



## PATIENT

Poppy Lovins

## SPECIES

Canine

## BREED

Australian Shepherd  
Mix

## SEX

FS

## AGE

1y, 4m

## WEIGHT

47.9 lbs.

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Julie Kang

## HOSPITAL NAME

Sabino Veterinary  
Care

## REFERRING VET

Julie Kang

## INVOICE

10671

## DATE

3/12/26

## PRESENTING CLINICAL SIGNS

### History:

- Chronic intermittent diarrhea and vomiting (entire life).
- Increasing frequency, but has been some improvement since transitioning to Royal Canin HP diet.
- Chronic *Giardia duodenalis* (low burden) positive, with no resolution after multiple treatments Panacur, Metronidazole, Drontal Plus.

Abnormal PE/Chem/CBC/UA Results: *Giardia duodenalis* positive (low burden) O elected AUS first vs. bloodwork, resting cortisol/ACTH stim testing.

## 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 changes were noted.

No evidence of pathology in the area of the aortic trifurcation.

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 6.0 cm in length. The right kidney measured 6.1 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 0.43 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 0.41 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. Normal hepatic vascular volume was present. 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



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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 intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty without evidence of retained ingesta, fluid, or foreign material.

The small intestine presented borderline thickened duodenal and segmental jejunal wall. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material. The duodenum wall measured 0.59 cm width. The segmental jejunum wall measured up to 0.50 cm width. The ileocolic wall measured – cm width.

Normal visible colon wall layers were present with semi-formed fecal matter.

### *Pancreas*

The area of the pancreas was sonographically normal.

### *Free Abdomen*

Intermittent, midabdomen, 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 2.8 cm x 1.1 cm. No evidence of peritoneal effusion was noted.

## ULTRASONOGRAPHIC FINDINGS

- Intact borderline prominent duodenal and segmental jejunum wall
- Semi-formed fecal matter in colon
- Normal area of pancreas
- Normal bilateral adrenal glands

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the gastrointestinal tract is non-specific, with considerations including dietary intolerance / food hypersensitivity, infectious disease, i.e., Giardia, dysbiosis, enterotoxin, inflammatory bowel disease, mild pancreatitis, occult Addison's Disease, or other. No evidence of significant gastroenterocolic mural pathology, i.e., neoplastic criteria, intussusception, etc.

A GI panel to include PLI/TLI/Cobalamin/Folate and cortisol level is recommended. Continued hydrolyzed protein diet with likely long-term dietary therapy, high colony count probiotic such as Provable, repeat deworming (Panacur 50 mg/kg SID for 5 consecutive days) with potential repeat protocol in 3 weeks, and as-needed gastroprotectants may prove beneficial. Upper and lower gastroenterocolic endoscopy may be required for further clarification, pending additional diagnostics and monitoring of additional empirical therapy.



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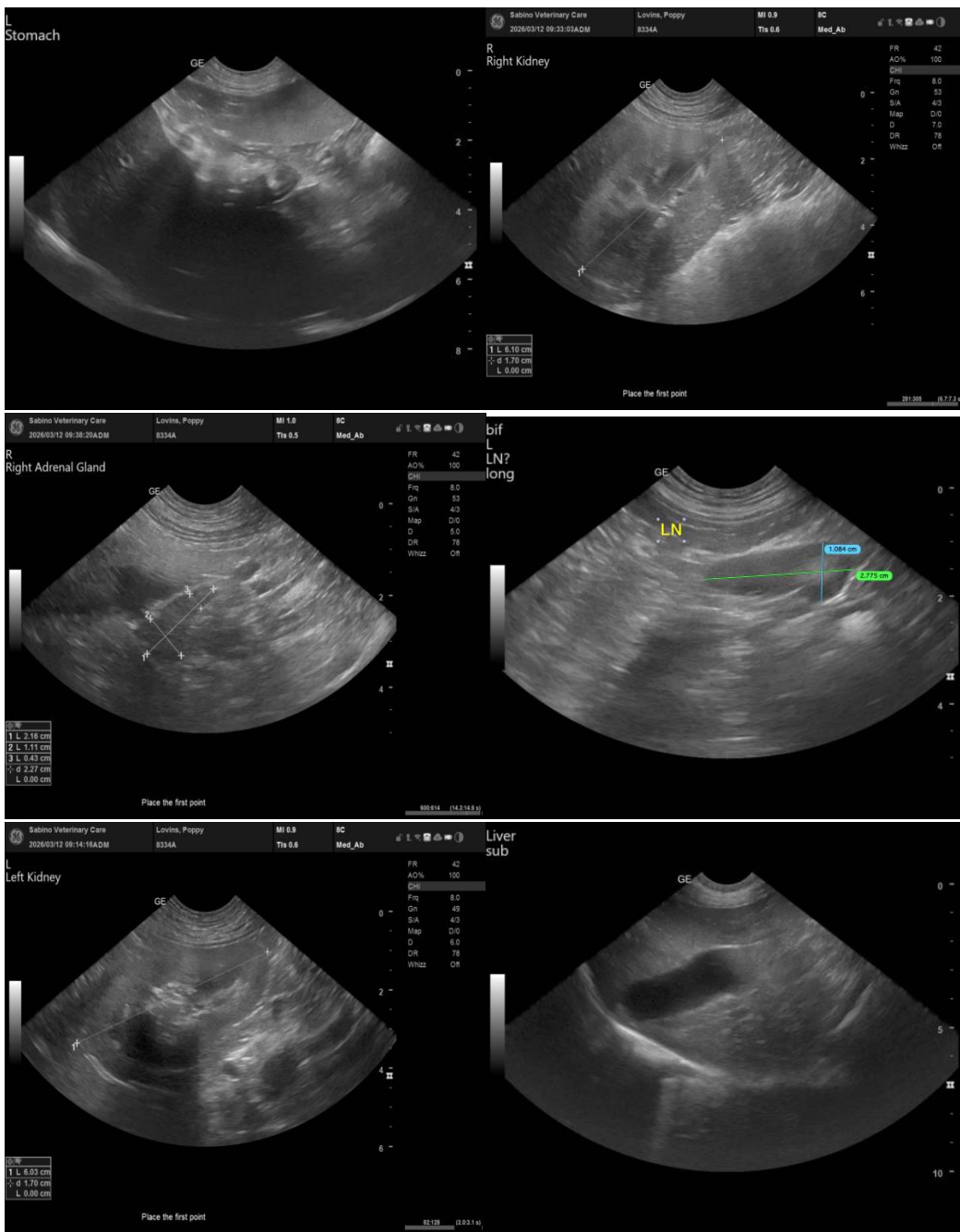
Julie Kang

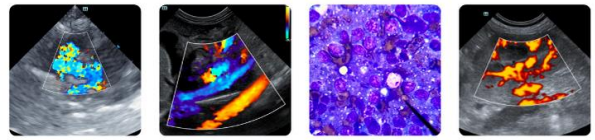
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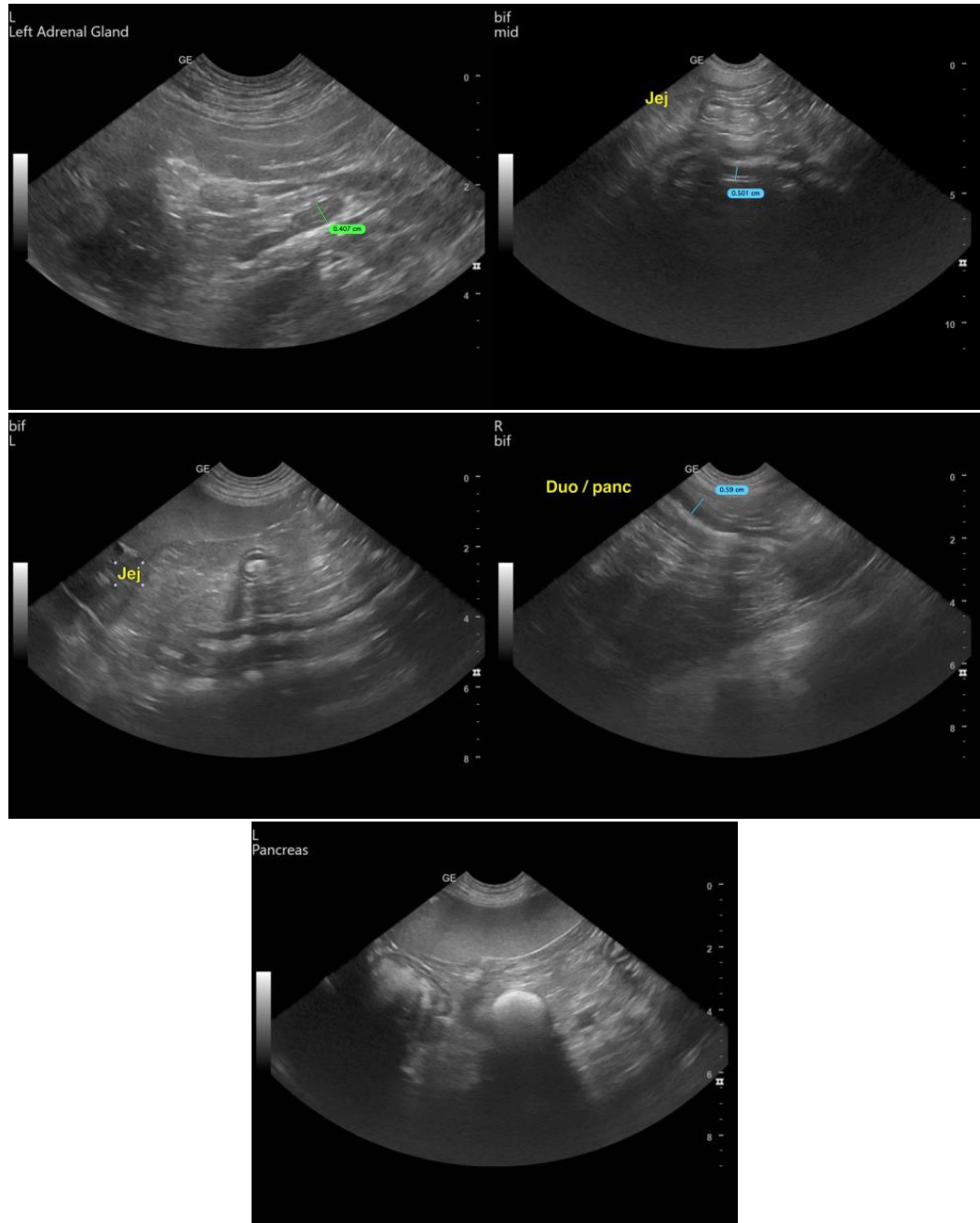
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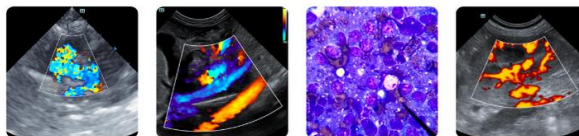
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)  
[info@sonopath.com](mailto:info@sonopath.com)