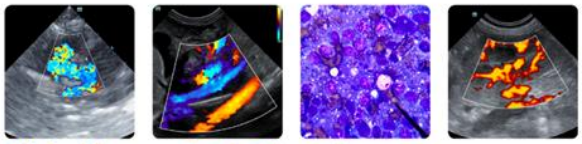


PATIENT
Ariel Brown

SPECIES
Canine

BREED
Welsh Corgi

SEX
FS

AGE
4yr

WEIGHT
35lb

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

IMAGING PERFORMED BY
Dr Omalley

HOSPITAL NAME
Willamette Veterinary Hospital

REFERRING VET
Dr Omalley

INVOICE
24460

DATE
04/13/2026

PRESENTING CLINICAL SIGNS

Presented 4/12 for recurrent diarrhea (liquid, some mucus and blood), lethargy and anorexia at 6:30am (2 hr prior to arrival)
Yesterday, P was only slightly low energy and was slow to eat, but still finished her food. 6d ago, P had MPE for continued pancreatitis cx . P was asymptomatic 4/9-4/10.
Gabapentin 300mg, last given 4/11 at 10pm, Cerenia 60mg, last given 4/10
::ASSESSMENT::
long term issues with diarrhea even with being on Hill's Biome
chronic intermittent hyporexia, diarrhea (hematochezia today)-- AHDS diagnosis
recent dx with pancreatitis but testing normal today
Abnormal PE/Chem/CBC/UA Results: Physical exam findings: NSF, pt is BAR FecalG, pending PCV/TS = 67%, 6.4 EPOC = lactate 4.56 (H), pH 7.353 (L), BEecf -7.6 (L), HCT 58%, Glu 126 (H), lytes wnl vcheck cPL = 88.8 (normal, range <200) cortisol (catalyst) = 7.29, rules out addisons

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 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 2.6 cm in length. The right kidney measured 2.7 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

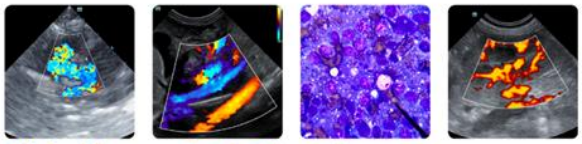
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.5 cm width at the caudal pole. The right adrenal gland was not definitively visualized, no overt pathology in the area of the right adrenal gland.

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 non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.



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Gastrointestinal

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. The gastric body wall measured 0.31 cm in 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 mechanical/metabolic ileus, obstruction or foreign material. The duodenum wall measured 0.41 cm width. The jejunum wall measured 0.30 cm width.

The colon walls presented intact yet mild thickened wall layering. The colon was non-distended, containing soft fecal matter consistent with patient history.

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

No evidence of peritoneal effusion was present.

Intermittent non-enlarged to minor prominent 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).

ULTRASONOGRAPHIC FINDINGS

Primary

- Mild colitis pattern with soft fecal matter
- Overall sonographically unremarkable gastrointestinal tract
- Normal area of pancreas
- Intermittent minor prominent mesenteric lymph nodes - consistent with benign criteria, i.e., minor reactive hyperplasia, less likely lymphadenitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Unknown dietary indiscretion, infectious disease, dysbiosis, enterotoxin, non-structural inflammatory bowel or mild pancreatitis which may present sonographically normal, occult parasitism, acute hemorrhagic diarrhea syndrome, are all potentials. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Correlation with pending fecal test recommended.

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 (Proviable 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. Sonographic monitoring recommended if non-responsive or recurrent gastrointestinal signs.

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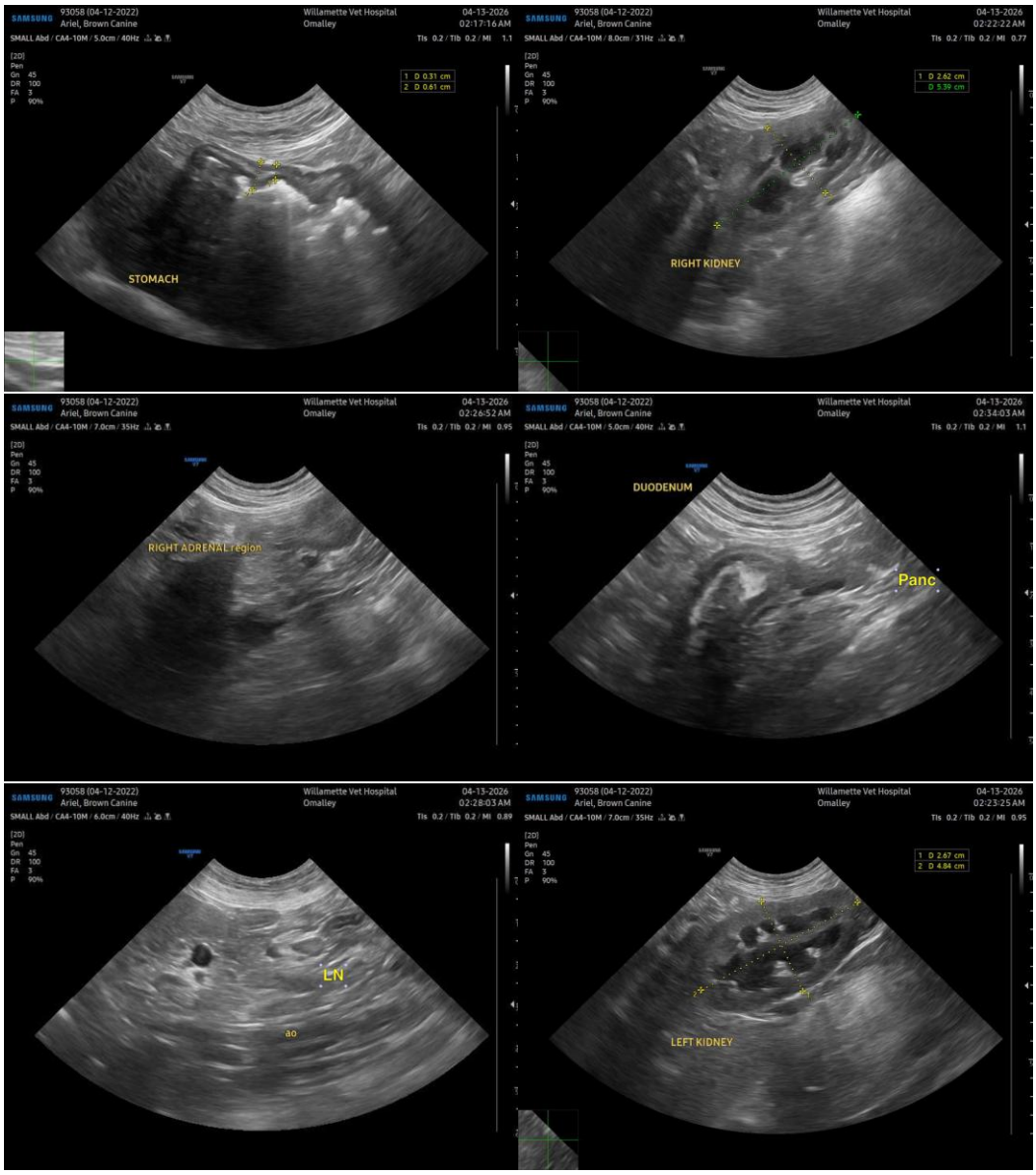

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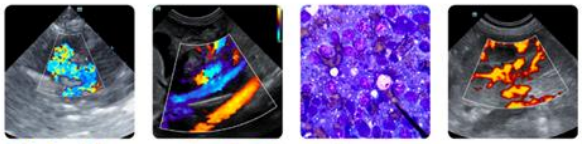

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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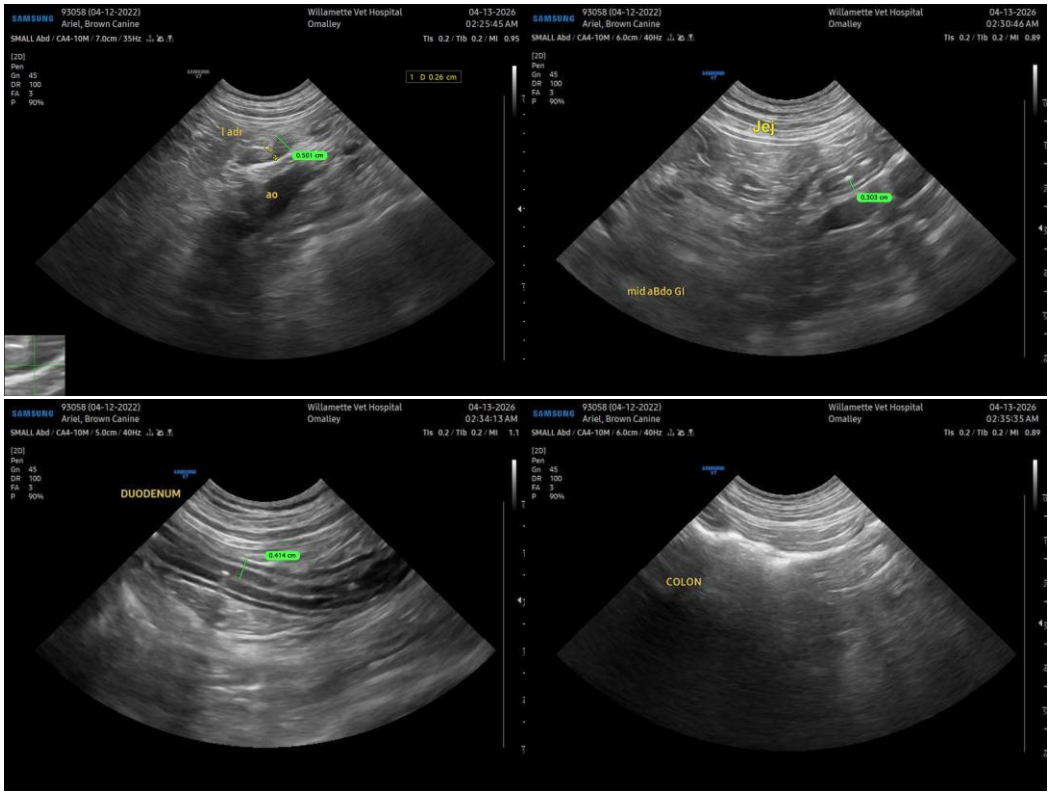

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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