



PATIENT	PRESENTING CLINICAL SIGNS
Jersey Vail	5/11/26 presented for 5 lb weight loss, appetite loss, vomiting, diarrhea. Bloodwork at that time revealed azotemia, hypercalcemia, hyperkalemia, hyperphosphatemia, low cholesterol. Baseline cortisol was decreased. Stim consistent with hypoadrenocorticism. UTI noted as well. Started treatment for hypoadrenocorticism and UTI.
SPECIES	
Canine	
BREED	
Australian Cattle Dog	Abnormal PE/Chem/CBC/UA Results: CBC: Hct 47.4% WBC 23.82 H (prev 14.3) -NEU 18.55 H - MONO 1.20 H Platelets 231 CHEM SDMA 17 (prev 18) H CREA 2.0 (prev 1.8) H BUN 31 (prev 38) H Phos 6.2 (prev 7.1) Ca 12.3 (prev 12.4) H Na 139 (prev 137) L K 5.6 (prev 5.6) Na:K ratio 25 Cl 101 (prev 102) L Amylase 1560 (prev 1766) H UA: USG 1.018, pH 7.0 Sed: Blood, WBCs, rods ACTH Stim: Pre 0.5 L Post 0.5 L
SEX	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
FS	Urinary System
AGE	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.
3 years	
WEIGHT	The right kidney is normal is size (5.9 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.
42.3	
INTERPRETED BY	The left kidney is normal is size (5.5 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.
Beth Johnson, DVM DACVIM	Adrenal Glands
IMAGING PERFORMED BY	Adrenal glands are small (flattened contour). Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal. Left adrenal measures 0.4 cm at the cranial pole and 0.3 cm at the caudal pole. Right adrenal measures 0.3 cm at the cranial pole and 0.3 cm at the caudal pole.
Christina Wagner	Spleen
HOSPITAL NAME	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.
Angeles Clinic for Animals	Liver
REFERRING VET	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.
Dr. Faye Loranzsenn	
INVOICE	
11981	
DATE	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.
5/19/2026	Gastrointestinal



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The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction or foreign material noted. 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 echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction or foreign material noted.

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.

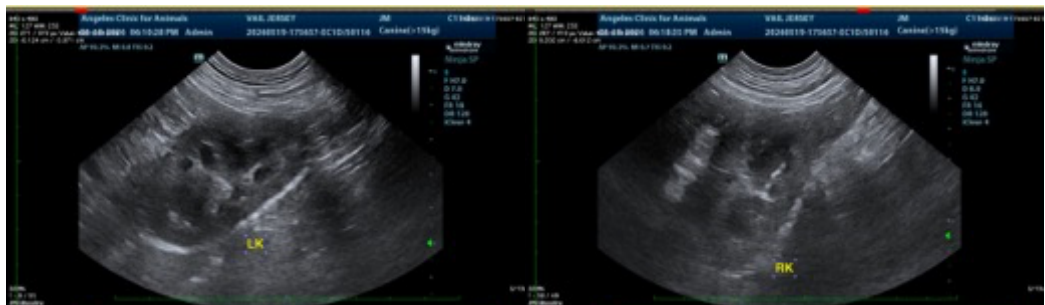
There is no apparent pathologic lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- Flat 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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of this study is consistent with patient's reported recent history of diagnosed hypoadrenocorticism. Therefore, continued management of the Addison's disease while monitoring for continued improvement is recommended.





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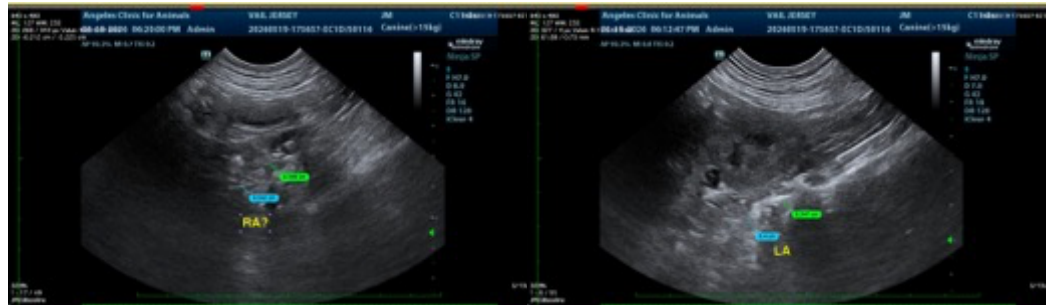
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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