



PATIENT

BillieGoat Hodges

SPECIES

Canine

BREED

Australian Shepherd x

SEX

Spayed Female

AGE

12 Months

WEIGHT

19.1 kg

INTERPRETED BY

Brad Harris, DVM,
 DACVECC, Residency
 trained in cardiology

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Animal Emergency
 Clinic of the High
 Country

REFERRING VET

Dr. Phipps

INVOICE

71843

DATE

11/15/25

PRESENTING CLINICAL SIGNS

P presented for vomiting, diarrhea, and not wanting to eat. Rads showed some gas in cecum but no obstructive pattern, stomach empty.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are unremarkable with normal wall thicknesses and normal tone. The ureters were not visualized, which is a normal finding. There are no uroliths or sediment noted, and anechoic urine is present. The ureteral papillae appear normal. There is no evidence of inflammatory, infiltrative, or neoplastic disease.

The kidneys are normal in size and structure, with appropriate corticomedullary definition and cortex to medulla ratio. The cortices are uniform in texture with normal echogenic relationship to liver and spleen. The medullary structure differed distinctly from the cortex and no evidence of pyelectasis is present. The capsules are uniform without significant irregularities noted. Left measures 5.42 cm. Right measures 6.25 cm.

Adrenal Glands

Both adrenal glands are visualized and have 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. Left measures 0.47 cm x 2.5 cm. Right measures 0.51 cm x 2.28 cm.

Spleen

The spleen measures 1.6 cm at the hilus. It is smooth with homogeneous parenchyma and hyperechoic to liver and renal cortical parenchyma. The capsule is without noticeable irregularity or deformation. The splenic vasculature is normal without signs of congestion, spontaneous echo contrast, or thrombosis. No evidence of acute or chronic inflammatory, neoplastic, or infarct are documented.

Liver

The liver is subjectively normal liver size, contour, and structure. Parenchymal echogenicity is naturally coarse and hypoechoic to the spleen. Vasculature is within normal limits with no evidence of congestion. The gallbladder has thin walls which contain anechoic bile. There is no evidence of intra- or extra-hepatic biliary dilation. The cystic and common bile ducts were normal. No hepatic lymphadenopathy is documented. There is no overt structural evidence of inflammatory, infiltrative or regenerative pathology evident.

Gastrointestinal

The stomach contains a mild amount of echogenic ingesta and fluid with a patent pyloroduodenal junction and no evidence of shadowing foreign material or other concern for a mechanical pyloric outflow obstruction. The remainder of the small intestine is non-distended with normal wall thickness and maintenance of normal wall layering. There is a focally thickened segment of colonic wall at the ileocecolic junction that is hypoechoic with distortion of normal wall layering. The remainder of the colon is largely empty with mildly thickened or prominent wall (approximately 0.40 cm) and normal wall layering.



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Pancreas

The pancreas is hypoechoic and prominent with irregular margins. There is regional hyperechoic mesentery and omental fat consistent with steatitis. There are several prominent jejunal and colonic lymph nodes with normal length to width ratio and isoechoic parenchymal echotexture. There is no significant free peritoneal effusion noted.

ULTRASONOGRAPHIC FINDINGS

- The mild gastric ingesta and fluid without evident of mechanical outflow tract obstruction is most consistent with a gastritis or gastroenteritis. This is considered likely secondary to the pancreatic changes.
- The prominent, hypoechoic pancreas with an irregular contour and mixed ill-defined hyper and hypoechoic changes is most consistent with pancreatic remodeling and nodular hyperplasia. This may be secondary to active or acute-on chronic inflammatory disease or pancreatitis.
- The thickened segment of colon, given the history of diarrhea, is considered most likely a secondary colitis or gastroenterocolitis due to the underlying pancreatitis. However, infiltrative disease such as inflammatory bowel disease, other chronic enteropathy or infiltrative neoplastic disease cannot be definitively excluded at this time. However, given the patient's age this is considered less likely.
- The slightly prominent jejunal and colonic lymph nodes display no loss of parenchymal detail or change in echogenicity. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A complete blood cell count and serum biochemistry with electrolytes are indicated for further evaluation of the patient's metabolic status.

A spec cPLI is recommended to further evaluate the pancreas for active pancreatitis as well as to allow for serial monitoring over time.

A gastrointestinal panel (TLI, PLI, B12, folate) via Texas A&M gastrointestinal laboratory is indicated to further evaluate for potential chronic enteropathy. Ultimately, gastrointestinal biopsies may be required for a definitive diagnosis.

Consider a diarrhea PCR panel for further evaluation of infectious etiologies of the patient's diarrhea. Pending additional diagnostics, symptomatic or supportive care for pancreatitis and suspected gastroenterocolitis, as clinically indicated, is recommended at this time.



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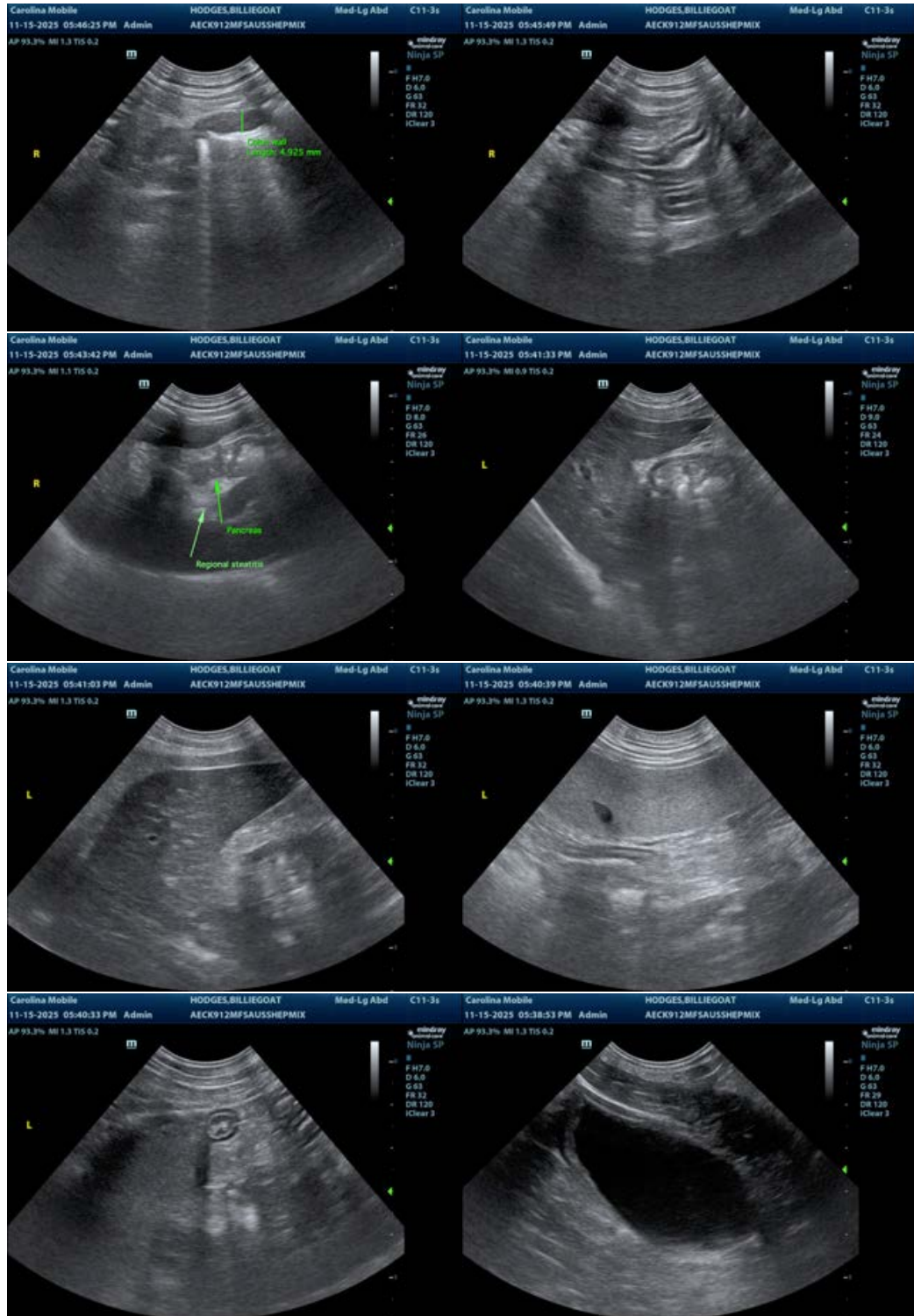
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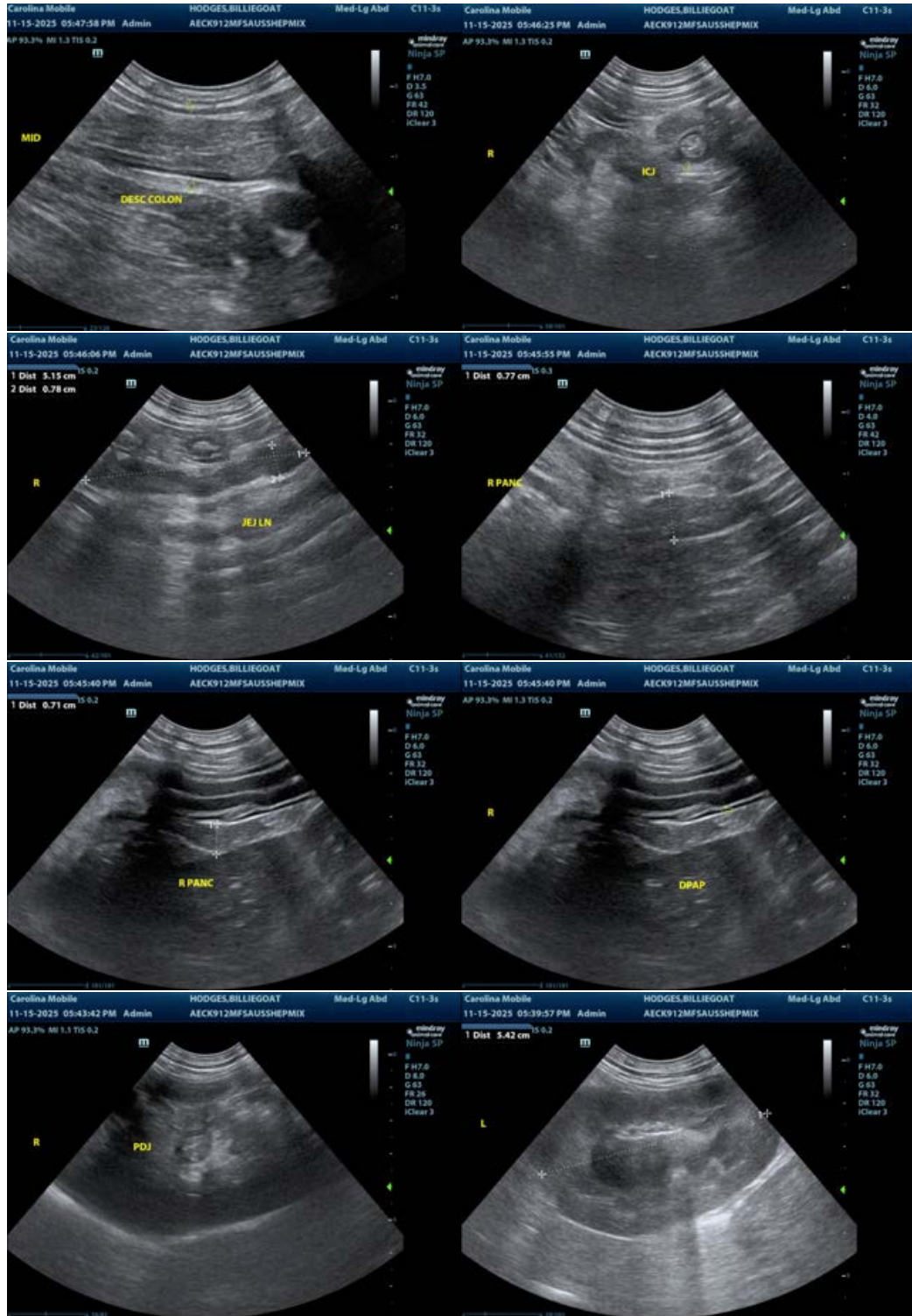
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Brad Harris, DVM, DACVECC, Residency trained in cardiology

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