

PATIENT

Loki Forman

SPECIES

Canine

BREED

German Shepherd

SEX

Spayed Female

AGE

9 Years

WEIGHT

64.2

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Aaron Lucas

HOSPITAL NAME

Taylorville Veterinary
Clinic

REFERRING VET

Dr. Ashleigh Bisset

INVOICE

12269

DATE

11/14/25

PRESENTING CLINICAL SIGNS

Loki is a 9.5-year-old spayed female German Shepherd presenting for vomiting, which has contained some blood. The vomiting has occurred after breakfast on three separate days over the past four days. For the last 2-3 days, she has been restless and lethargic. This morning, she had an episode of bloody, watery diarrhea. Her appetite has been decreased. A previous suspected food allergy vs IBD prompted a diet change to her current hydrolyzed protein prescription food. There has been a gradual weight loss over the past year from low 70s to 64.2 currently. Current medications include Proin for urinary incontinence, Dasaquin for joints, and an occasional probiotic. Patient was sent home with Cerenia, famotidine, metronidazole and Fortiflora on 11/12.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 6.7 cm in length. The right kidney measured 6.5 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.59 cm width at the caudal pole.

The right adrenal gland was indistinctly visualized without overt pathology and normal size. The right adrenal gland subjectively measured 0.52 cm width at the caudal pole.

Spleen

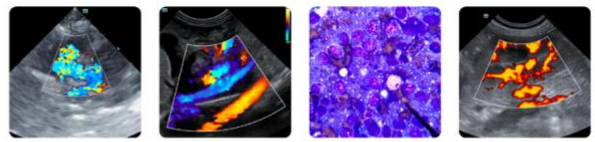
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact mildly thickened stomach wall with intermittent mildly prominent rugal fold. The stomach was overall



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nondistended containing mild anechoic fluid. No evidence of obstruction to pyloric outflow. Gastric body wall measured 0.60 cm wall width.

The small intestine presented with generalized intact thickened wall with altered wall layer ratio owing to propensity for mildly thickened hyperechoic submucosa and mildly thickened muscularis layer. The duodenum wall measured 0.67 cm wall width. The jejunum wall measured 0.56 cm wall width. Minor segmental nonobstructive intestinal ileus to the level of the colon.

Normal visible colon wall layers were present with semi formed to possible soft fecal matter in lumen.

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

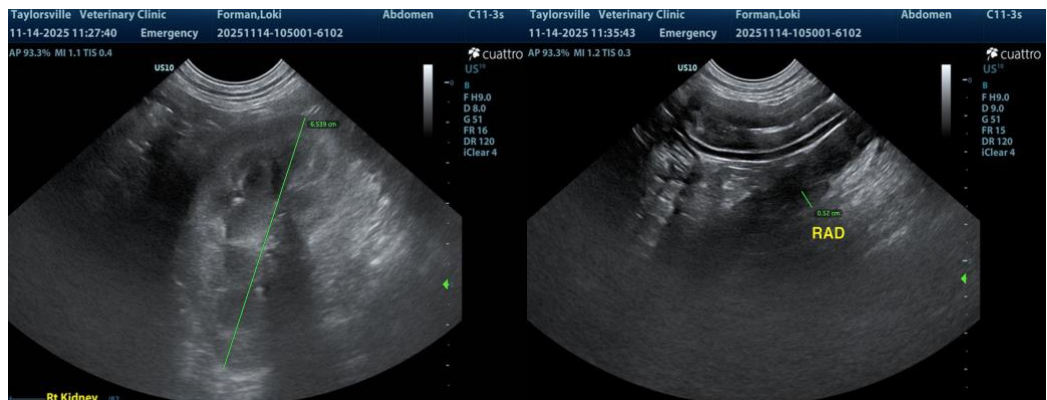
Intermittent mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example measured 4.2 cm x 0.89 cm. No evidence of peritoneal effusion.

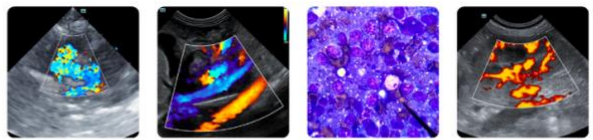
ULTRASONOGRAPHIC FINDINGS

- Mild hypomotile gastritis pattern.
- Nonspecific enteropathy.
- Sonographically normal area of pancreas.
- Intermittent subjective benign mild mesenteric lymphadenopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although nonspecific, the small intestine exhibited mural changes suggestive of inflammatory criteria i.e. IBD or other with infectious enteritis, infiltrative disease, mild pancreatitis, occult parasitism or other enteropathy possible. A GI panel to include PLI, TLI, cobalamin and folate is recommended. A definitive diagnosis would require intestinal biopsies for histopathology and probable guidance of therapy. Empirically, continued hydrolyzed diet, high colony count probiotics such as Provable, cobalamin supplementation (pending assessment of cobalamin level), empirical deworming and as needed gastroprotectants with clinical monitoring would be reasonable. Although considered unlikely, screening cortisol level to rule out occult Addison's disease is suggested.





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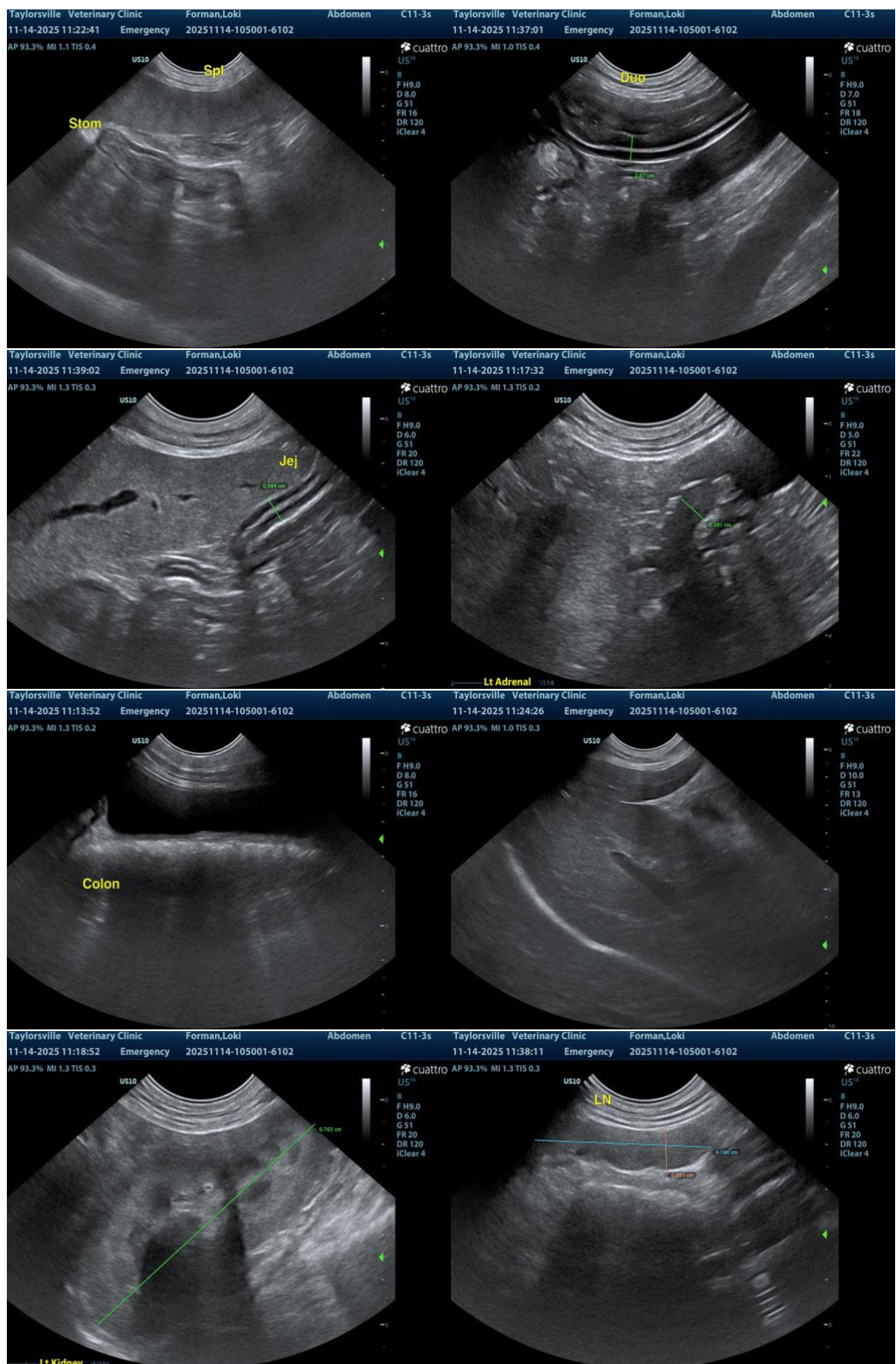
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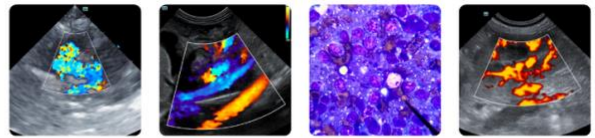
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

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