



**PATIENT**

Trooper David

**SPECIES**

Canine

**BREED**

Dutch Shepherd

**SEX**

Intact Male

**AGE**

7 months

**WEIGHT**

17 kg

**INTERPRETED BY**

Dr Brittany Sinclair,  
 BVSc(hons),  
 DACVECC

**IMAGING PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Hamilton Region  
 Emergency Clinic

**REFERRING VET**

Dr. Yaseem

**INVOICE**

12089

**DATE**

6/5/2026

**PRESENTING CLINICAL SIGNS**

Presented for 3 days lethargy, normal appetite, last night didn't want his kong with food in it, but when offered food on its own he accepted it. This is very unlike him, No vomiting, is on Orijen puppy and cow ear chews. Increased urination past 3 days, larger volume and increased water consumption. Owners have been trying to limit this activity and trying to encourage smaller more frequent drinks. Softer BM this afternoon but normal prior to this. Has been Nexgard Spectra given three days ago but has had it in past no problem.

Abnormal PE/Chem/CBC/UA Results: MCV 59.4, MCH 20.5, Retic HGB 19.2, WBC 19.38, Neut 12.88, ALKP 244.

**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 was visualized and measured at an oblique angle, which likely underestimates its true length. Left kidney measures 5.46 cm in length.

The right kidney had a small indentation in the mid body of the kidney. It was otherwise normal in shape, size, and position with normal corticomedullary distinction. No pelvic dilation was present. The right kidney measures 6.97 cm in length.

**Adrenal Glands**

Both adrenal glands were visualized and recognized as having normal shape, size, position and echogenicity for this breed and age. The visible phrenic vasculature was unremarkable.

Left adrenal measures 2.08 cm in length, 0.43 cm at the caudal pole and 0.59 cm at the cranial pole. Right adrenal measures 2.84 cm in length, 0.48 cm at the caudal pole and 1.04 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**



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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.

**SPECIES**

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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.

**BREED**

Dutch Shepherd

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.

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**Pancreas**

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

**AGE**

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**Lymph nodes**

Mesenteric lymph nodes are slightly prominent with a normal length to width ratio consistent with patient's age.

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**ULTRASONOGRAPHIC FINDINGS**

- Small indentation in the right kidney – Likely incidental.
- Mild mesenteric lymphadenopathy consistent with age.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There is no ultrasonographically evident cause of reported abnormal appetite in this abdominal study. Pancreas and GI tract are within normal limits. A urinalysis is recommended to further investigate reported increased drinking and to assess USG. While not sonographically evident, pancreatitis cannot be completely ruled out. Empiric treatment for GI signs including anti-nausea, appetite stimulant and fluid support as clinically indicated is warranted. A diet trial with hydrolyzed protein or select protein diet could be considered if food sensitivity is suspected clinically. If signs are persistent or recurrent, additional diagnostics to be considered include baseline cortisol +/- ACTH stimulation test, GI panel (TLI/PLI/cobalamin/folate), fecal pathogen panel, thyroid testing, bile acid profile, and thoracic radiographs to rule out occult neoplasia, cardiac disease and esophageal disease as potential causes.

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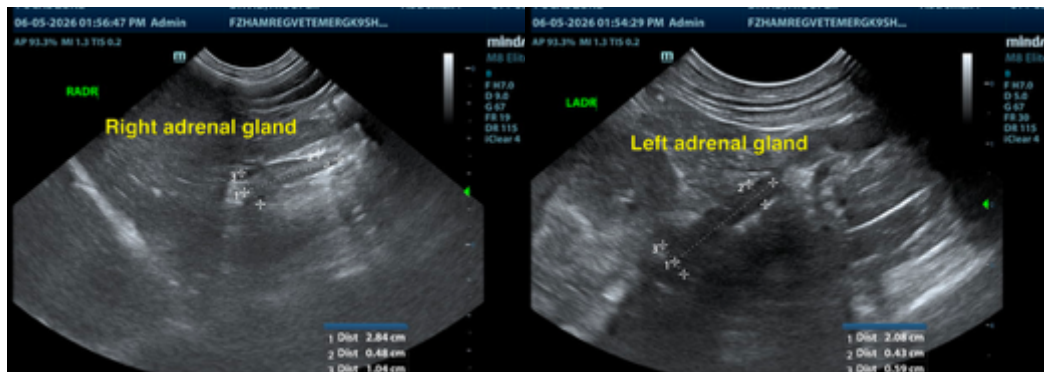
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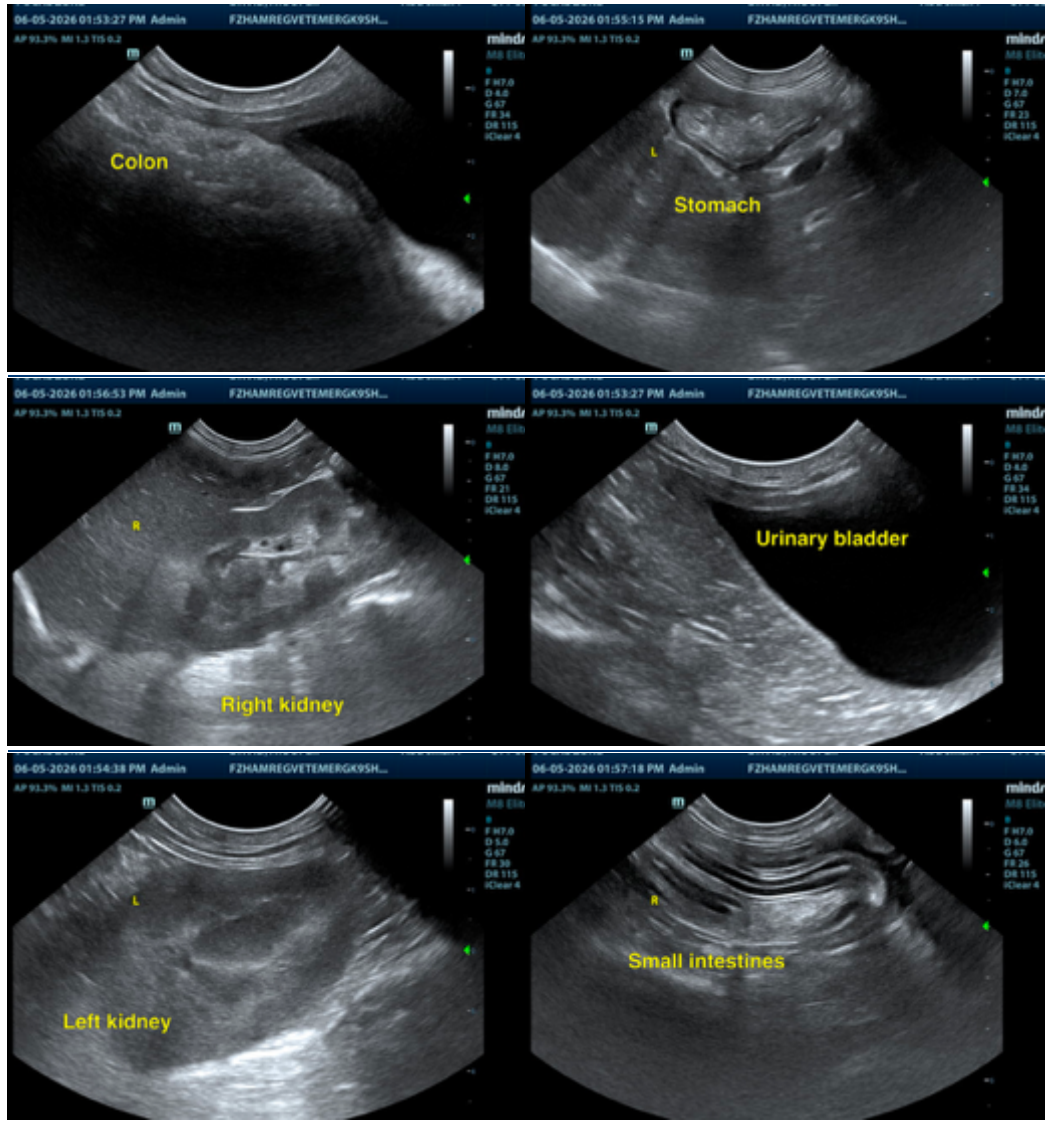
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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