

PATIENT

Raya PAWS

SPECIES

Canine

BREED

German Shepherd

SEX

Intact Female

AGE

1 Year

WEIGHT

12.8 kg

INTERPRETED BY

Beth Johnson, DVM
 DACVIM

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Hamilton Region
 Veterinary Emergency
 Clinic

REFERRING VET

Dr. Ho

INVOICE

12713

DATE

12/17/25

PRESENTING CLINICAL SIGNS

Chronic vomiting & diarrhea, BCS 1/9, MCS 1/5, hypotensive (102/73 (81)), normal HR (100bpm), tachypneic (RR 30) with abdominal effort during respiration, pneumothorax on LEFT hemithorax appreciated on 3 view chest radiographs, removed 1.67L of air from LEFT hemithorax, SpO2 100% on room air prior to thoracocentesis Current Medications maropitant 1mg/kg SC, mirtazapine 15mg PO q24h, fenbendazole 50mg/kg PO q12h, entero-aid 3mL PO q12h

Abnormal PE/Chem/CBC/UA Results: significant neutrophilia with suspect band neutrophils, lymphocytosis, monocytosis, moderate panhypoproteinemia, mildly elevated ALT, mild hyponatremia. Elevated resting cortisol, PTT slightly elevated (112), PT normal. Urinalysis normal

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.

The ovaries are unable to be well visualized in these images. There is no reproductive tract pathology appreciated.

Left kidney is normal in size (6.2 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 (6.0 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 (0.40 cm at cranial pole and 0.40 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is unable to be well visualized in these images.

Spleen

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.

Liver

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.

Gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.



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Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with primarily fluid as well as some echogenic non-shadowing luminal contents and gas consistent with normal chyme. There is no evidence of obstruction, foreign material, or infiltrative disease. Pyloric outflow tract appears patent.

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 mildly distended with primarily fluid as well as some echogenic non-shadowing luminal contents and gas consistent with normal chyme. There is 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.

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.

Free Abdomen

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

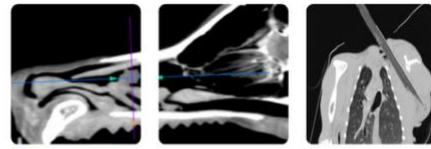
There is no apparent pathologic lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- The gastrointestinal tract is diffusely mildly fluid distended most consistent with irritation secondary to dietary indiscretion or intolerance, infectious disease such as bacterial, viral, other, parasitic or protozoal disease, toxin, other underlying gastrointestinal inflammatory disease or other underlying metabolic disease, etc. Foreign material and/or part a chronic partial obstruction cannot be ruled out but there is no visible evidence of an obstructive pattern or shadowing, etc. noted in these images at this time.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A routine fecal/giardia exam is recommended if not recently evaluated.
 - 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 fecal enteropathogen PCR panel to Texas A&M GI Laboratory could be considered for further evaluation of possible infectious disease. Contact lab for recommendations on how long to discontinue antibiotics (if indicated) prior to obtaining a stool sample for submission.
- In the meantime, Supportive/symptomatic medical management of clinical signs is recommended, including anti-emetics, gastroprotectants (+/- sucralfate, especially with any history of hematemesis), an appetite stimulant and fluid therapy if indicated, etc.
- Additionally, empirical deworming with a 5-day course of Panacur is recommended.



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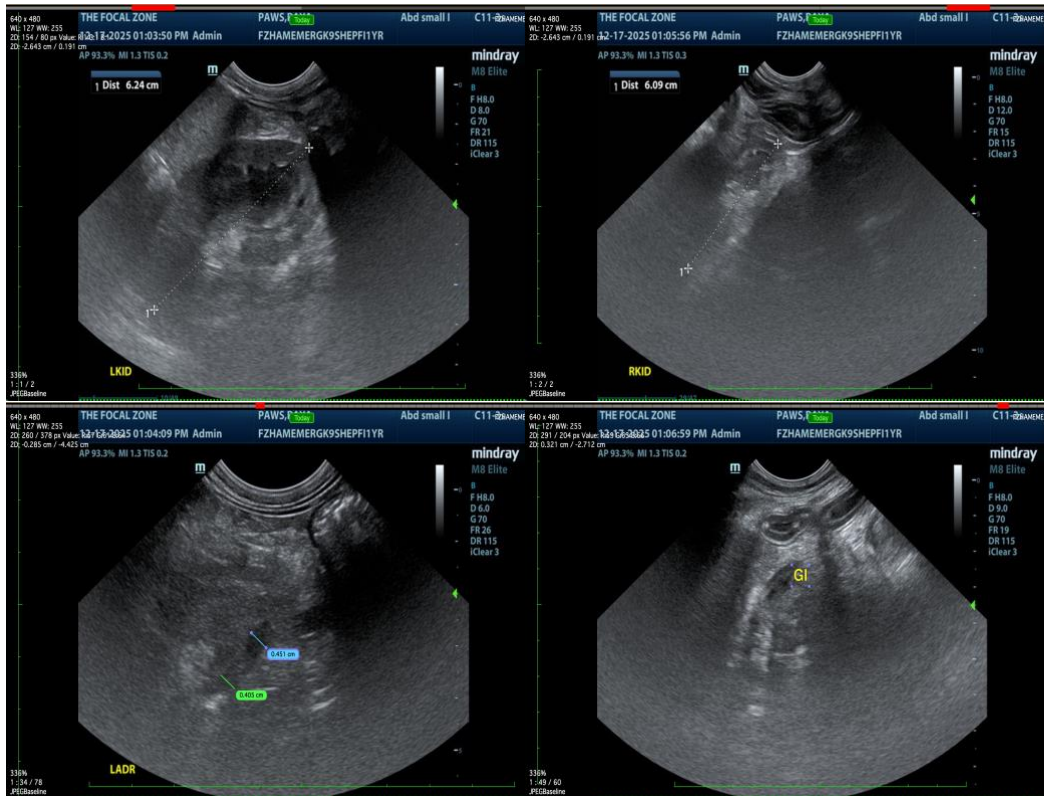
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- A full course of empirical Helicobacter triple therapy could be considered.
- A probiotic, such a visbiome or proviable, may be helpful.
- Finally, if tolerated, a transition in diet could be considered, based on trial-and-error response with some options to consider including a gastrointestinal biome diet vs a hydrolyzed protein diet (sometimes several trials with different brands are necessary) vs an easy to digest, bland or low-fat diet vs other.
- If a diagnosis is not obtained and if clinical signs persist, recheck imaging and/or alternative imaging such as contrast radiography, endoscopy, etc. could be considered.



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

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