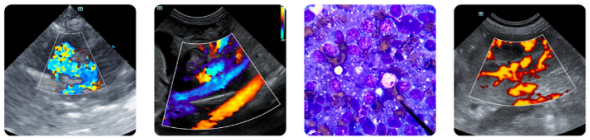


PATIENT

Harper Geppert

SPECIES

Canine

BREED

Labrador

SEX

FS

AGE

9 years

WEIGHT

29 kg

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Heshey Animal Emergency Center

REFERRING VET

Dr. Shally Gastelu

INVOICE

11897

DATE

5/7/2026

PRESENTING CLINICAL SIGNS

9-year-old dog with historically well managed Addison's disease for years. Currently on Percorten (last given 4/15/26, 16 days ago) and Prednisolone 5mg (0.15mg/kg) daily. Vomited this morning after showing food aversion for several days. Owner reports no missing items in house, no toys available for ingestion. Injected mm, thready pulses. Quiet to dull mentation. Mild abdominal pain with palpable gas and audible borborygmi.

Abnormal PE/Chem/CBC/UA Results: RDVM Diagnostics: - CBC - RBC 9.62 - Chem Panel Crea 2.4 BUN 40, Phos 8.0 - Electrolytes - Na:K Ratio 21, K 6.8, Na 142 - Quant Panc WNL - Radiographs reveal abnormal gas pattern in intestines with concern of stacking and bunching of small intestines, empty stomach, granular material that cannot fully place to colon, scant fecal balls HAEC Diagnostics: EPOC: TCO2 16.7 (L), pH 7.278 (L), BE,ECF -9.5 (L), Sodium 131 (L), Potassium 5.9 (H), I-Cal 1.50 (H), BUN 36 (H), Crea 2.38 (H).

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney has a normal shape and size (6.26 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (6.52 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

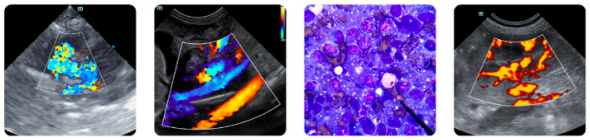
The left adrenal gland is flat measuring 0.2 cm at the cranial pole and 0.15 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (1.59 cm) and the echotexture is homogenous. The splenic capsule is smooth with no visible irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver



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The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains moderate fluid. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

Most of the visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. The duodenum measured as normal (0.44 cm in wall thickness) and the jejunum measured as normal (0.32 cm.) Visualized peristalsis appears appropriate. Some sections of small intestine appear mildly gas distended. No evidence of an obstructive pattern is clearly visualized.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The area of the pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Flat adrenal glands. Findings are consistent with the current diagnosis of Addison's disease.
- Moderate gallbladder debris. The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting but seems unlikely to be causing a current issue. Recommend continued monitoring.
- Fluid distended stomach. Correlate with the feeding/drinking history. If the patient was adequately fasted, this could represent delayed gastric emptying or an unseen outflow tract obstruction.
- Mild enteritis type pattern visualized.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The stomach is moderately fluid distended. No definitive shadowing material is observed, and no evidence of an obstruction is visualized but the entirety of the pylorus is not visualized. This seems

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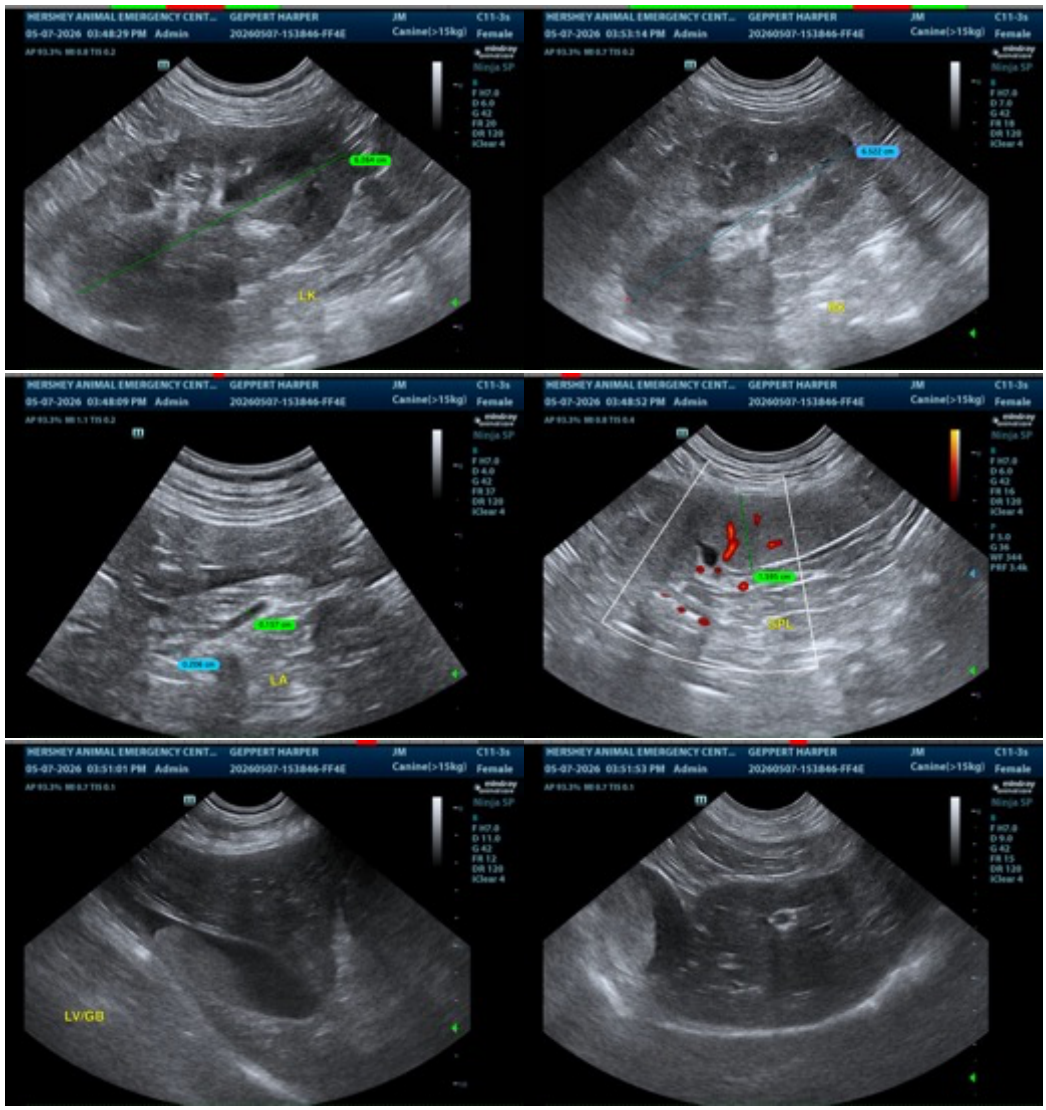
less likely but cannot be definitively ruled out. Additionally, the majority of the GI tract appears relatively norma with no evidence of a definitive obstructive pattern. This does not rule out a small focal lesion but makes it somewhat less likely. Based on electrolyte and renal values, recommend aggressive rehydration. Consider administering the DOCP dose early, as potassium levels are high and sodium is low, and potentially administering an anti-inflammatory dose of steroids to help with coping of the stress response. Consider re-assessing radiographs after 8-12 hours. If there's still concern for an obstructive pattern, repeat imaging may be considered.



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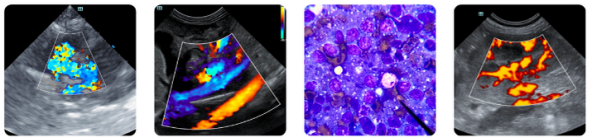

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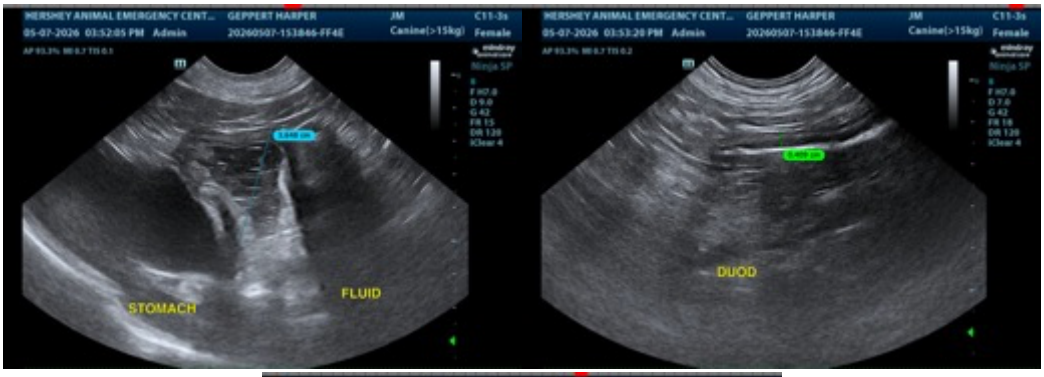

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)

info@sonopath.com