



PATIENT

Nessie Cannon

SPECIES

Canine

BREED

Labrador

SEX

Spayed Female

AGE

13 Years

WEIGHT

68 pounds

INTERPRETED BY

Bradley Harris, DVM,
DACVECC, DACVIM
(cardiology)

IMAGING PERFORMED BY

Dr. Claudia Giuliani

HOSPITAL NAME

The Pet Hospital of
Stratford

REFERRING VET

Dr. Claudia Giuliani

INVOICE

12457

DATE

11/25/25

PRESENTING CLINICAL SIGNS

3 weeks ago p had bloody diarrhea and was vomiting. Lethargic and not herself. Brought to another hospital. Given Cerenia and metronidazole. Symptoms mostly resolved and now returned a couple of days ago. Vomited several times, drooling, diarrhea and not eating. ~ 3 lb weight loss.

Abnormal PE/Chem/CBC/UA Results: Bw at beginning of November mild increase in amylase and lipase. Bw done yesterday still pending (includes cpl and cortisol). P tense on abd palpation.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately distended with anechoic urine. The 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. 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. The left kidney measures 6.24 cm. The right kidney measures 6.60 cm.

Adrenal Glands

The left adrenal gland is mildly enlarged with no evidence of focal capsular expansion or vascular invasion noted. The parenchyma is uniform with no overt suspicion of neoplasia. The phrenic vasculature is normal. The left adrenal gland measures 1.0 cm width at the caudal pole.

The right adrenal gland was not readily visualized.

Spleen

The spleen 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. The spleen measures 2.5 cm at the hilus.

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



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The stomach is nondistended with no overt gastrointestinal shadowing foreign material. The gastrointestinal wall is normal in thickness with maintenance of normal wall layering. The small intestine is multifocally distended with mild gas. The colon contains normal shadowing feces.

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Pancreas

The visible pancreas is isoechoic to surrounding omental fat. The pancreatic duct and capsular contour are normal. There is no overt evidence of active inflammatory or neoplastic disease.

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Free Abdomen

There is no significant lymphadenopathy or free fluid. Throughout the abdomen, there are multiple hyperechoic gas artifact foci that are suspected to be artifactual change, however, subtle or occult free abdominal or peritoneal gas cannot be definitively excluded.

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ULTRASONOGRAPHIC FINDINGS

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- The left adrenal gland is mildly enlarged and with no focal capsular expansion or vascular invasion. This is considered likely a hyperplastic change associated with stress or adrenal endocrinopathy.
- The lack of significant abnormalities to the pancreas or gastrointestinal tract do not exclude a chronic gastroenteritis or occult pancreatitis as an underlying cause for the clinical signs.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Abdominal radiographs are recommended to ensure that the gas artifact is in fact artifactual change and not representative of subtle free peritoneal gas. Pending additional diagnostic tests, supportive care for gastroenteritis or pancreatitis as clinically indicated is recommended at this time. If signs persist or become chronic, consider 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.

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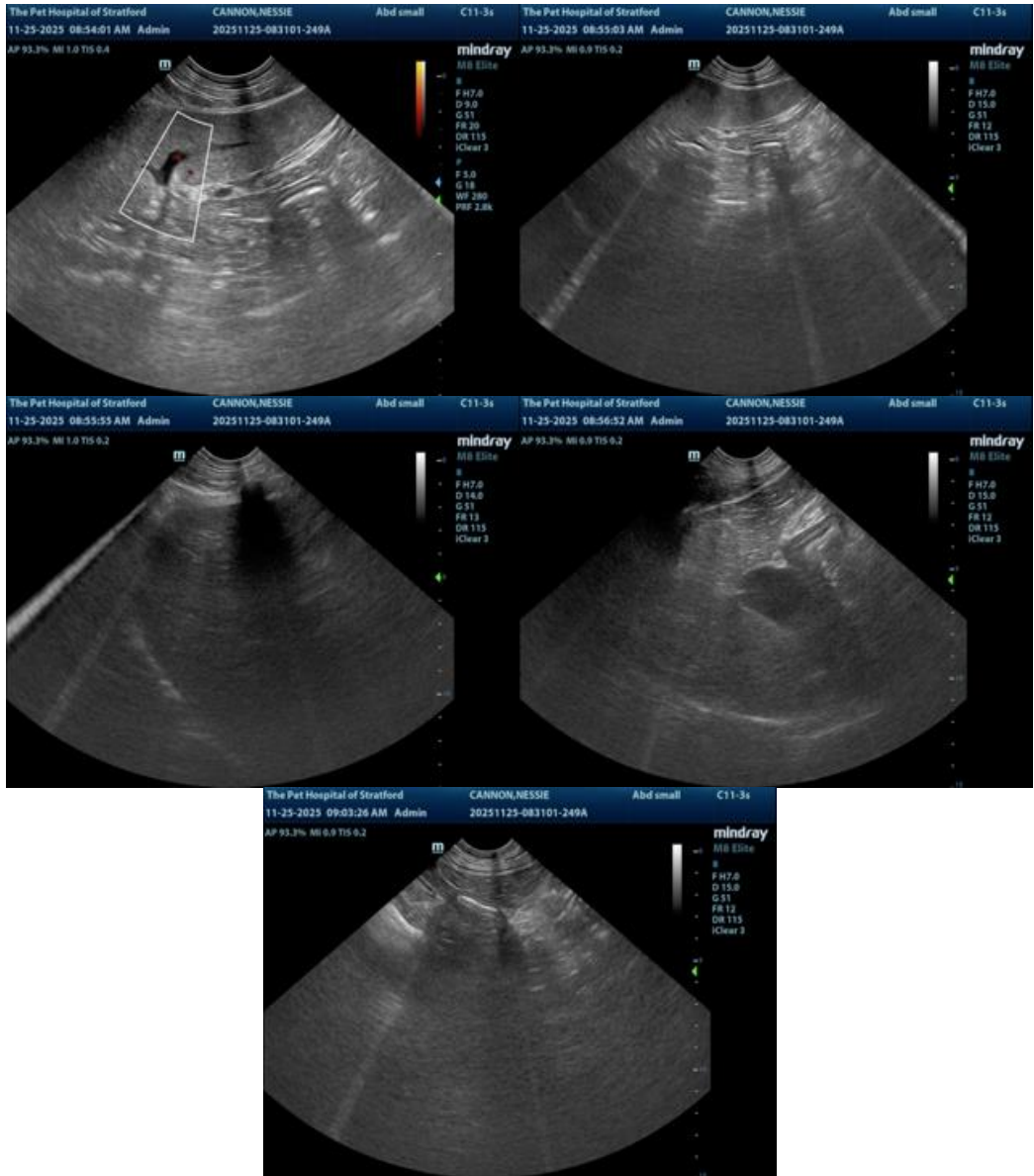
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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info@SonoPath.com



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