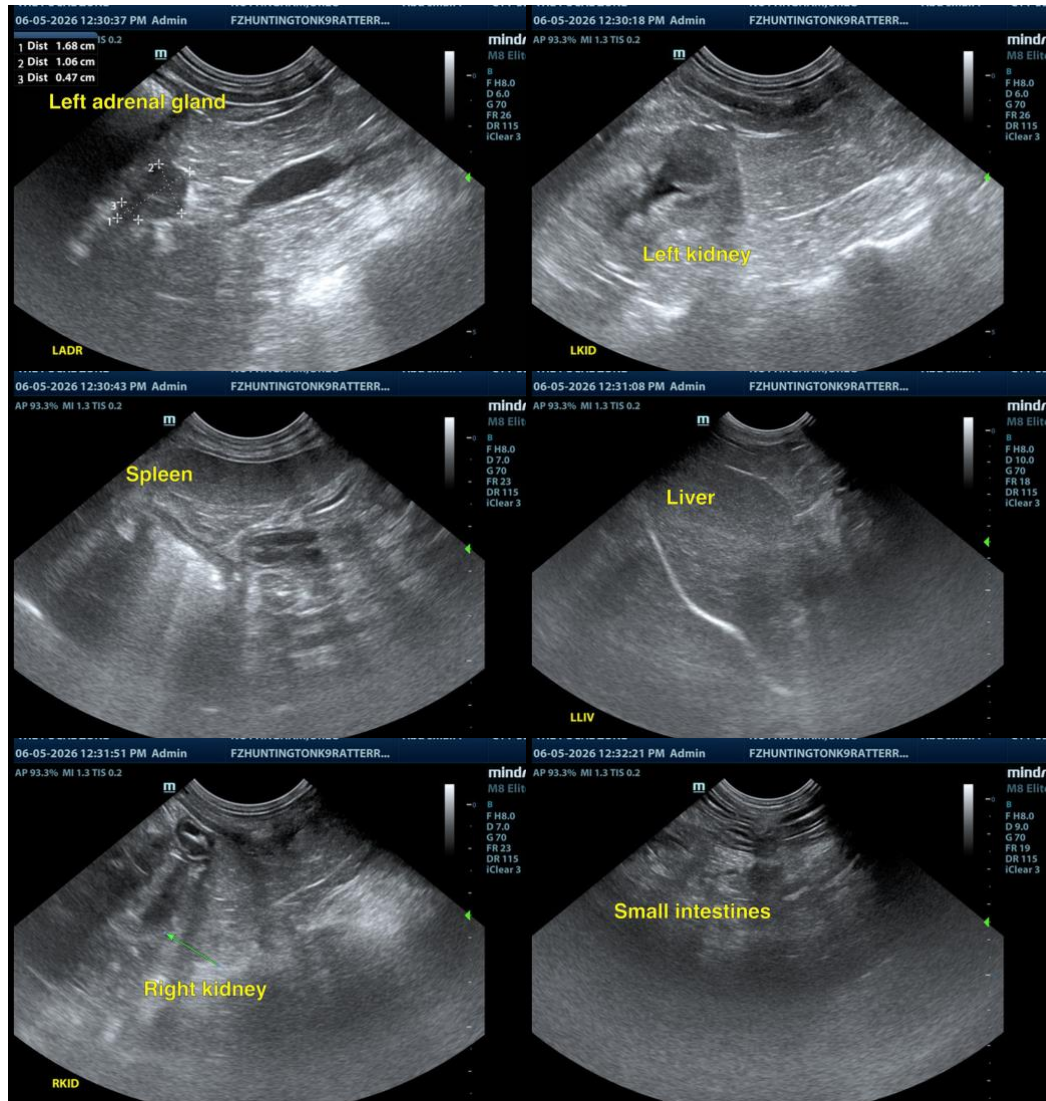
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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