



PATIENT

Laci Bentham

SPECIES

Canine

BREED

Belgian Malinois Mix

SEX

Spayed Female

AGE

10 Years 6 Months

WEIGHT

82 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Jessica Boudreaux-
Milligan DVM

HOSPITAL NAME

Dockside VI

REFERRING VET

Kayla Brenk, DVM

INVOICE

36794

DATE

2/9/26

PRESENTING CLINICAL SIGNS

- 1/2/26. Initial complaint was vomiting (bile). Attempted Hydrolyzed diet trial (HP, not Ultamino), Provable Kit and Soloxine dose change (0.4mg 1/2 tablet BID, decreased from 1 tablet BID).
- 1/5/26 re-evaluated for bloody diarrhea and continued vomiting.
- Rx: Metronidazole: 1.5 tablets PO BID, Sucralfate: 1 tablet dissolved in 3-5ml water PO BID, give 1 hour before meals (gastric protectant), Cerenia: 2 tablets (60mg each) PO once daily, Advantage Multi: 1 dose topical (monthly heartworm/flea prevention), Yunnan Baiyao: 2 capsules PO BID (herbal hemostatic) - hold until diarrhea improves, DoxFormula: 2 capsules PO BID (probiotic alternative) - hold until diarrhea improves, Continue Galliprant 100mg PO once daily in morning, Continue Soloxine 0.4mg half tablet PO BID
- 1/27/26 Owner reports decreased appetite for 2 weeks. Bloody diarrhea with mucoid blood for past 4 days; dark/black stool noted last night.
- Rx: Sucralfate 1 gram: dissolve 1 tablet in 3-5ml water PO q12h, give 1 hour before food or other medications (10 tablets), Cerenia 160mg tablets: 1 tablet PO q24h x 4 days (start tomorrow, 24 hours after injection), Continue Yunnan Baiyao 2 capsules PO q12h, O notes recent improvement in overall condition, stool quality still abnormal/soft. Ultrasound ordered to evaluate GIT for chronic stool changes.
- Abnormal PE/Chem/CBC/UA Results: 1-27-26: T4 5. MCV 55.1, MCH 16.3, MCHC 29.5, lymph 0.67, MPV 6.1, lipa 2790, QPL 1140. 1-2-26: T4 1.5. 11-21-25: T4 2.1. 10-24-25: T4 0.5.

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.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. The left kidney measures 6.47 cm. The right kidney measures 7.26 cm. A hyperechoic band parallel to the corticomedullary border is present bilaterally.

Adrenal Glands

Left adrenal gland is small (flattened contour). Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal. The left adrenal gland measures 0.25 cm at the cranial pole and 0.37 cm at the caudal pole.



PATIENT

Laci Bentham

SPECIES

Canine

BREED

Belgian Malinois Mix

SEX

Spayed Female

AGE

10 Years 6 Months

WEIGHT

82 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Jessica Boudreaux-
Milligan DVM

HOSPITAL NAME

Dockside VI

REFERRING VET

Kayla Brenk, DVM

INVOICE

36794

DATE

2/9/26

The area of the right adrenal gland is examined without evident adrenal gland pathology, but the gland is difficult to fully visualize/isolate for measurement.

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 moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

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 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.

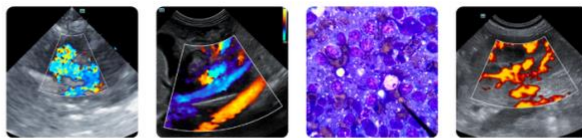
Free Abdomen

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

There is no apparent pathologic lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- Flat left adrenal gland- 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.



PATIENT

Laci Bentham

SPECIES

Canine

BREED

Belgian Malinois Mix

SEX

Spayed Female

AGE

10 Years 6 Months

WEIGHT

82 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Jessica Boudreaux-
Milligan DVM

HOSPITAL NAME

Dockside VI

REFERRING VET

Kayla Brenk, DVM

INVOICE

36794

DATE

2/9/26

- Bilateral medullary rim sign- This finding is of unknown clinical significance and can be a normal variant, often idiopathic. Medullary rim sign can be present with renal disease including lymphoma, hypercalcemic nephropathy, Leptospirosis, tubular disease, other and should be interpreted in combination with other more specific indications of kidney disease such as isosthenuria, proteinuria, azotemia, etc. This is a common incidental finding in patients with diabetes mellitus.
- Moderate gallbladder debris- Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

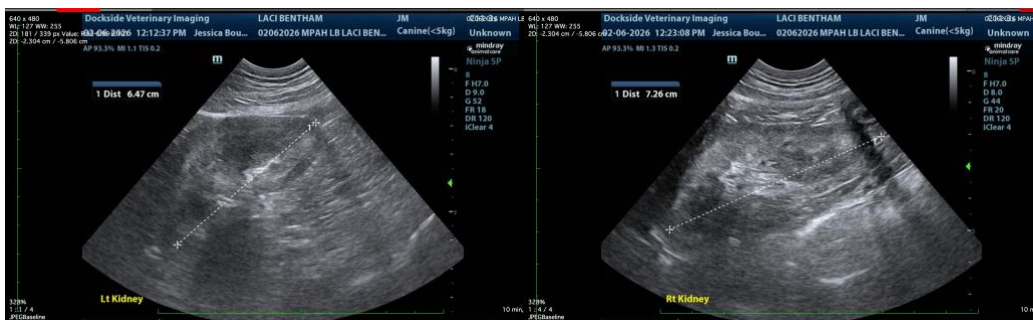
A routine fecal/Giardia exam is recommended if not recently evaluated

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

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 a probiotic (such as visbiome or proviable), empirical deworming with a 5-day course of Panacur and, if tolerated, a transition in diet, based on trial-and-error response, beginning possibly with a gastrointestinal biome diet vs a hydrolyzed protein diet vs other. Some patients respond to one brand/version of a hydrolyzed protein diet better than another brand, so several brand attempts may be required.





PATIENT

Laci Bentham

SPECIES

Canine

BREED

Belgian Malinois Mix

SEX

Spayed Female

AGE

10 Years 6 Months

WEIGHT

82 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Jessica Boudreaux-
Milligan DVM

HOSPITAL NAME

Dockside VI

REFERRING VET

Kayla Brenk, DVM

INVOICE

36794

DATE

2/9/26



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