



## PATIENT

Hailey Polzer

## SPECIES

Canine

## BREED

GSD

## SEX

Spayed Female

## AGE

8 Years 7 Months

## WEIGHT

66.2

## INTERPRETED BY

Beth Johnson, DVM  
DACVIM

## IMAGING PERFORMED BY

Jessica Green

## HOSPITAL NAME

Stanglein VC

## REFERRING VET

Dr. Daniel Hoffman

## INVOICE

35724

## DATE

12/1/25

## PRESENTING CLINICAL SIGNS

History: The patient has a history of perianal fistulas, for which she sees a veterinary dermatologist - the issue seems to be currently well-controlled with oral Cyclosporine and topical Tacrolimus. She has also had her left anal gland surgically removed (but there was no evidence of neoplasia). The patient was seen at another animal hospital on 11/22/2025 with a two-day history of decreased appetite and vomiting. A physical examination was reported to be unremarkable at that time (aside from significant weight loss of approx. 10 pounds), and BW was performed (see below). She was prescribed an antiemetic and an appetite stimulant. The patient then presented to our hospital on 11/25/2025. At that time, the Owner reported mild improvement - no additional vomiting had been observed, but the patient's appetite remained decreased (although she had eaten a good amount that morning, according to the Owner). An abdominal ultrasound +/- liver aspirates/cytology were recommended as the next diagnostic steps. BW (CBC, mini-Chemistry, and PT/PTT) was performed 11/26/2025 in anticipation of liver aspirates. When the patient presented on 12/01/2025 for her AUS/FNA, the Owner reported that the patient has been doing fairly well at home (eating fairly well and no additional vomiting) but still elected to proceed with additional testing. MEDS: Maropitant + Entyce (not given the last few days), Cyclosporine 100 mg BID six days weekly, Fluoxetine 40 mg PO SID.

Abnormal PE/Chem/CBC/UA Results: CBC/Chemistry, performed at another clinic on 11/22/2025 -- CBC: a mild stress leukogram is suspected (LYMPHS = 0.96 K/uL), but the hemogram was otherwise unremarkable; Chemistry: there was a mild elevation of the patient's ALT (ALT = 221 U/L), but the other liver enzymes and TBIL were WNL; there was also a mild hypophosphatemia (PHOS = 2.2 mg/dL), but the Chemistry was otherwise unremarkable CBC/mini-Chemistry/PT/PTT, performed 11/26/2025 -- CBC: mild thrombocytosis (PLT = 410 K/uL), but otherwise WNL; Chemistry: WNL, including the ALT (ALT = 107 U/L); PT/PTT: WNL.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

Urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Left kidney is normal in size (7.18 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Right kidney is normal in size (7.48 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

### Adrenal Glands

Left adrenal gland is normal in size (0.54 cm at cranial pole and 0.63 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (0.52 cm at caudal pole/the cranial pole is unable to be well visualized in these images), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.



**PATIENT**

*Spleen*

Hailey Polzer

Spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

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*Liver*

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Liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

**SEX**

Spayed Female

Gallbladder is moderately overdistended with organized, aggregated and centralized non-gravity dependent sludge. Striations of sludge separated by anechoic areas are noted extending from the lumen to the luminal wall. The wall is mildly thick, irregular and hyperechoic. There is no evidence of CBD dilation.

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*Gastrointestinal*

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The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

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The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

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Jessica Green

*Pancreas*

The pancreas that is observed appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

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*Free Abdomen*

There is no visible free peritoneal effusion noted in these images.

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There is no apparent pathologic lymphadenopathy noted in these images.

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**ULTRASONOGRAPHIC FINDINGS**

- Gallbladder mucocele

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given the patient's signalment, especially with the reportedly historical weight loss, etc., a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function. A baseline cortisol is recommended. If baseline cortisol is less than 2, a full ACTH stimulation test is recommended to rule



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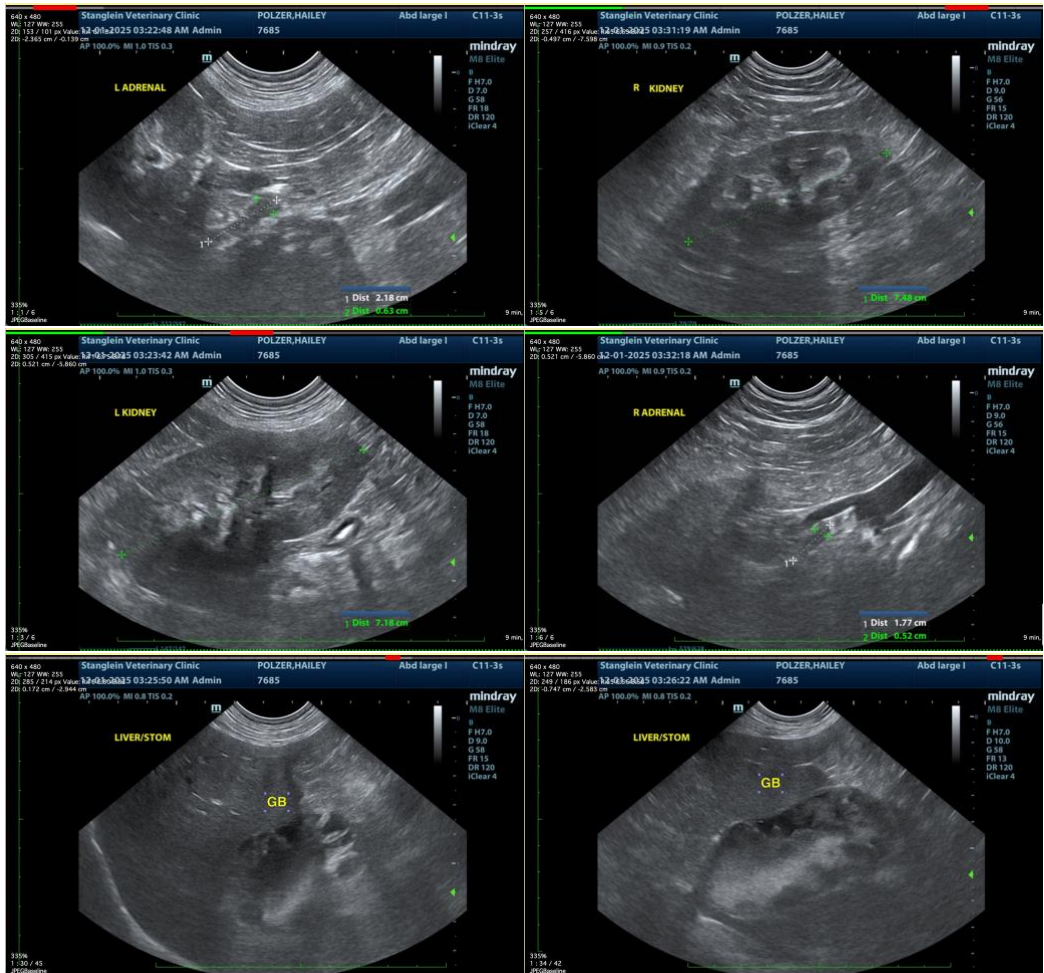
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out hypoadrenocorticism.

Having said that, however, especially if the weight loss is largely in the face of a decreased appetite, based on the images, the gallbladder mucocele is likely at least in part contributing and warrants further investigation/treatment. Given patient's reported clinical improvement, medical management could be considered in the form of hepatic nutraceuticals, ursodiol, +/- broad spectrum antibiotics, etc., while closely monitoring patient, although the disease could progress despite medical management, and ultimately, an exploratory laparotomy for planned cholecystectomy is likely indicated.



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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.

**Beth Johnson, DVM DACVIM**

info@sonopath.com



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