



PATIENT

Lola Stakem

SPECIES

Canine

BREED

Golden Retriever x

SEX

Spayed Female

AGE

6 Years

WEIGHT

34.9 kg

INTERPRETED BY

Brad Harris, DVM,
DACVECC, DACVIM
(cardiology)

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershey Animal
Emergency Center

REFERRING VET

Dr. Shally Gastelu

INVOICE

74871

DATE

5/2/26

PRESENTING CLINICAL SIGNS

Presents for watery diarrhea, vomiting, decreased appetite, lethargy. Elevated liver enzymes since June 2025, Denamarin, liver values stable but not decreased. Abdominal ultrasound performed in October 2025. Hair thinning noted by client. Dragging left hind leg, occasional stumbling with front legs
Abdomen: Soft and compliant with no abnormalities or pain on palpation. Integument: Hair thinning noted, few subcutaneous masses. MCS 2/3

Abnormal PE/Chem/CBC/UA Results: Abdominal radiographs: A 3 view abdomen – Mild gastropathy and mild regional enteropathy. – Diffuse colonopathy. There is no evidence of any gastrointestinal mechanical obstruction. BW with rDVM 4/25 - Chem ALT 318

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 kidney measures 6.3 cm. Right kidney measures 5.9 cm.

Adrenal Glands

The adrenals are thin and flattened with isoechoic parenchyma and normal phrenic vasculature. The left measures 0.32 cm x 1.6 cm. The right measures 0.43 cm x 2.7 cm.

Spleen

The spleen measures 1.57 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 diffusely hyperechoic with a slightly mottled or heterogeneous parenchyma. It is subjectively normal in size and contour. Vasculature is within normal limits with no evidence of congestion. The gallbladder is moderately distended with anechoic bile. It is otherwise normal.

Gastrointestinal

The stomach and small intestine are multifocally mildly dilated with echogenic fluid. The gastrointestinal walls are normal in thickness with multifocal regions of slightly prominent or thickened muscularis layer that mildly distorts the normal 1:3 muscularis to mucosal ratio. The colon contains echogenic fluid most consistent with diarrhea.



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Pancreas

The pancreas is slightly prominent with diffuse hyperechoic mesentery or omental fat. No significant lymphadenopathy or free fluid.

ULTRASONOGRAPHIC FINDINGS

- Both adrenal glands are flattened and isoechoic. This may be normal for this patient or potentially secondary to hypoadrenocorticism or adrenal burnout from chronic disease.
- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory, immune-mediated, metabolic, or endocrine disease. Infiltrative neoplasia or acute hepatitis cannot be ruled out.
- The mild multifocal gastrointestinal dilation is likely consistent with a functional ileus. This may be secondary to an acute gastroenterocolitis or chronic infiltrative disease such as inflammatory bowel disease or other chronic enteropathy.
- The changes to the pancreas may represent a mild acute pancreatitis. There is no overt evidence of severe peritonitis or inflammatory change noted on this study.

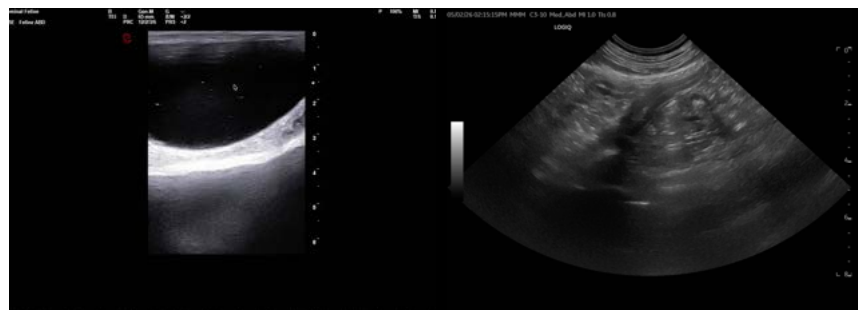
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An ACTH stimulation test is indicated to evaluate for potential hypoadrenocorticism. A baseline/resting cortisol less than 0.52 µg/dL significantly increases the index of suspicion for hypoadrenocorticism.

Fine needle aspirates of the liver with cytology are recommended. A coagulation profile and platelet estimate prior to sampling are indicated to ensure the absence of coagulopathy. Occasionally some tissues are poorly exfoliative, or cytology is non-specific, in which case biopsy with histopathology may be required for a definitive diagnosis.

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.

While there is no overt evidence of mechanical gastrointestinal obstruction, an occult obstructive lesion can't be definitively excluded. Serial imaging is recommended if the patient does not respond to symptomatic or supportive therapy.





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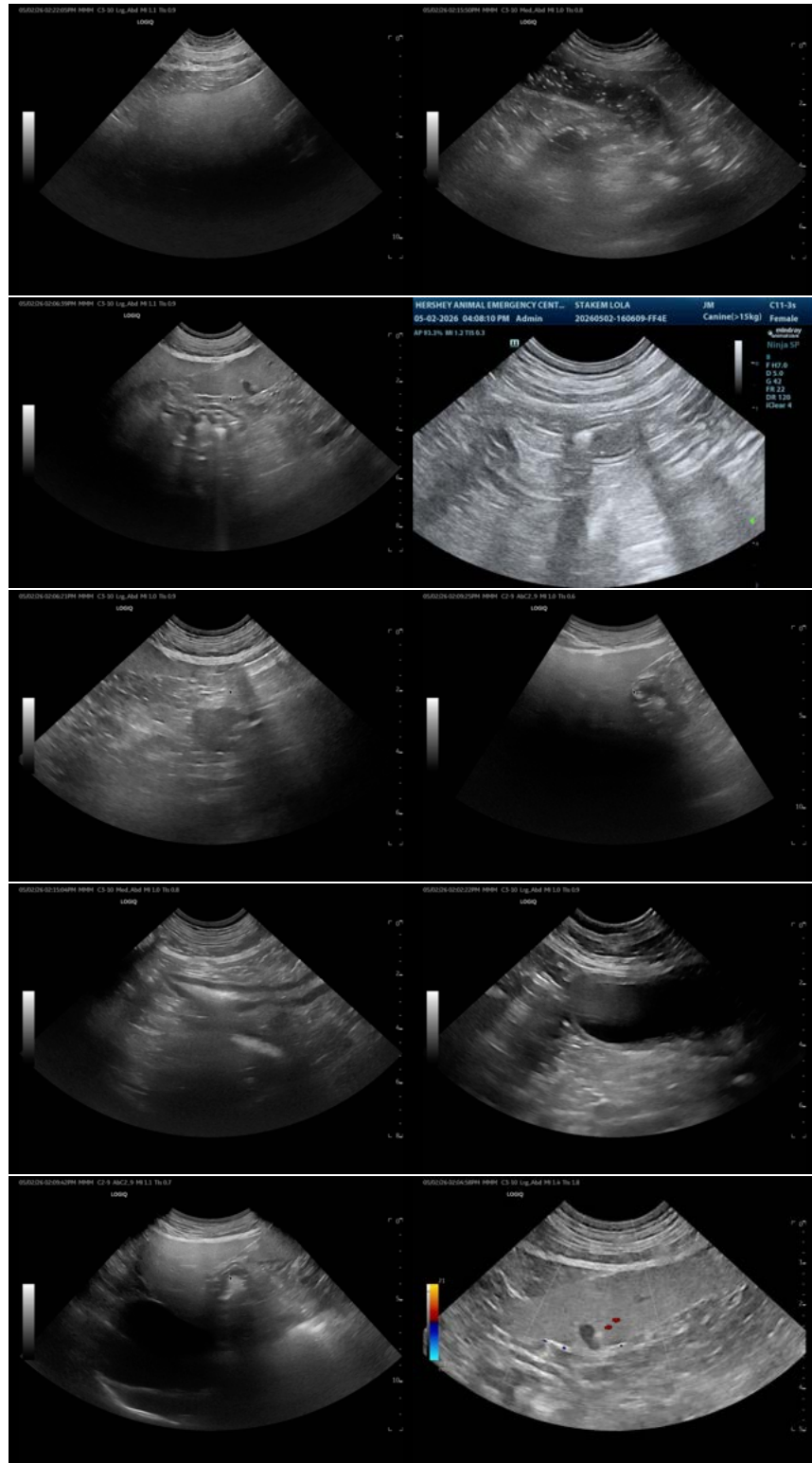
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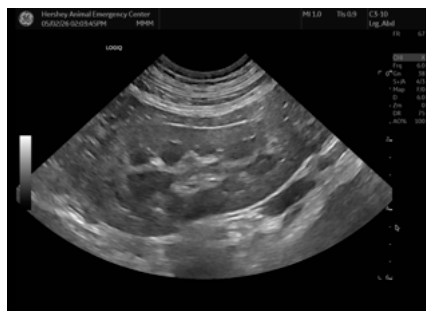
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, DACVIM (cardiology)

info@SonoPath.com