



PATIENT

Georgina Blue Wallace

SPECIES

Canine

BREED

Pit Bull

SEX

Spayed female

AGE

13 years

WEIGHT

66 lbs

INTERPRETED BY

Kim Radway, DVM,
DABVP (Canine/
Feline)

IMAGING PERFORMED BY

Grace Jayne CVT

HOSPITAL NAME

Ark Animal Homecare

REFERRING VET

Dr. Monahan

INVOICE

78071

DATE

5/28/26

PRESENTING CLINICAL SIGNS

History: 05/26 Owner states that Georgia Blue has been falling more often and recently fell while trying to navigate stairs. Owner notes that Georgia Blue is drooling excessively and dropping food from her mouth, possibly due to previous dental work. Owner expresses concern about Georgia Blue's chronic diarrhea, describing it as variable in consistency (ranging from watery to soft serve). Owner reports that Georgia Blue has been on carprofen and Apoquel. Today the owner reports that Georgia has had normal stool for 5 days and has a normal appetite. She has added proviable probiotic to her medication regiment.

Abnormal PE/Chem/CBC/UA Results: 03/285/26 Spec CPL 642 TP 7.7 Glob 4.5 AST 68 Chol 361

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. The left kidney was 6.0 cm and the right kidney was 6.3 cm in length.

Adrenal Glands

The **left adrenal gland** was visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were acceptable. The left adrenal gland was 2.65 cm by 0.53 cm by 0.66 cm. The right adrenal gland was not visualized 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. The gallbladder presented with anechoic contents and a thin hyperechoic wall. The cystic and common bile ducts were normal. No periportal lymphadenopathy was evident.



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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 were acceptably normal. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

Normal abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This patient has a normal abdomen with no gross changes to explain the chronic soft stools. It is recommended to continue giving daily probiotics. A diet change can be considered to a low fat, high fiber diet or a Hill's biome diet adding extra fiber in the form of cilium on top of each meal may also be of benefit. If this patient continues to have abnormal stool consistency that a GI panel can be submitted. A definitive diagnosis may require GI biopsies. However, there is no evidence of gross changes at this time to indicate such an aggressive diagnostic option.





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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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