

PATIENT

Moxie Williams

SPECIES

Canine

BREED

Rottie Mix

SEX

Spayed Female

AGE

8 Years

WEIGHT

28 kg

INTERPRETED BY

Dr Brittany Sinclair,
 BVSc(hons), DACVECC

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Main Street Animal
 Hospital

REFERRING VET

Dr. Brochu

INVOICE

16459

DATE

06/08/26

PRESENTING CLINICAL SIGNS

Losing weight. Vomiting 2-3 hours post eating but not every meal and then retching for a while (confirmed V not regurge). Having on and off trouble with bowel movements - one day ok another not. Loves eating cat grass. Quieter than normal last couple weeks. Fully weaned off trazodone, Os followed weaning instructions. Feeding fish based diet. Also gets supplement of fish oil to food. Would not eat breakfast today or pill pocket treat. Drinking water. No coughing or sneezing. Has had a long history of GI issues overall. Current Medications: Cerenia 60mg - 1 tab PO q24

Primary Question to Be Answered in This Exam Does this animal require FB surgery or medical management of GI disease

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 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. Visualization and resolution of the right kidney was severely limited making assessment and measurement possibly inaccurate. This is commonly related to breed related anatomical positioning, and patient compliance. The left kidney measured 6.62 cm in length. The right kidney measured 6.01 cm in length.

Adrenal Glands

Adrenal glands were 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. The left adrenal gland measured 2.38 cm in length and 0.6 cm at the caudal pole and 0.57 cm at the cranial pole. The right adrenal gland measured 2.08 cm in length and 0.55 cm at the caudal pole and 0.93 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 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.

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The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with gas and 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.

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

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Lymph Nodes

There are multiple significantly enlarged, rounded, hypoechoic lymph nodes noted throughout the abdomen, extending from the aortic trifurcation cranially along the aorta and including mesenteric lymph nodes.

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Free Abdomen

No masses or free fluid were noted.

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ULTRASONOGRAPHIC FINDINGS

- Significant multicentric abdominal lymphadenopathy.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Multicentric abdominal lymphadenopathy is most concerning with infiltrative disease with lymphoma being a top differential. Lymph node aspirate is recommended to further define.

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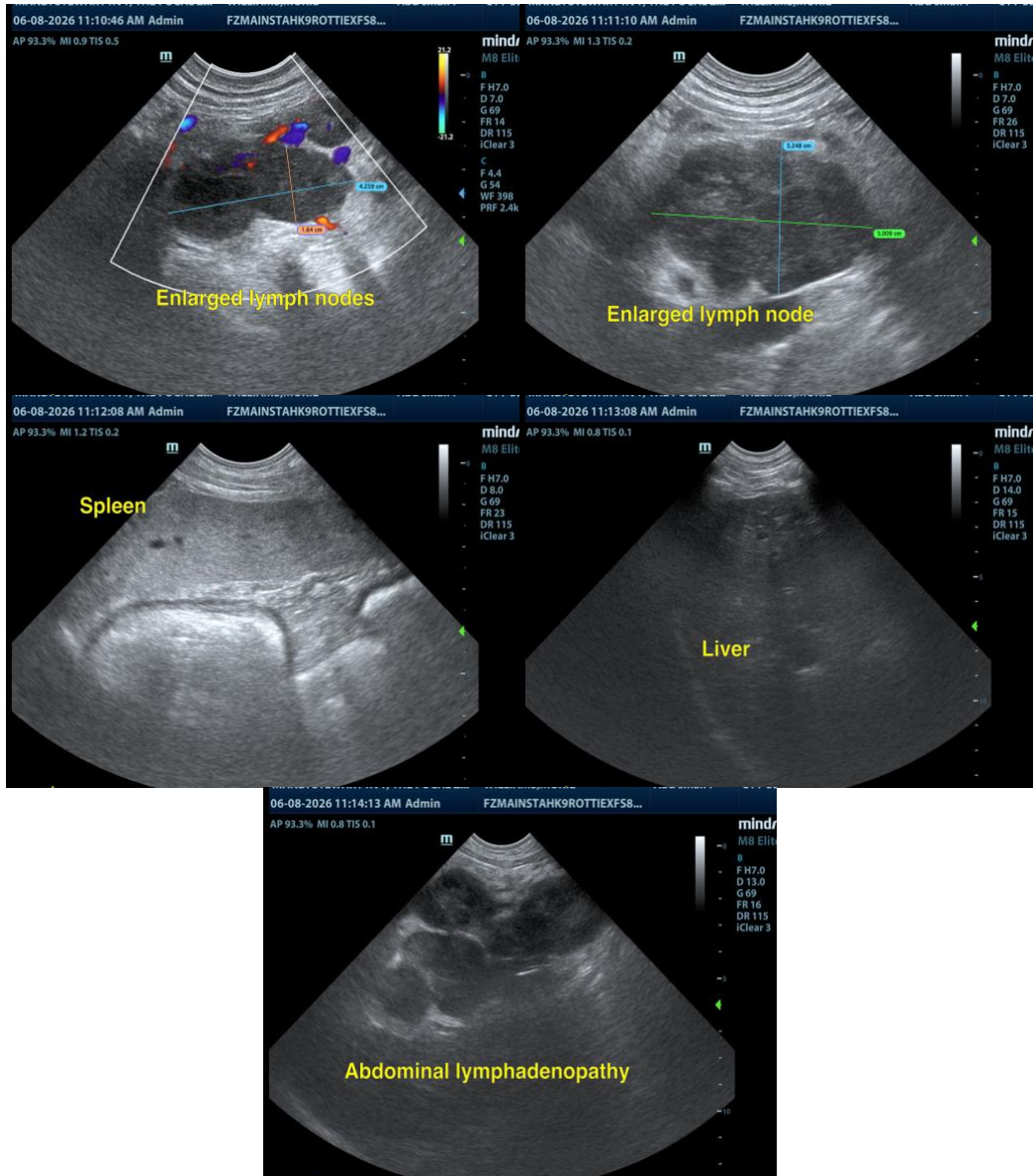
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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