



PATIENT

Ace Zgorski

SPECIES

Canine

BREED

Foxhound

SEX

MN

AGE

9yr

WEIGHT

56.8lb

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Aaron Lucas

HOSPITAL NAME

Taylorville Veterinary
Clinic

REFERRING VET

Elizabeth Stiefvater

INVOICE

23965

DATE

02/23/2026

PRESENTING CLINICAL SIGNS

Ace is a 9yr old MN Foxhound who presented 1/21/26 for liquid diarrhea, flatulence, and lethargy. PE at that time was unremarkable, started on metronidazole and fortiflora. The next day he seemed more lethargic and was not eating. Ace was admitted to hospital 1/22/26 for IV fluid therapy and labs. Ace was dehydrated. Lab work showed elevated PCV and proteins, QPL was elevated at 304 (normal 0-200). Otherwise chemistry was unremarkable.

Ace was sent home on Cerenia and EN food in addition to the previously prescribed metro and probiotic. He did very well until 2/4/26 when the diarrhea and flatulence started again, along with vomiting. Ace was restarted on metro, Cerenia, and advised owner to feed EN food only going forward. 2/20/26 Ace started with liquid diarrhea again. I recommended GI panel and AUS to further investigate his symptoms.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Normal size and margination were 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 6.8 cm in length. The right kidney measured 6.9 cm in length.

The area of the aortic trifurcation was free of pathology.

The residual prostate appeared normal and free of pathology

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.53 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 0.74 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/Gallbladder

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. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was



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non-distended in size with thin walls and mild congealed non-organized mild hyperechoic debris. The cystic and common bile ducts were normal.

Gastrointestinal

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

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Foxhound

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 mechanical/metabolic ileus, obstruction or foreign material. The duodenum wall measured 0.60 cm width. The jejunum wall measured 0.44 cm width.

Normal visible colon wall layers were present with semi formed to soft feces in lumen.

Pancreas

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The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

AGE

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Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Sonographically unremarkable gastrointestinal tract with non-shadowing gastric ingesta consistent with food echogenicity
- Normal area of pancreas
- Semi formed to soft fecal matter in colon

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No sonographic evidence of gastroenterocolic or pancreatic pathology. At times the gastroenterocolic tract may not correlate with history of gastrointestinal signs. Likewise, mild to chronic pancreatitis may present sonographically normal. Correlation with pending GI panel is recommended with consideration for screening cortisol level despite sonographically normal bilateral adrenal glands.

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Empirically, a limited antigen or hydrolyzed diet trial with potential long term dietary therapy, prophylactic deworming (Panacur 50 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks even if fecal testing is negative), high colony count probiotic (Provable or Visbiome), cobalamin supplementation pending assessment of cobalamin level +/- antibiotic trial with consideration for adverse effects on normal GI flora with long term antibiotic use and as needed gastrointestinal support with assessment of clinical response may prove beneficial. Intestinal biopsies may be indicated if GI signs continue despite empirical therapy.

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Sonographic reassessment or monitoring is recommended if continuing gastrointestinal signs despite empirical therapy.

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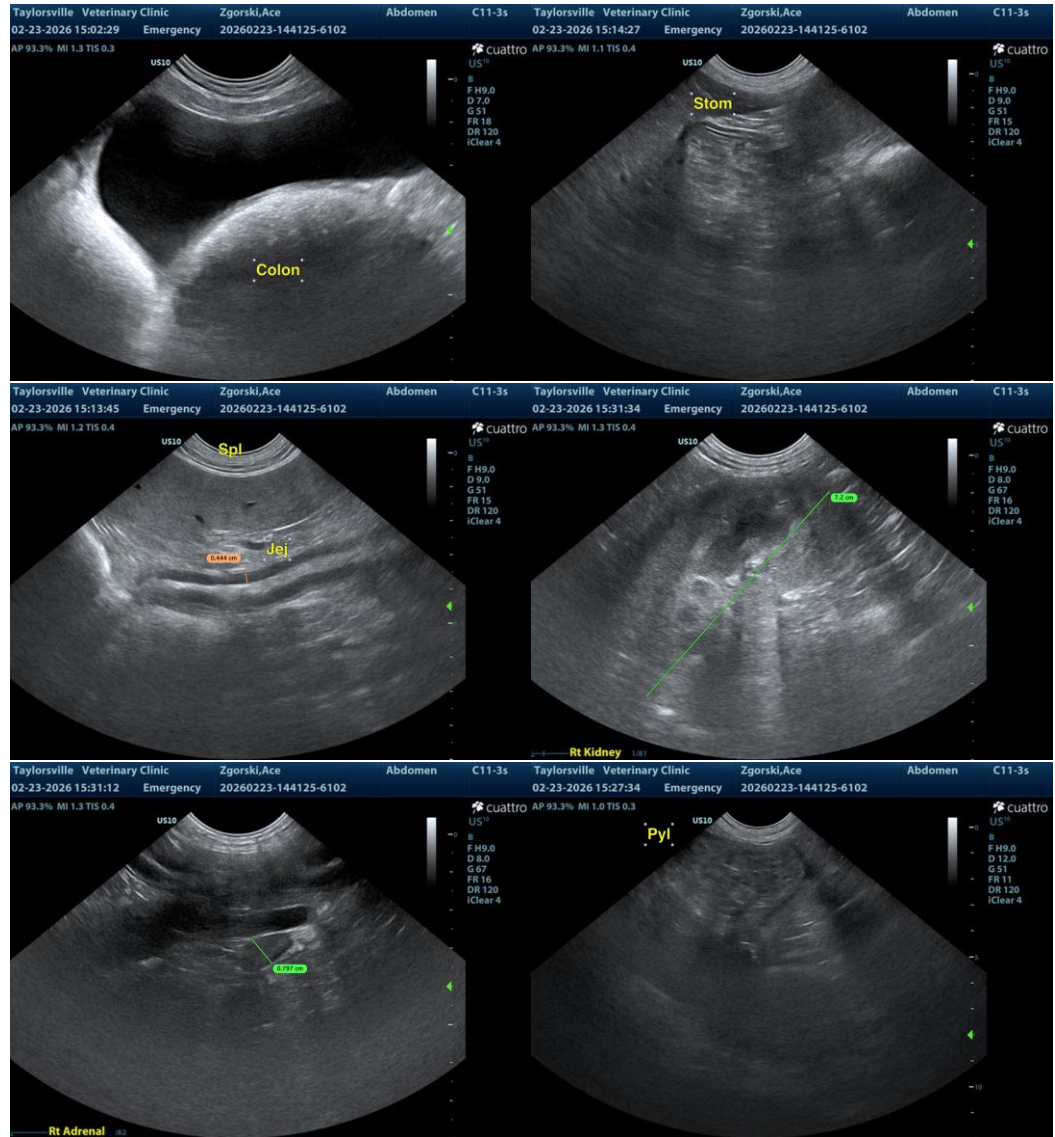
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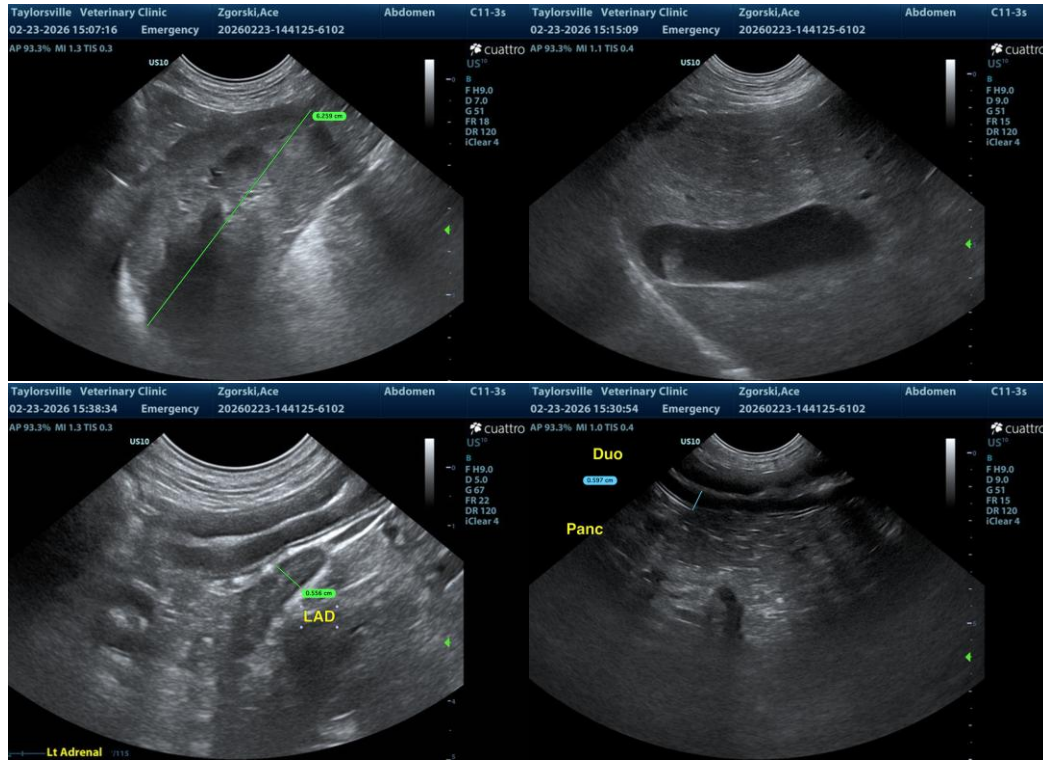
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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