



PATIENT

Libby Lindberg

SPECIES

Canine

BREED

Shih Tzu

SEX

FS

AGE

9yr

WEIGHT

6.08

INTERPRETED BY

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

IMAGING PERFORMED BY

Christina Wagner

HOSPITAL NAME

Angeles Clinic for
Animals

REFERRING VET

Christina Wagner

INVOICE

24570

DATE

04/21/2026

PRESENTING CLINICAL SIGNS

Has had multiple episodes of diarrhea starting in January of this year. Responds to metronidazole but not always to proviable/propectalin.

Abnormal PE/Chem/CBC/UA Results: - Hct 50.3% - WBC 13.9k char by lymphocytosis 6.5k (prev 4.4, 6.7) - platelets 603k Chem - NSF T4 2.2 ACTH stim test 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 3.0 cm in length. The right kidney measured 3.0 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 0.45 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 0.47 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 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 with no signs of ileus, obstruction or foreign material.



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The small intestine presented overall intact wall layering with maintained muscularis/mucosa ratio. Subjective propensity for prominent intestinal mucosa although no evidence of intestinal wall thickening. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material. The duodenum wall measured 0.33 cm width. The jejunum wall measured 0.33 cm width.

Normal visible colon wall layers were present. The colon was non-distended containing lumen gas and semi formed to possible soft fecal matter.

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

Mid /caudal abdomen primarily peri-intestinal mild hyperechoic omentum and scant effusion.

No obvious visualized significant omental lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

Primary

- Sonographically unremarkable gastrointestinal tract with mid/caudal abdomen mild reactive peri-intestinal omentum and scant effusion -non-specific non-structural enteropathy
- Normal colon containing semi-formed/ soft fecal matter and gas
- Normal area of pancreas
- Normal bilateral adrenal glands

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although no sonographic evidence of structural gastrointestinal disease, non-specific enteropathy, which may include IBD, antibiotic-responsive diarrhea vs dysbiosis, infectious disease, or other which may present as sonographically normal is suspected. Correlation with pending ACTH stimulation test to rule out occult Addison's disease is recommended, although no evidence of adrenal pathology. Concurrent GI panel to include PLI/TLI cobalamin and folate and fresh fecal analysis is recommended.

Aside from antibiotic use, hydrolyzed diet trial with long-term dietary therapy, high colony count probiotics (Provable) cobalamin supplementation pending assessment of cobalamin level and empirical deworming despite fecal testing, Panacur 50 mg/kg SID for 5 days with repeat protocol in 3 weeks may prove effective.



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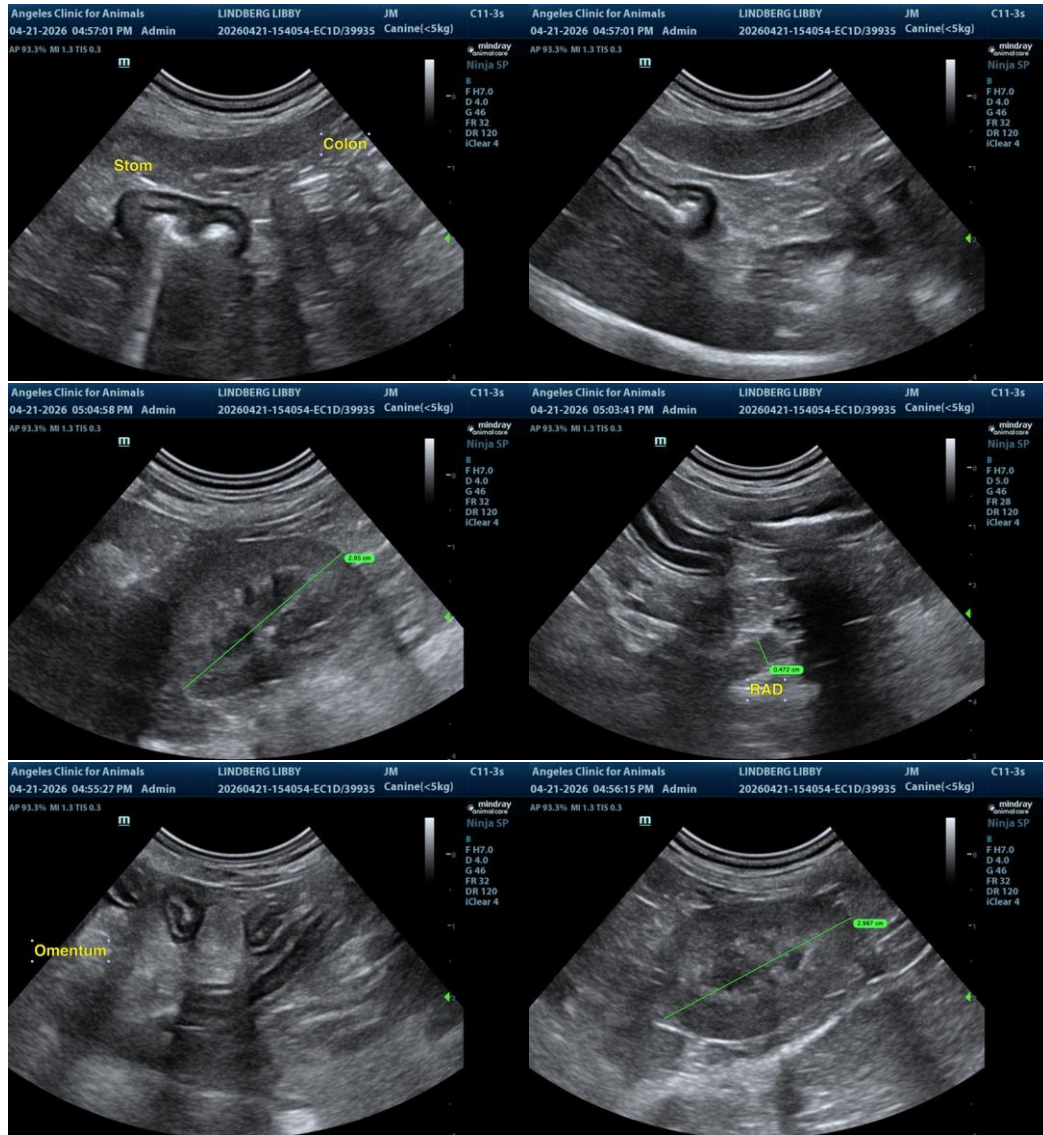
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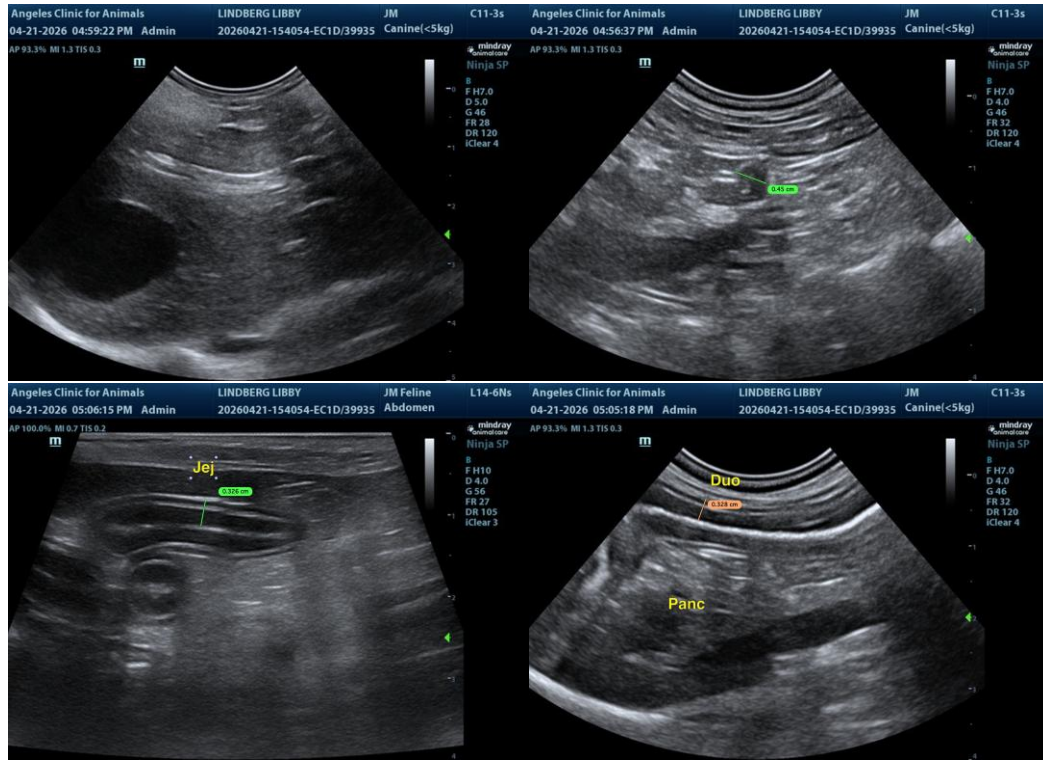
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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