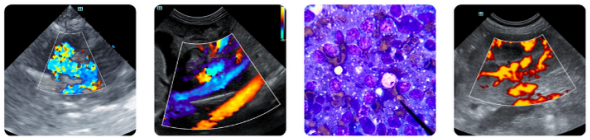



**PATIENT**

Sakari Mach

**SPECIES**

Canine

**BREED**

Malamute

**SEX**

Spayed Female

**AGE**

7 years

**WEIGHT**

87.5 lbs

**INTERPRETED BY**

Tam Mengine, DVM, DABVP (canine/feline practice)

**IMAGING PERFORMED BY**

Jonathan Moss

**HOSPITAL NAME**

Harvest Hills Veterinary Hospital

**REFERRING VET**

Dr. Camille Seiger

**INVOICE**

10986

**DATE**

12/19/2025

## PRESENTING CLINICAL SIGNS

Pt presented for chronic enteritis (bloody diarrhea, vomiting), starting in Oct but have persisted through this month. Pt is still inappetent, even on sucralfate, omeprazole. typically responds to metro.

Abnormal PE/Chem/CBC/UA Results: BW attached. stim test is pending.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder is moderately distended with anechoic urine, and luminal sediment is not present. The bladder wall is focally thickened in the region of the apex and there are irregularities to the mucosal surface. The ureteral papillae, trigone and pelvic urethra are of normal appearance, and the ureters are not visible (normal). No masses or calculi are noted. Urethra is not distinctly visualized, due to an intrapelvic location.

The kidneys are of normal size and shape and exhibit appropriate corticomedullary differentiation with a normal 1:3 cortex to medulla ratio. There is no evidence of nephrolithiasis, mineralization, pyelectasia, cystic change or hydronephrosis. The proximal ureter is not visible (normal). Left kidney measures 6.9 cm, and the right measures 7.6 cm.

### *Adrenal Glands*

The left adrenal gland is identified in its normal location. It is of normal size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland height is 4.3 mm at the cranial pole and 4.3 mm at the caudal pole. The right adrenal is not distinctly visualized, but the region appears unremarkable.

### *Spleen*

The spleen is of appropriate size and has a normal, homogenous parenchyma with a smooth, continuous capsular surface. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal.

### *Liver*

The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

The gallbladder is moderately distended with anechoic contents and a small amount of freely-moveable echogenic sludge. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

### *Gastrointestinal*

The stomach is moderately distended with gas and ingesta. The gastric wall is 3.2 mm with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is not clearly visualized.

The visualized portions of the duodenum, jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. Intestinal motility appears normal.

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The visible portions of the colon have increased thickness, up to 2.8 mm, with intact wall layering. The ileocecal junction is not clearly visualized.

### *Pancreas*

The areas of the limbs and body of the pancreas are isoechoic to the surrounding mesenteric fat, with normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

### *Free Abdomen*

There is no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of appropriate echogenicity. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

## PRIMARY FINDINGS

- Mildly thickened colon wall. Typical of colitis.

## SECONDARY FINDINGS

- Focal thickening of the bladder wall, which may be incidental given the lack of lower urinary tract signs, and quiet urine sediment.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the colon is consistent with non-specific colitis, and the stomach and small bowel appear unremarkable. The fact that one adrenal could not be identified and the other adrenal is relatively small relative to this patient's size, could fit with the possible diagnosis of atypical Addison's. The pending ACTH stim test should offer a definitive answer to this. If the ACTH stim testing is normal, intestinal and colonic biopsies may be needed for definitive diagnosis. If not already attempted, a food trial with hydrolyzed or a limited protein diet would be a consideration. Given the multiple treatments with metronidazole, the presence of the clostridial toxins may be an incidental finding, and not the root underlying cause of the patient's ongoing symptoms.


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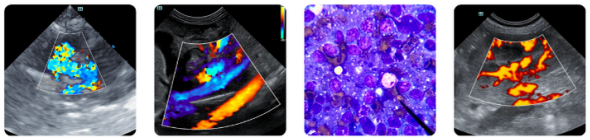

*Clinical Sonography & Telecytology*
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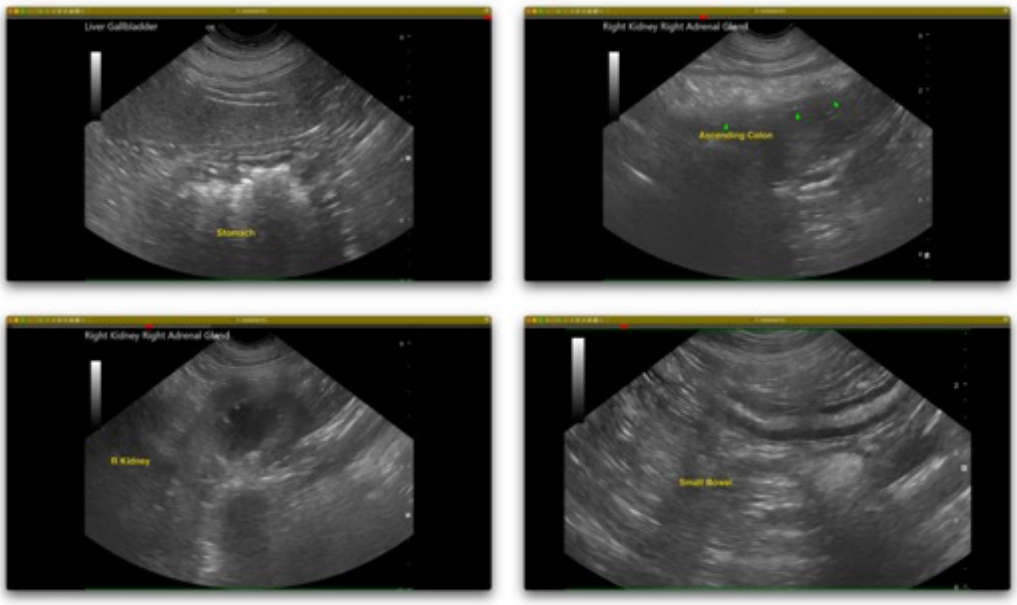


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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.

**Tam Mengine, DVM, DABVP (canine/feline practice)**

info@SonoPath.com