



**PATIENT**

Hugo Hock

**SPECIES**

Canine

**BREED**

German Shepherd

**SEX**

Neutered male

**AGE**

5 years

**WEIGHT**

86.4 lbs

**INTERPRETED BY**

Dr Brittany Sinclair,  
BVSc(hons), DACVECC

**IMAGING PERFORMED BY**

A Murphy CVT

**HOSPITAL NAME**

Wauwatosa VC

**REFERRING VET**

Dr. Haynes

**INVOICE**

42244

**DATE**

12/20/22

**PRESENTING CLINICAL SIGNS**

History: Multiple episodes of vocalizing while defecating. Symptoms with metronidazole + gabapentin. P has chronic history of recurrent loose stool. Screening for GI tract abnormality. (pancreatitis, inflammatory bowel disease.) \*Sedated with dexmedetomidine/butorphanol

**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 prostate was not visualized.

The kidneys were both normal size and structure, with smooth capsule and normal corticomedullary definition and ratio (cortex 1/3 of medulla). Medullary structure differed distinctly from that of the cortex. No evidence of pelvic dilation was present. The right kidney measured 5.55 cm. The left kidney measured 5.64 cm.

**Adrenal Glands**

Left adrenal gland was visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 1.6 cm in length, 0.42 cm at the caudal pole and 0.45 cm at the cranial pole.

**Spleen**

The spleen was normal with a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma and 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 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. No pathological hepatic lymphadenopathy observed. 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.

**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 and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed. The



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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. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed. The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. 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 base and limbs of the pancreas were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour and parenchyma were normal. No overt evidence of active inflammatory or neoplastic disease was noted.

**Lymph Nodes**

No clinically significant lymphadenopathy or abnormalities noted.

**Free Abdomen**

No masses or free fluid were noted.

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

1. Gall bladder debris
2. Unremarkable GI

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

GI tract is ultrasonographically normal with no signs of mural disease. Colonic wall is of normal thickness with no cause of described painful defecation visualized. GI panel (TLI/PLI/cobalamin/folate), fecal pathogen PCR, and empiric broad spectrum deworming and treatment with probiotics should be considered. Colonoscopy may reveal pathology not visible on ultrasound. The significance of gall bladder debris should be correlated with bloodwork findings to determine clinical relevance.



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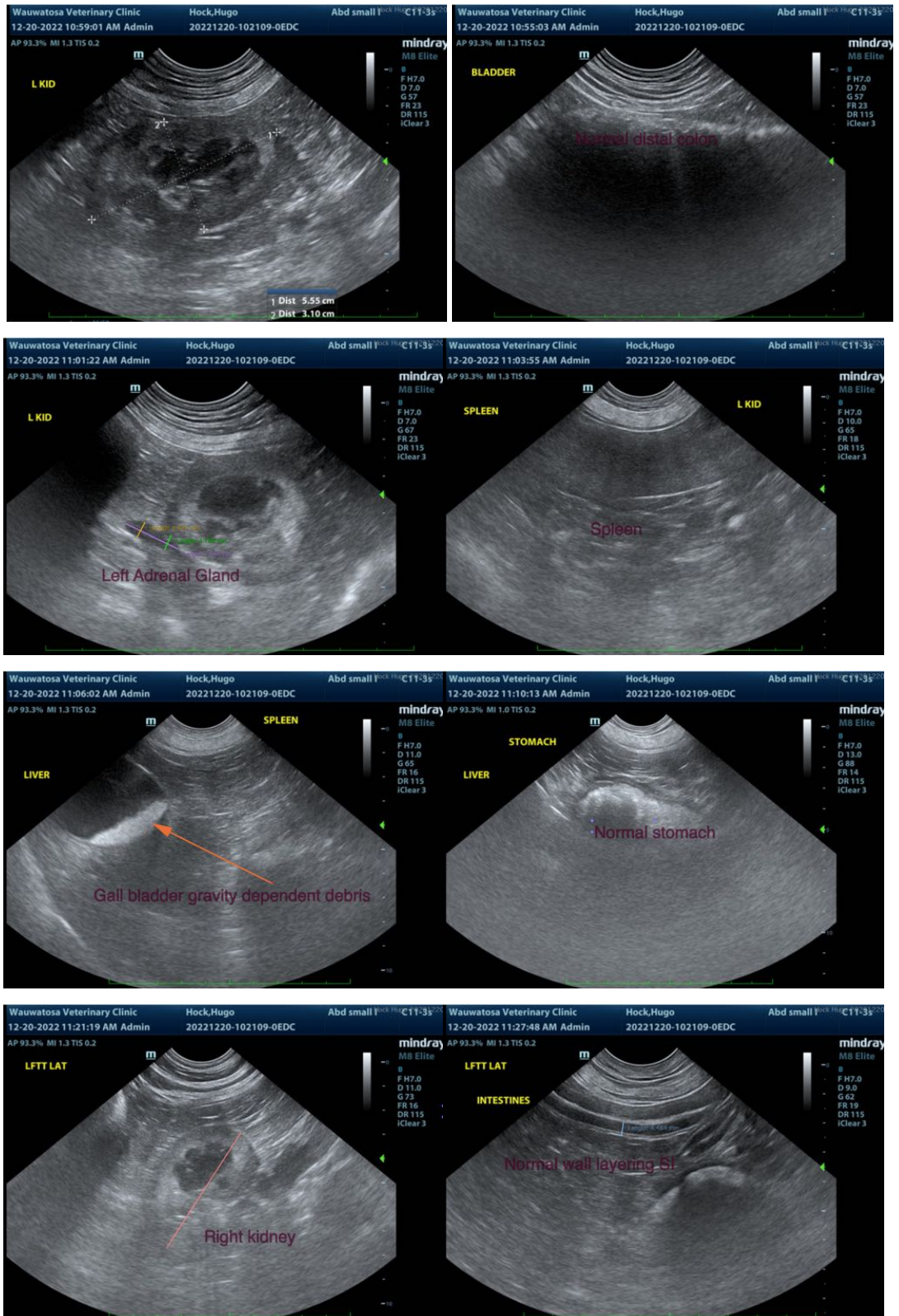
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
info@SonoPath.com