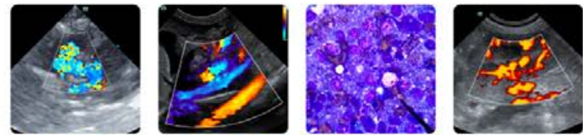


PATIENT
Memphis Rocco

SPECIES
Canine

BREED
Husky

SEX
Spayed Female

AGE
9 Years

WEIGHT
50.8 lbs

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
Sara Hansen

HOSPITAL NAME
Creekside Veterinary Clinic

REFERRING VET
Dr. Angstrom

INVOICE
73296

DATE
2/26/26

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Chronic recurrent D/V. Watery Diarrhea (no blood or mucous) + started 10/19/25 that continued for 2-3 weeks. Resolved on 11/11/25. Vomiting and diarrhea once in 1/2026. History of also vomiting once daily for 3 weeks in the past.

ABNORMAL Labwork Values: 11/5/25: Diarrhea PCR Panel positive for clostridium and enterotoxin but both were below the threshold to be likely to cause the diarrhea. 2/5/26: moderate hypoalbuminemia (1.7 g/dL), mild hypoglobulinemia (2.3 g/dL), moderate hypocalcemia, mild hypocholesterolemia; remainder of the labwork was wnl. 2/7/26: UPC WNL.

Current Medications: Fortiflora 1 packet SID

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 (6.58 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 (6.24 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 right adrenal gland is normal in size (1.2 cm at cranial pole and 0.41 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.74 cm at cranial pole and 0.58 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

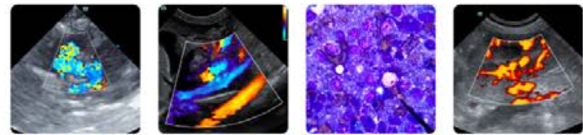
Spleen

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.

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.



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Gastrointestinal

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.

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.

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.

There appears to be subtly subjectively diffusely enhanced hyperechoic mesentery and fat.

ULTRASONOGRAPHIC FINDINGS

- Diffusely enhanced hyperechoic mesentery and fat could be secondary to diffuse gastrointestinal disease versus other. This is a very subtle change.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further evaluation of the gastrointestinal tract and workup of the hypoalbuminemia include:

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.

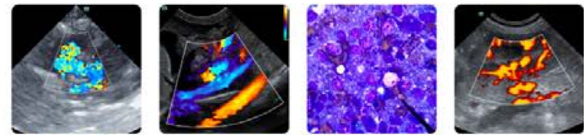
A baseline cortisol is recommended. If baseline cortisol is less than 2, a full ACTH stimulation test is recommended to rule out hypoadrenocorticism.

Additionally, while given patient's history, it sounds like the hypoalbuminemia is likely a protein losing enteropathy, but bile acids could be considered to assess liver function if patient's total bilirubin is not increased.

Pending results of above:

- Ideally, biopsies of the GI tract are recommended to definitively diagnose and therefore manage the infiltrative bowel process.

- If biopsies cannot be obtained safely due to low albumin or patient stability, etc., empirical therapies could include diet change to an ultra-low-fat diet, empirical deworming with a 5-day course of Panacur, cobalamin supplementation (unless cobalamin level is evaluated and supplementation is not warranted) a probiotic and prednisolone (if not contraindicated based on patient



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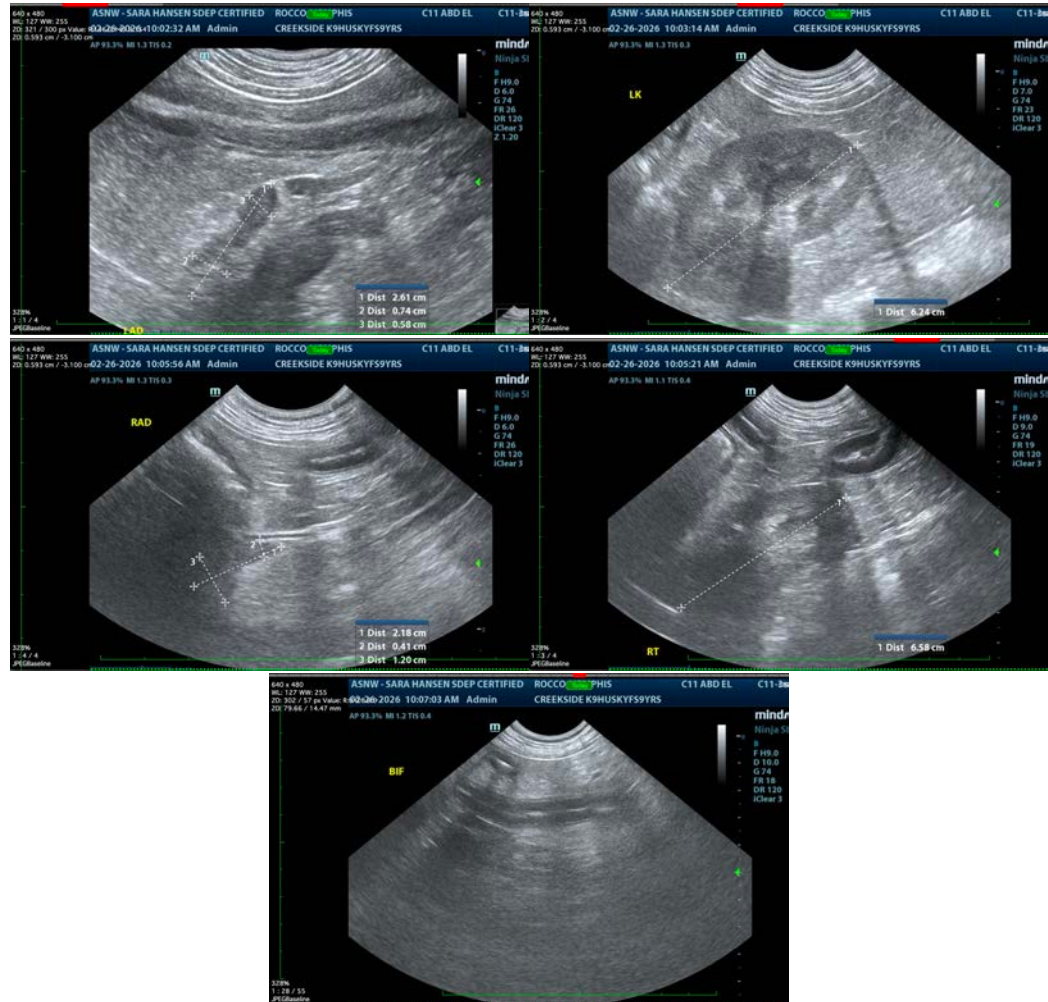
contraindications, co-morbidities, etc.).

- Calcium monitoring, and supplementation, if necessary, is also recommended.
- Additionally, if patient's coagulation status is otherwise appropriate, anti-thrombotics such as clopidogrel or low dose aspirin may also be warranted.



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