



PATIENT

Lift Heller

SPECIES

Canine

BREED

Sheltie

SEX

FS

AGE

3yr

WEIGHT

10.88lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Christa Williams DVM

HOSPITAL NAME

Caravan Vet

REFERRING VET

Christa Williams DVM

INVOICE

24269

DATE

03/23/2026

PRESENTING CLINICAL SIGNS

- Dog competes in national level agility trials. She frequently has stress colitis associated with performance events. She also gets car sick and has infrequent episodes of vomiting. Client also feels that her behavior is not age appropriate (attention span, reactivity, willingness to train on some days) and is wondering if this might be related to GI symptoms.
- Dog is fed a BARF diet prepared by the client
- She is on a monthly parasite preventive
- Abnormal PE/Chem/CBC/UA Results: Dog is a healthy weight for her size. Her wellness labs in Nov 2025 were normal except for a mild BUN elevation (35) and a low USG (1.026). Fecal was negative. A GI panel was performed in October of 2024 and was normal, although folate was low normal (8.5) and cortisol was low (1.7). An ACTH stim test was performed and was normal. A GI panel was repeated last week and was normal except for folate 7.5 (low) and cortisol 1.5. Abdominal US was recommended and a fecal dysbiosis panel is pending.

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 3.6 cm in length. The right kidney measured 3.7 cm in length.

The area of the aortic trifurcation was 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 0.39 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 0.48 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



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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 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 subjective borderline prominent wall. The stomach contained a mild amount of retained anechoic fluid with no evidence of obstruction to the pyloric outflow.

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.

Normal visible colon wall layers were present with current formed feces in lumen.

Pancreas

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.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary

- Mild retained gastric fluid, subjective mild hypomotile gastritis
- Sonographically unremarkable small intestine / pancreas
- Normal bilateral adrenal glands

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The decreased folate level is non-specific and of unclear clinical significance, yet may be associated with upper small intestinal disease, although no evidence of small intestinal mural pathology. Correlation with a pending dysbiosis panel is recommended.

Although considered less likely given previous ACTH stimulation tests and normal adrenal glands, recheck ACTH stim test, given current cortisol < 2.0 is warranted.

Dietary trial such as hydrolyzed or novel protein diet with potential long term dietary therapy, empirical therapy for gastritis, cobalamin supplementation if cobalamin < 400 and as needed gastro protectants may prove beneficial. Upper +/- lower endoscopy with potential for biopsies may be considered if persistent or progressive gastrointestinal signs.



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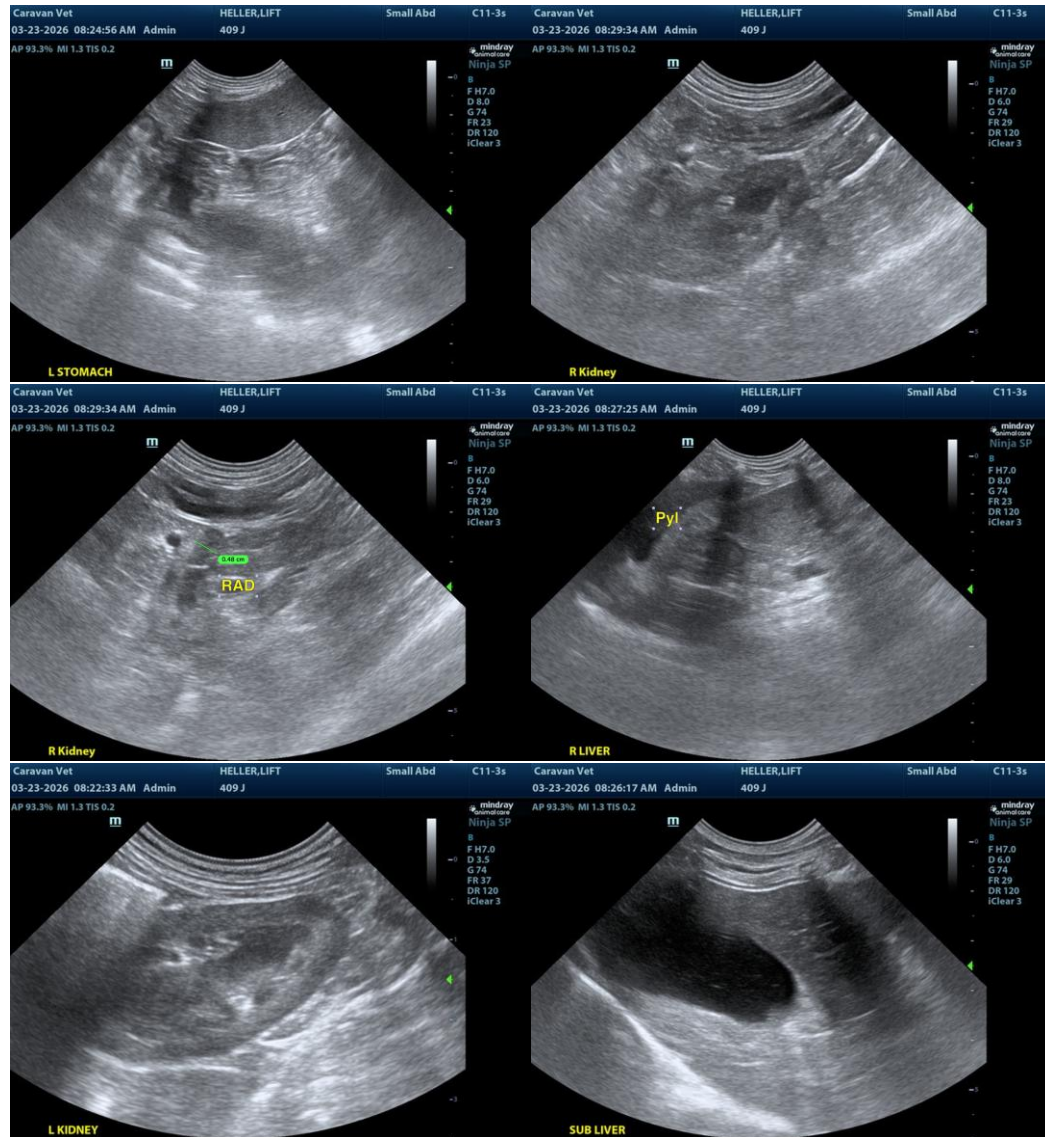
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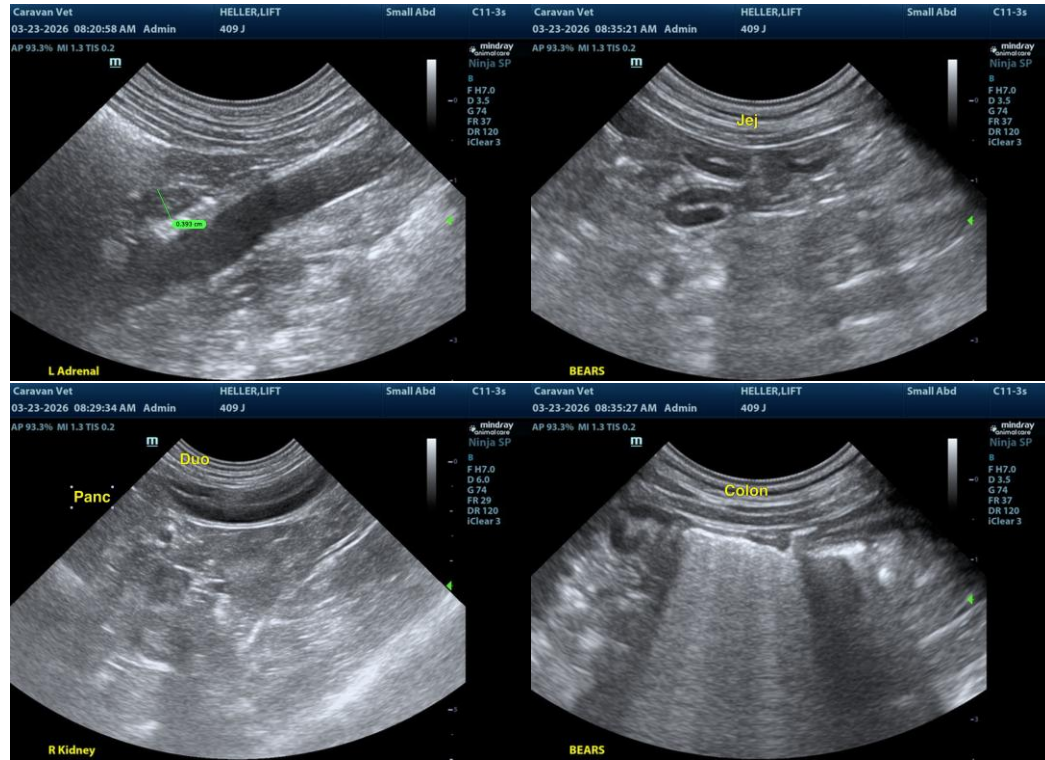
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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