



PATIENT

Squanchy Ding

SPECIES

Canine

BREED

Shiba Inu

SEX

Neutered Male

AGE

4 Years

WEIGHT

29

INTERPRETED BY

Kim Radway, DVM,
DABVP (Canine/
Feline)

IMAGING PERFORMED BY

Dr. Shen Li

HOSPITAL NAME

Dr. Shen Li Veterinary
Service

REFERRING VET

Dr. Shen Li

INVOICE

75443

DATE

5/26/26

PRESENTING CLINICAL SIGNS

Squanchy is a neutered male Shiba Inu presented for intermittent soft stool and seasonal allergy management. Owner reports: Intermittent soft stool, Seasonal allergy history, Recently received Cytopoint injection, Historically Cytopoint helps when given once to twice yearly. Dental history: Previous extractions due to tooth fracture from chewing hard objects: right upper PM4, two upper incisors.

Abnormal PE/Chem/CBC/UA Results: K 8.1 Na 144 Na/k 18 CBC wnl t4 1. Baseline cortisol pending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone and pelvic urethra presented with normal wall thicknesses with anechoic urine and normal tone. No uroliths or masses were noted in the lumen of the bladder. No evidence of inflammatory or neoplastic changes were noted. The ureters were not visible and considered normal.

The **kidneys** revealed normal size, corticomedullary definition and ratio with the cortex being 1/3 of medulla. Medullary echogenicity differed distinctly from that of the cortex and no evidence of dilation could be seen. The renal pelvic diverticuli were distinct in character. The capsules were acceptably uniform without dramatic irregularities. Left kidney measured 5.12 cm. Right kidney measured 4.69 cm.

Adrenal Glands

The regions of the adrenal glands were evaluated and found to be free of gross pathology. The adrenal glands were not specifically identified in the images provided.

Spleen

The **spleen** presented with a smooth homogeneous parenchyma hyperechoic to liver and kidney. The capsule was smooth and linear in its contour. The splenic vasculature demonstrated normal volume without signs of congestion, significant contraction, or thrombosis.

Liver

The **liver** revealed normal size, contour, and structure. Parenchymal echogenicity was smooth and homogenous in appearance. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted.

Approximately 20% of gallbladder contents were hyperechoic, non-shadowing, and gravity dependent.

Gastrointestinal

The **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. There was a small amount of gas in the lumen of the stomach. No obstructive or overt infiltrative disease was noted. No abnormal lymphatic activity was noted, and the abdomen was free of gastrointestinal masses and pathological fluid.

Pancreas

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



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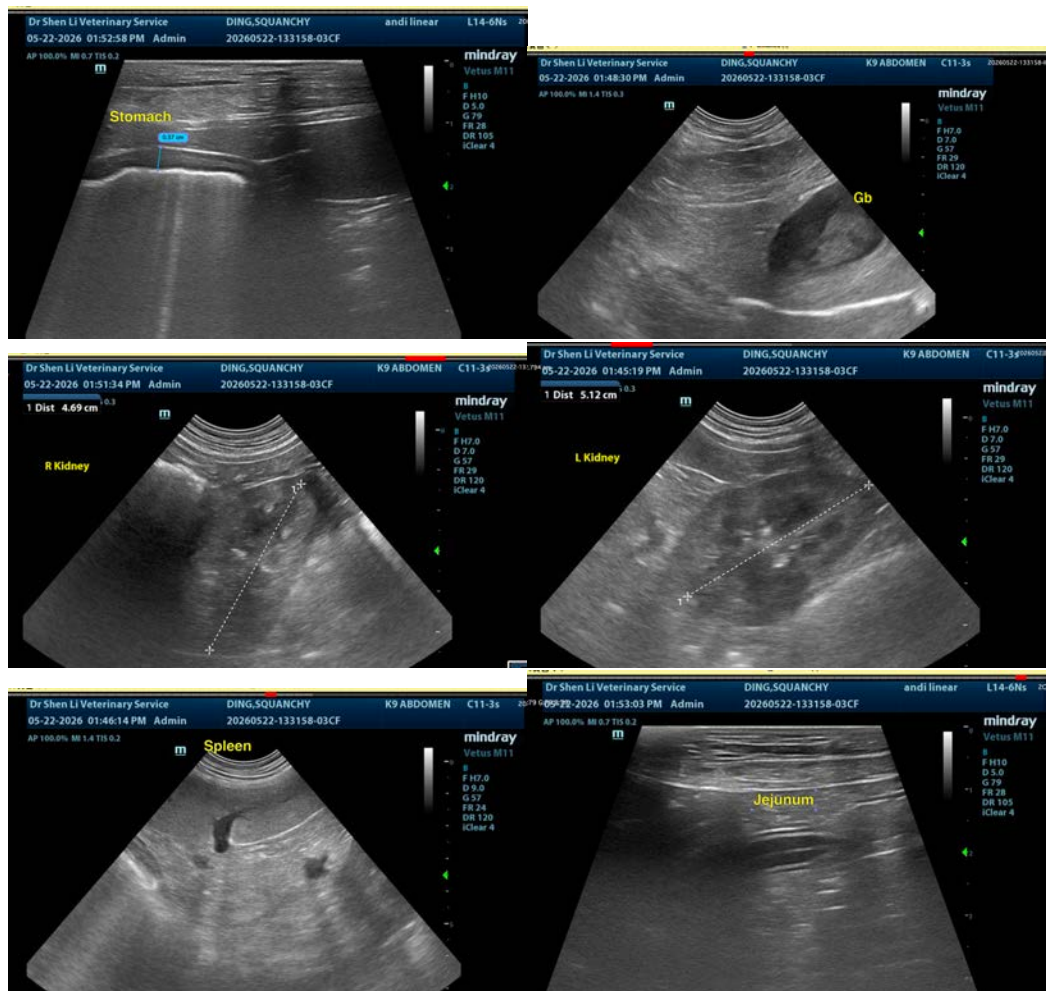
5/26/26

ULTRASONOGRAPHIC FINDINGS

- Normal abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This is a normal abdomen with no evidence of enlarged lymph nodes, free effusion, or increased thickness of the wall of the gastrointestinal tract. It is recommended to consider feeding a high fiber GI diet or Hills Biome diet and to give daily probiotics. If there is no improvement, then a microbiome index panel could be submitted for additional information in regards to the microbiome in this patient. A hypoallergenic diet could also be trialed if there is no improvement with the other trial treatments and diets such as the Hills Biome diet. Intestinal biopsies may be required if this patient continues to have abnormal soft stools.





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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.

Kim Radway, DVM, DABVP (Canine/ Feline)

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