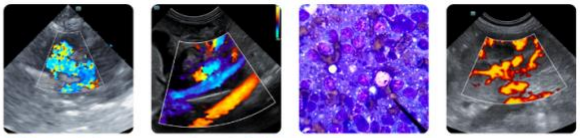


SonoPath www.animalsoundsnw.com info@animalsoundsnw.com 541.357.9423

PATIENT

Huckleberry Asher

SPECIES

Canine

BREED

Labrador Retriever

SEX

Neutered Male

AGE

4.5 Years

WEIGHT

60 Pounds

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Animal Care Center

REFERRING VET

Dr. Harbord

INVOICE

35899

DATE

4/30/26

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Diarrhea for ~3 weeks. currently feeding i/d biome with no improvement. Lack of extensive HX as PT belongs to a rescue group. tense abdominal palpation. Current Medications: none currently.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture.

Normal size and margination was 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 7.8 cm in length. The right kidney measured 7.93 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 0.52 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 0.66 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.

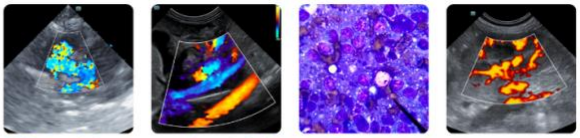
Liver

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. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with mild nonorganized debris. The cystic duct and common bile ducts were normal without evidence of dilation.

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 visualized small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

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

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

Intermittent mildly prominent mesenteric lymph nodes were present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). The lymph node measured – cm width.

No peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable visualized gastrointestinal tract/colon with semi-formed fecal matter.
- Normal area pancreas
- Normal bilateral adrenal glands
- Intermittent mild mesenteric lymphadenopathy -consistent with benign criteria, i.e., mild reactive hyperplasia or possible lymphadenitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of gastrointestinal mechanical obstruction, i.e., foreign body or visualized evidence of mural pathology such as intussusception. Dietary intolerance, infectious disease, dysbiosis, non-structural inflammatory bowel, mild pancreatitis, which may present sonographically normal, occult parasitism, occult Addison's disease given resting cortisol level < 2.0, or less likely occult neoplasia are all potentials.

A GI panel to include PLI/TLI/Cobalamin/Folate and fresh fecal analysis recommended. Full ACTH simulation test is suggested given subnormal resting cortisol level and despite normal adrenal presentation.

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), and as needed gastroprotectants is suggested with clinical monitoring. Note that recent research has shown that indiscriminate use of antibiotics may actually cause harm.

Sonographic reassessment is indicated if continued or non-responsive gastrointestinal signs. Biopsies may be required for definitive diagnosis.

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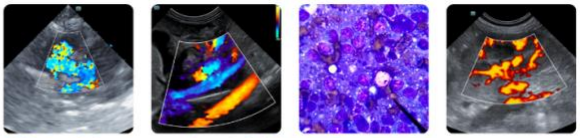

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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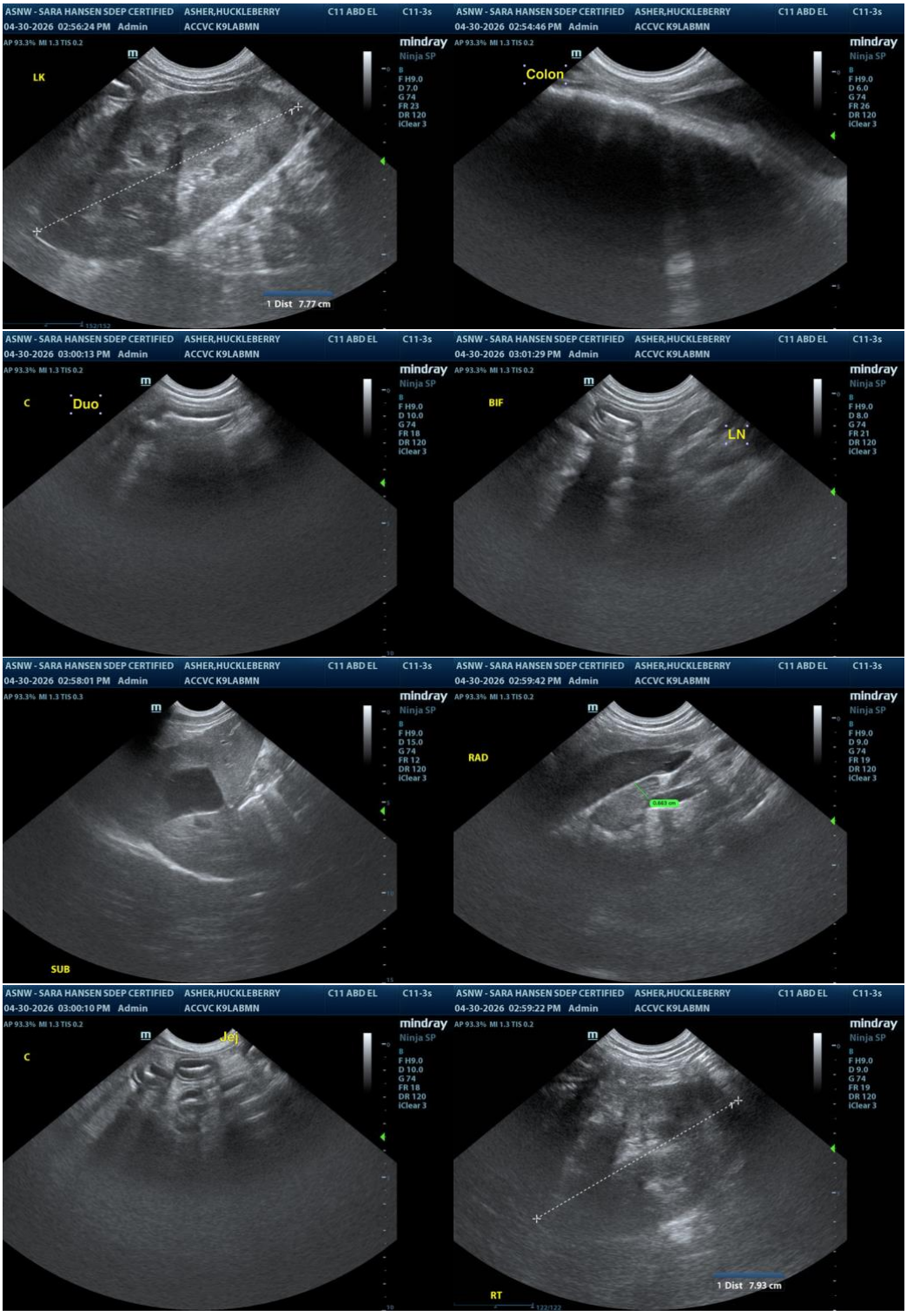

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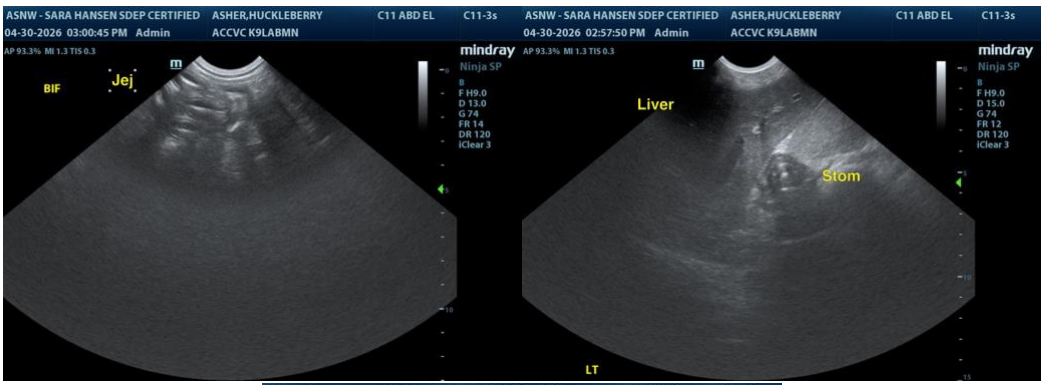

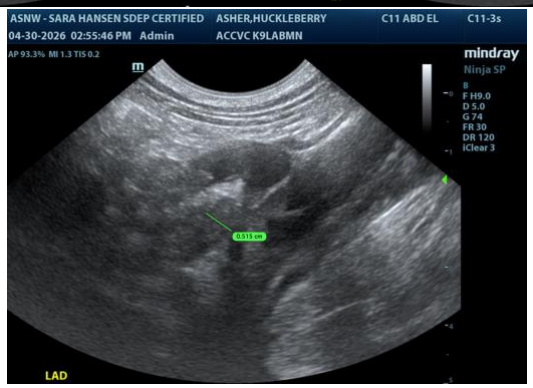

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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