



## PATIENT

Mia Williams

## SPECIES

Canine

## BREED

Lab

## SEX

Spayed Female

## AGE

6 Years

## WEIGHT

63 lbs

## INTERPRETED BY

Beth Johnson, DVM  
DACVIM

## IMAGING PERFORMED BY

Julia Bakker, DVM

## HOSPITAL NAME

Orange Blossom  
Veterinary Imaging

## REFERRING VET

Melisa Cardenas, DVM

## INVOICE

73024

## DATE

2/17/26

## PRESENTING CLINICAL SIGNS

Mia a 6.5 year old FS lab, presented for a three-month history of intermittent diarrhea and vomiting that began two days ago. The diarrhea has been ongoing but inconsistent, sometimes appearing very watery and other times dark and tarry. For the past 48 hours, she has vomited twice, hours after eating, with undigested food present in the vomitus. Her appetite has decreased significantly, and it now takes her hours to eat her meals, sometimes requiring coaxing with other food items. The owner notes that Mia seems to be drinking more water than usual. She has a history of a sensitive stomach and will vomit bile if she does not eat every 12 hours. She also has a history of pica, having ingested a fish hook in the past and occasionally catching wildlife. A seven-day course of metronidazole prescribed by a veterinary technician did not resolve the clinical signs. The patient is not on flea, tick, or heartworm prevention.

Patient was sent home on the 13th with sucralfate, cerenia, GI biome diet, and a course of panacur.

Bloodwork was not super significant just mild decrease in Albumin 2.3 and Na/K ratio of 27. Rest was normal. Still waiting on fecal. Sent blood for GI panel.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The 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 right kidney is normal is size (6.35 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.

The left kidney is normal is size (6.43 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

The adrenal glands measure technically normal in size. However, subjectively they have a somewhat "flattened" contour in my opinion for a large dog. The left measures 0.68 cm at the cranial pole and 0.33 cm at the caudal pole. The right measures 1.2 cm at the cranial pole and 0.41 cm at the caudal pole. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

### Spleen

The 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

The 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.



**PATIENT**

Mia Williams

The 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.

**Gastrointestinal**

**SPECIES**

Canine

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with a small to moderate amount of echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

**BREED**

Lab

The visible small intestine demonstrates areas of mildly to moderately thick muscularis layer relative to mucosa (disruption of the normal 1:3 muscularis:mucosa ratio). Small intestinal submucosa is slightly irregular, thick and hyperechoic, without evident loss of layering appreciated. The lumen of the small intestine is empty with no evidence of obstruction or foreign material.

**SEX**

Spayed Female

The visible colon is normal in wall thickness (< 0.2 cm) and layering. The lumen is diffusely moderately distended with soft stool.

**AGE**

6 Years

**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.

**WEIGHT**

63 lbs

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**Free Abdomen**

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

Mesenteric lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

**IMAGING PERFORMED BY**

Julia Bakker, DVM

**ULTRASONOGRAPHIC FINDINGS**

- Mild to moderate inflammatory bowel disease (IBD) pattern – Thick muscularis has been reported with infiltrative bowel disease including both benign inflammatory disease as well as infiltrative neoplasia such as lymphoma. No loss of layering or distinct characteristics of malignancy are present. Therefore, differentials cannot be further ranked without tissue sampling.
- Mildly to moderately reactive mesenteric lymphadenopathy – infiltrative neoplastic disease cannot be ruled out but is considered less likely.
- Subjectively mildly flat adrenal glands – This can be a normal patient variant and/or a sign of exogenous cortisol administration. If exogenous steroids are not being administered, hypoadrenocorticism (either relative or absolute) should be considered.

**HOSPITAL NAME**

Orange Blossom  
Veterinary Imaging

**REFERRING VET**

Melisa Cardenas, DVM

**INVOICE**

73024

**DATE**

2/17/26

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

As is reportedly already pending, a routine fecal/giardia exam is recommended.



**PATIENT**

Mia Williams

Similarly, as is reportedly already pending, 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.

**SPECIES**

Canine

Additionally, a baseline cortisol is recommended. If baseline cortisol is less than 2, a full ACTH stimulation test is recommended to rule out hypoadrenocorticism.

**BREED**

Lab

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.

**SEX**

Spayed Female

Urinalysis and, if indicated based on urinalysis results, urine culture is recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ratio is recommended.

**AGE**

6 Years

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.

**WEIGHT**

63 lbs

- Additionally, empirical deworming with a 5-day course of Panacur is recommended.

- A full course of empirical Helicobacter triple therapy could be considered.

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

- 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.

**IMAGING PERFORMED BY**

Julia Bakker, DVM

**HOSPITAL NAME**

Orange Blossom  
Veterinary Imaging

**REFERRING VET**

Melisa Cardenas, DVM



**INVOICE**

73024

**DATE**

2/17/26



**PATIENT**

Mia Williams

**SPECIES**

Canine

**BREED**

Lab

**SEX**

Spayed Female

**AGE**

6 Years

**WEIGHT**

63 lbs

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Julia Bakker, DVM

**HOSPITAL NAME**

Orange Blossom  
Veterinary Imaging

**REFERRING VET**

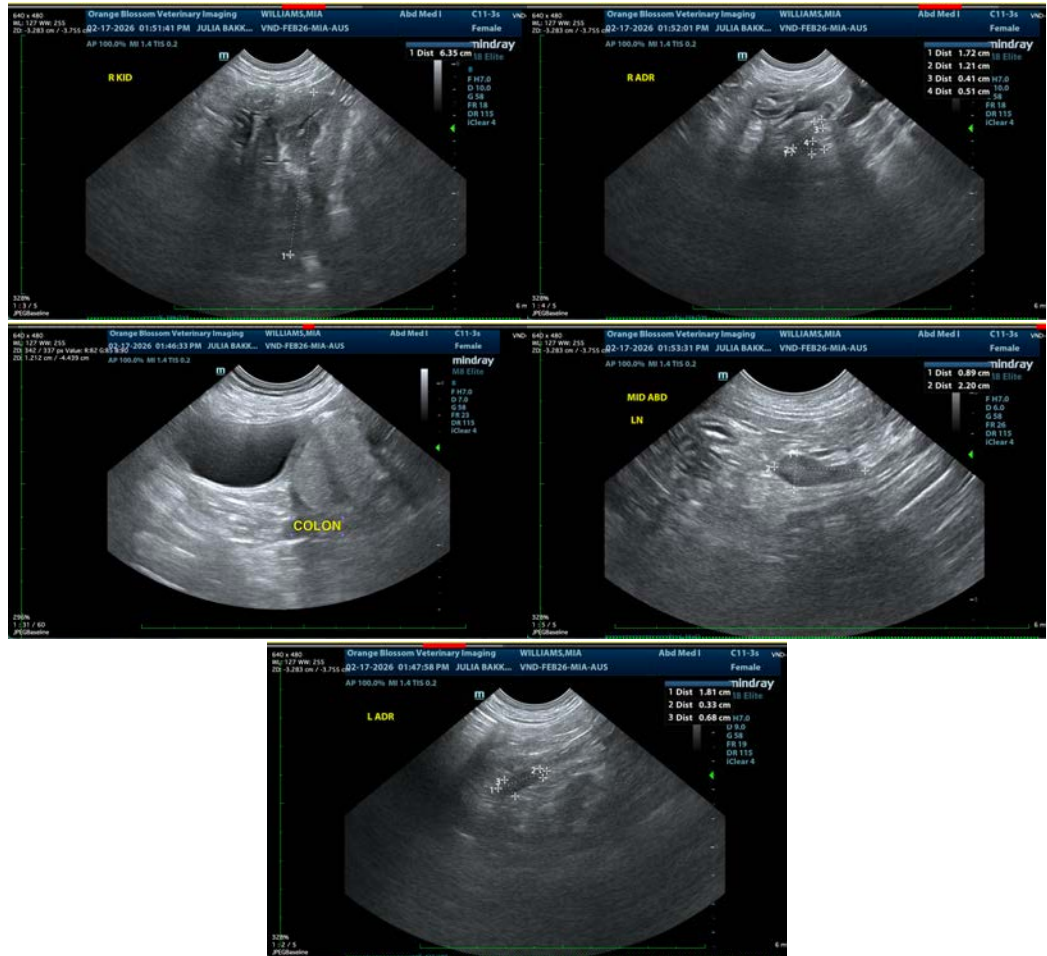
Melisa Cardenas, DVM

**INVOICE**

73024

**DATE**

2/17/26



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