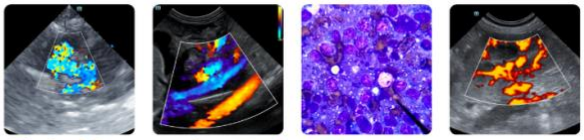


PATIENT

Ella Allocca

SPECIES

Canine

BREED

GSD

SEX

Spayed Female

AGE

4.6 Years

WEIGHT

89 lbs

INTERPRETED BY

Eric Lindquist, DMV, DABVP(CFM), Cert. IVUSS

IMAGING PERFORMED BY

Wasserman DVM

HOSPITAL NAME

Highlands Animal Hospital

REFERRING VET

Tuckett DVM

INVOICE

15178

DATE

05/13/26

PRESENTING CLINICAL SIGNS

Sedated with 0.2ml Dexdomitor 0.5mg/ml combined with 0.7 butorphanol 10mg/ml given IV. Adequate for sonogram, abdominal tension minimal. Purpose of sonogram: Survey the abdomen. Since puppyhood, the patient has experienced intermittent episodes of apparent nausea characterized by grass eating without vomiting. Episodes occur most commonly in the evening after eating (approximately 6 PM). Last night, the patient developed diarrhea with hematochezia noted on fecal examination, representing the first recent episode of this nature. Over the past month, the patient has also demonstrated intermittent episodes of abdominal discomfort with adoption of a “prayer posture/downward dog” position during painful episodes. Rectal examination was unremarkable today. Fecal testing is pending. Heartworm testing is pending. Patient has reportedly been off heartworm prevention for approximately 6 months. However, this issue has been present since puppyhood.
The patient has been receiving famotidine (Pepcid) twice daily for approximately 6 months. Client was advised to stop this today. Starting patient on ultamino. Patient on Apoquel for skin symptoms. Symptoms wax and wane with diet changes.

Abnormal PE/Chem/CBC/UA Results: 6months ago bloodwork performed. Clinically unremarkable. Urinalysis revealed ammonium phosphates 2+ and proteinuria 1+.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized, and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

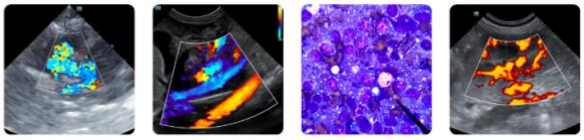
The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 6.55 cm in length. The right kidney measured 7.15 cm in length.

Adrenal Glands

The **left adrenal gland** appears subnormal in size. The **right adrenal gland** is somewhat flattened yet measurably normal. Screening for Addison's is indicated given the breed and the vague clinical signs. The left adrenal gland measured 2.47 cm x 0.41 cm width at the cranial pole and 0.29 cm width at the caudal pole. The right adrenal gland measured 1.1 cm width at the cranial pole and 0.5 cm width at the caudal pole.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted. The spleen was folded upon itself, yet this is a normal positional variant.



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Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

The **gastrointestinal tract** presented considerable gastric artifact due to the presence of ingesta. This did not permit thorough evaluation of portions of the gastric and upper intestinal structure. No overt abnormality was seen in the visualized tissue, however. This is consistent with a post-prandial presentation within a few hours of mealtime. If the prandial temporal interval does not fit the case history, and the patient presents a history of post-prandial vomiting, this could indicate a delayed upper gastrointestinal outflow due to primary or secondary pyloric hypertrophy, upper GI infiltrative disease, motor deficits, or a non-visualized foreign body. A prudent approach would be to rescan this patient at 24 hour NPO status to further review the non-visible regions if stomach primarily as well as assess any delayed outflow issue. Transit of chyme into the small intestine appeared to be normal.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Structurally unremarkable abdomen with subjectively small adrenal glands for this breed.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Screening for Addison's is indicated. A delayed outflow is possible, yet no overt obstruction is noted. Dietary indiscretion, food intolerance, structurally insignificant inflammatory bowel or occult parasitism and occult Addison's are all potentials.

Baseline cortisol or ACTH stimulation is indicated. Parasite management, hydrolyzed diet, helicobacter-type protocol may all prove effective in this patient. BID canned feedings can be effective. Recommend the following protocol as well as ruling out Addison's.

Helicobacter/Gastritis protocol
A clinical trial of **Zithromax (*Dogs:*** 5-10 mg/kg p.o. q24h. May increase dosing interval to q48h after 3-5 days of treatment), **Metronidazole** (10-20 mg/kg p.o. b.i.d.), **Pepcid** (0.5-1 mg/kg s.i.d.) and **Sucralfate** (0.5-2 g/dog PO) or **Omeprazole** (1 mg/kg p.o. s.i.d.) over the next 3 weeks along with a **novel-protein or hydrolyzed diet** with slurry feeding b.i.d./t.i.d. over the next 2-4 days and then increase to canned diet bid. Dry food should be avoided over the next 4 weeks. A recheck sonogram to assess GI improvement or progression would be ideal in 4 weeks.

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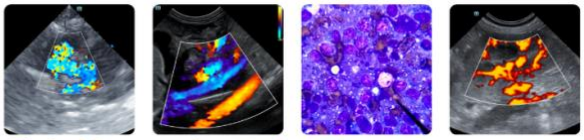

Clinical Sonography & Telecytology
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SonoPath.com info@sonopath.com 1.800.838.4268

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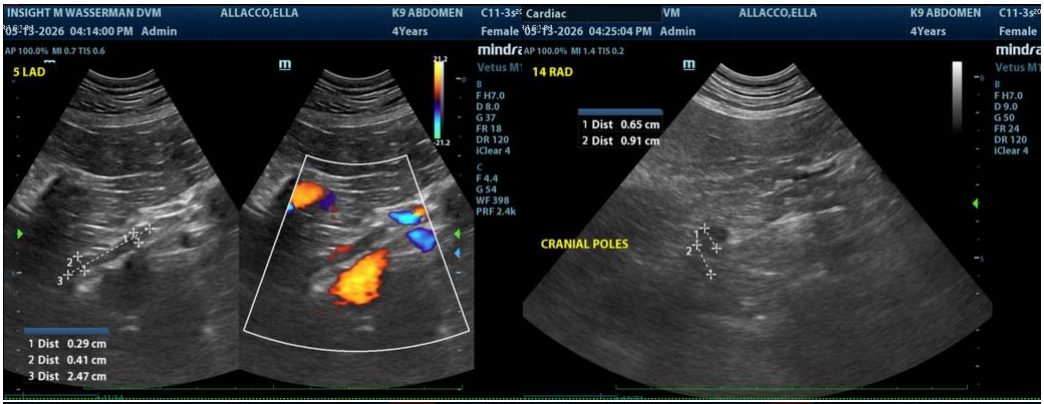

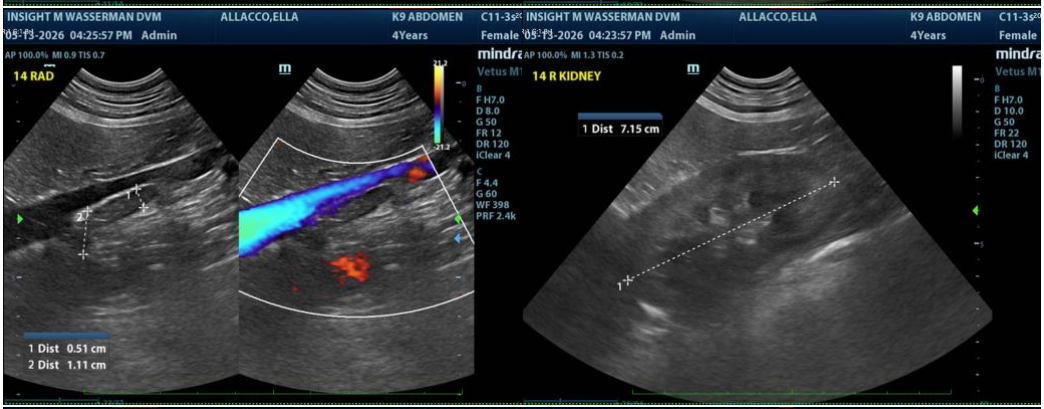

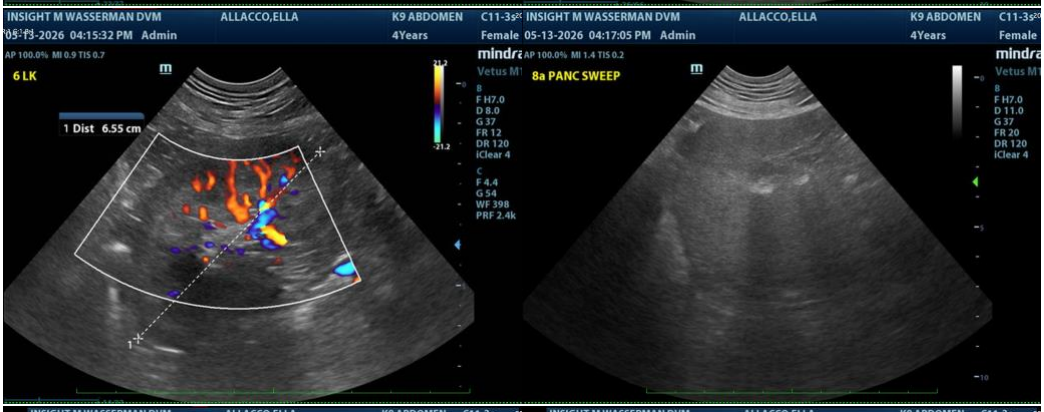

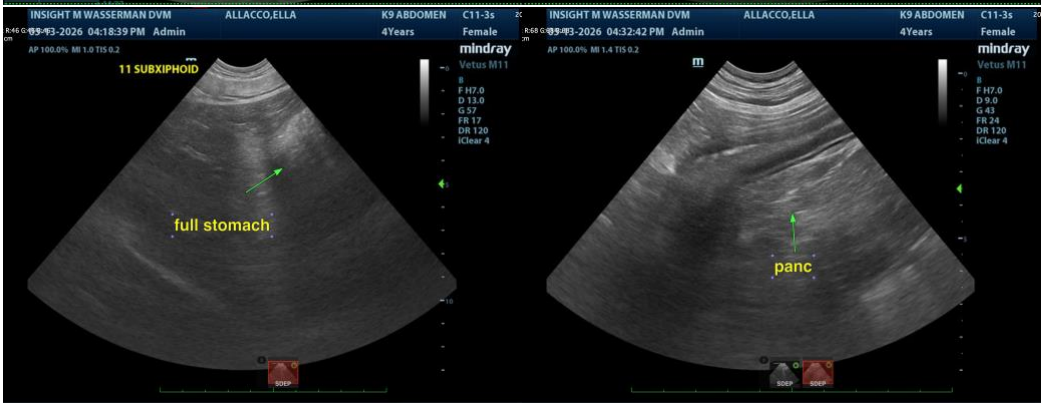

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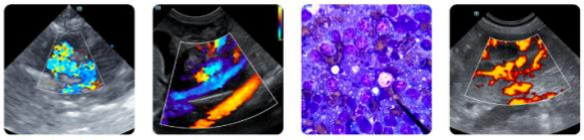

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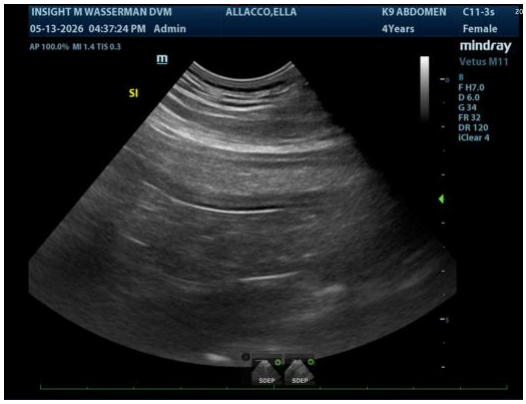

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP(CFM), Cert. IVUSS,

CEO, Owner, Founder -- SonoPath.com

info@SonoPath.com