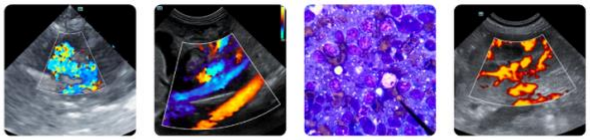

PATIENT

Freddie Huting

SPECIES

Canine

BREED

Australian Cattle Dog

SEX

Spayed Female

AGE

5 Years

WEIGHT

28 pounds

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Dr. Andrea Nason

HOSPITAL NAME

Caravan Vet

REFERRING VET

Dr. Christa Williams

INVOICE

12330

DATE

11/19/25

PRESENTING CLINICAL SIGNS

Freddie has intermittent chronic GI issues since ~2022. She had a flare in early November with bloody vomiting and bloody diarrhea. She was treated supportively, and a GI panel w/cortisol was done. Freddie needs a dental procedure. Abdominal ultrasound and ACTH stim performed today to assess for Addison's/other GI disease.

Abnormal PE/Chem/CBC/UA Results: Comprehensive fecal screen: positive for giardia antigen Cortisol 1.8 Folate 6.8 B12 641 TLI/PLI WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

The area of the aortic trifurcation was free of pathology.

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 5.1 cm in length. The right kidney measured 5.0 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 0.52 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.60 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

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The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact mild thickened wall owing to mildly thickened gastric mucosa layer. The stomach was nondistended containing a mild amount of retained anechoic fluid. Gastric body wall measured 0.52 cm wall width.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The duodenum wall measured 0.49 cm width. The jejunum wall measured 0.40 cm width.

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

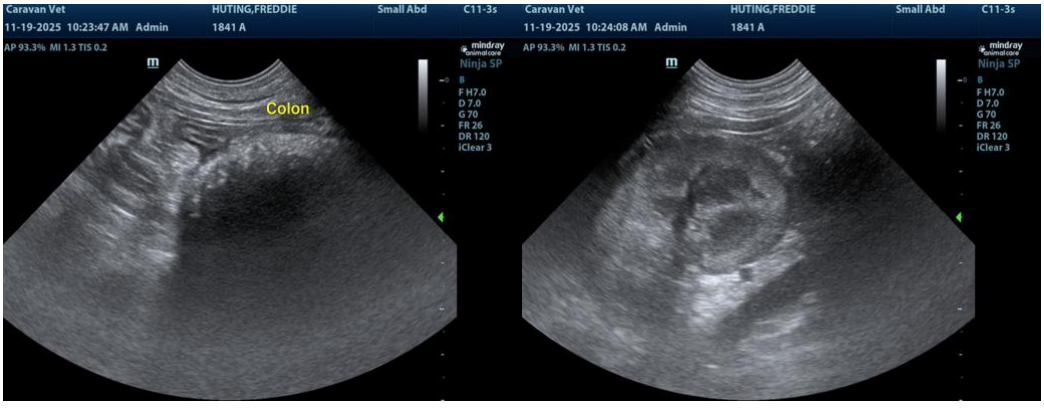
No omental lymphadenopathy or peritoneal effusion was present with normal omental echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Mild hypomotile gastritis pattern.
- Structurally unremarkable small intestine/colon with semi formed to possible soft fecal matter.
- Normal area of pancreas.
- Normal bilateral adrenal glands.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Dietary intolerance/food hypersensitivity, nonstructural inflammatory bowel, occult parasitism/infectious disease are all potentials with occult Addison's disease possible yet thought less likely given normal adrenal presentation. No evidence of neoplastic criteria. Correlation with pending ACTH stimulation test is recommended. Hydrolyzed diet trial with long term dietary therapy, high colony count probiotics such as proviable, empirical deworming and therapy for Giardia (Panacur 50 mg/kg SID for 5 days with repeat protocol in three weeks) and as needed gastroprotectants with assessment of clinical response may prove beneficial.



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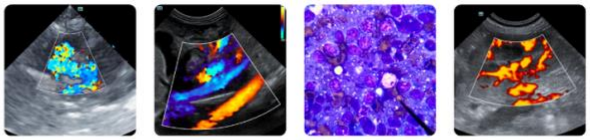

Clinical Sonography & Telecytology
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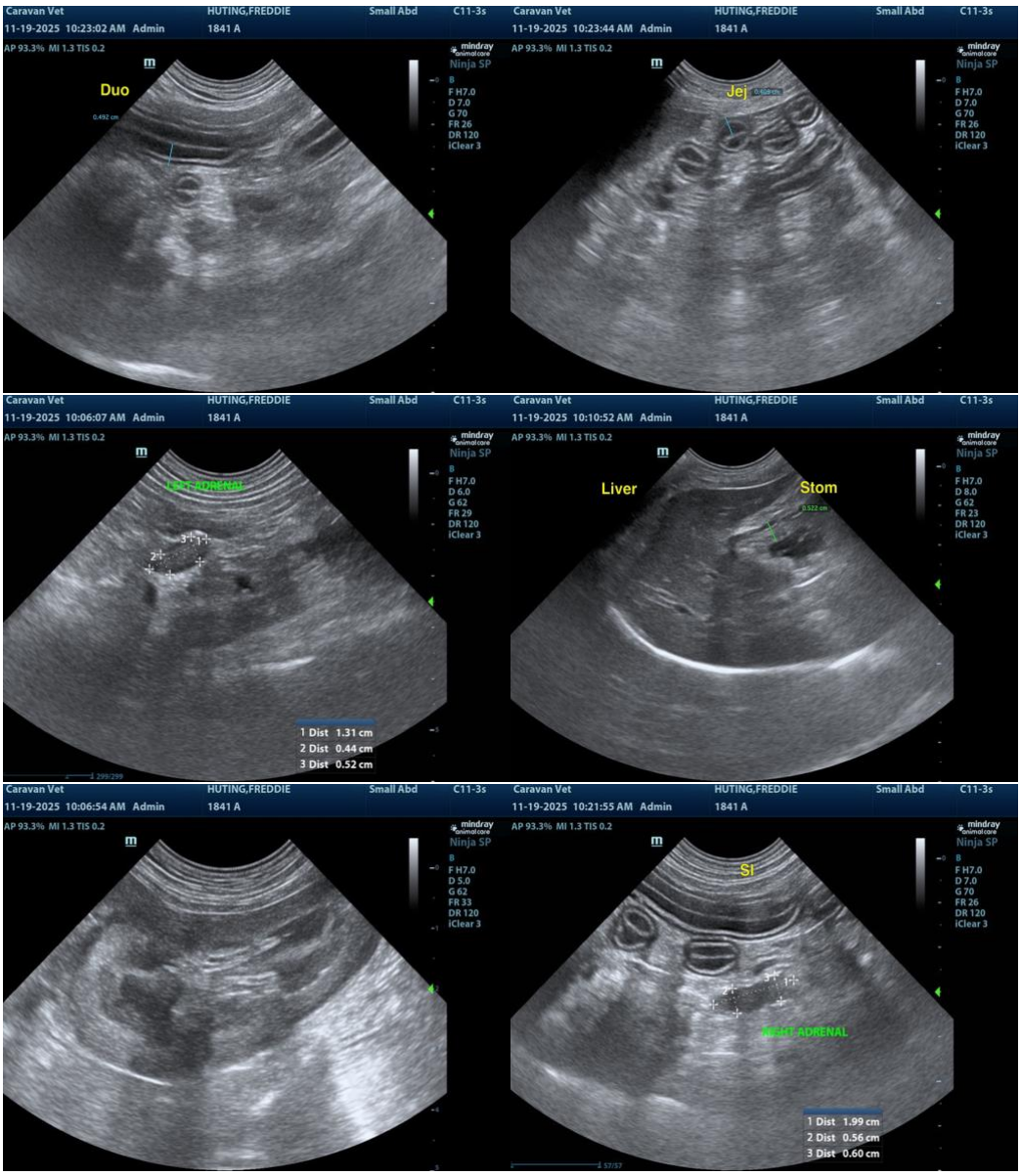

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@SonoPath.com