

PATIENT

Hannah Edwards

SPECIES

Canine

BREED

Mix

SEX

Female

AGE

8 years

WEIGHT

71.6 lbs

INTERPRETED BY

Dr. Alicia Angosto
Guerrero

IMAGING PERFORMED BY

Grace Jayne, CVT

HOSPITAL NAME

Ark AH

REFERRING VET

Dr. Cronin

INVOICE

70340

DATE

1/20/26

PRESENTING CLINICAL SIGNS

- O presented Hannah for evaluation of dental disease and discussed lethargy. O mentioned making own food and walking very achy. The owner reports marked lethargy for months.
- WBC 5.3 Eosinophils 0.122

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is normally distended. The bladder wall is thin and smooth, and the urine is anechoic. The bladder neck and proximal urethra have a normal ultrasonographic appearance. No uroliths are identified, and there is no ultrasonographic evidence of inflammatory or neoplastic changes.

Left kidney: Normal in shape and size, measuring approximately 5.42×3.49 cm. Cortical thickness is approximately 0.52 cm in the sagittal plane. The renal cortex is isoechoic relative to the liver parenchyma. The corticomedullary ratio and corticomedullary definition are preserved. No pyelectasia, nephroliths, or hydronephrosis are identified. Color Doppler evaluation demonstrates a normal vascular pattern.

Right kidney: Normal in shape and size, measuring approximately 5.86×3.04 cm. Cortical thickness is approximately 0.53 cm in the sagittal plane. The renal cortex is isoechoic relative to the liver parenchyma. The corticomedullary ratio and corticomedullary definition are preserved. No pyelectasia, nephroliths, or hydronephrosis are identified. Color Doppler evaluation demonstrates a normal vascular pattern.

Adrenal Glands

The adrenal glands are not visualized in the provided ultrasound clips.

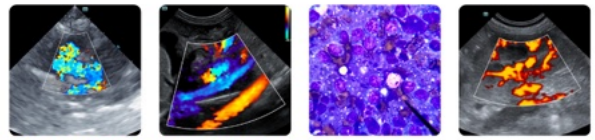
Spleen

Splenic thickness measures approximately 2.60 cm. The splenic parenchyma has normal echogenicity and a fine, homogeneous echotexture, with no focal parenchymal abnormalities identified. The splenic capsule is smooth and regular.

Liver

The liver is subjectively normal in size, with sharp margins and a regular contour. The hepatic parenchyma is uniform and isoechoic relative to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is observed.

The gallbladder is normally distended. The gallbladder wall is thin, and the contents are predominantly anechoic. No dilation of the cystic duct or common bile duct is observed.



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Gastrointestinal

Stomach: Empty and folded, with mural thickness measuring approximately 3.93–3.95 mm and preserved wall layering. The pylorus is not visualized.

Duodenum: Wall thickness a 4.28 mm, with preserved layering.

Jejunum: Wall thickness 3.01–3.33 mm, with preserved layering.

Ileum: Wall thickness 2.05 mm, with preserved layering.

No ultrasonographic evidence of inflammation, ileus, obstruction, or foreign material is identified.

Colon: Transverse colon wall thickness 1.68 mm. Descending colon wall thickness 1.77 mm, with minimal fecal material present

Pancreas

The right pancreatic limb is partially visualized and appears normal. The remaining pancreatic regions evaluated do not show ultrasonographic evidence of pancreatitis or focal pancreatic abnormalities.

Peritoneal Cavity

No abdominal effusion or evidence of peritonitis is observed. Abdominal lymph nodes are not visualized; the surrounding regions appear unremarkable. The iliac trifurcation has a normal appearance.

ULTRASONOGRAPHIC FINDINGS

The abdominal ultrasound examination is unremarkable.

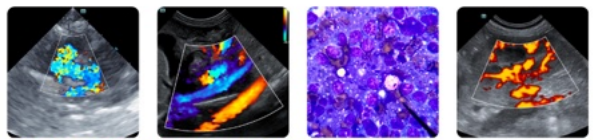
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The abdominal organs evaluated, including the liver, kidneys, spleen, gastrointestinal tract, and pancreas, are within expected ultrasonographic limits. There is no evidence of abdominal mass lesions, inflammatory disease, organomegaly, lymphadenopathy, or effusion. The gastrointestinal tract demonstrates normal wall thickness and preserved layering throughout, making primary gastrointestinal disease unlikely as a cause of the systemic clinical signs.

Overall, the ultrasound findings do not support a primary abdominal etiology for the patient's chronic lethargy and achy gait. Given the history of long-standing lethargy, musculoskeletal stiffness, and a home-prepared diet, non-abdominal causes such as orthopedic disease, endocrine disorders, metabolic or nutritional imbalances should be prioritized.

Recommendations

- Correlation with laboratory data is recommended, including review of the complete chemistry profile, endocrine testing if indicated (thyroid function, adrenal function), and assessment for inflammatory or metabolic disease.



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- Given the reported achy gait and chronic lethargy, orthopedic and neurologic evaluation should be considered as a priority.
- Dietary review is recommended, particularly given the home-prepared diet, to assess for potential nutritional deficiencies or imbalances that could contribute to systemic signs.

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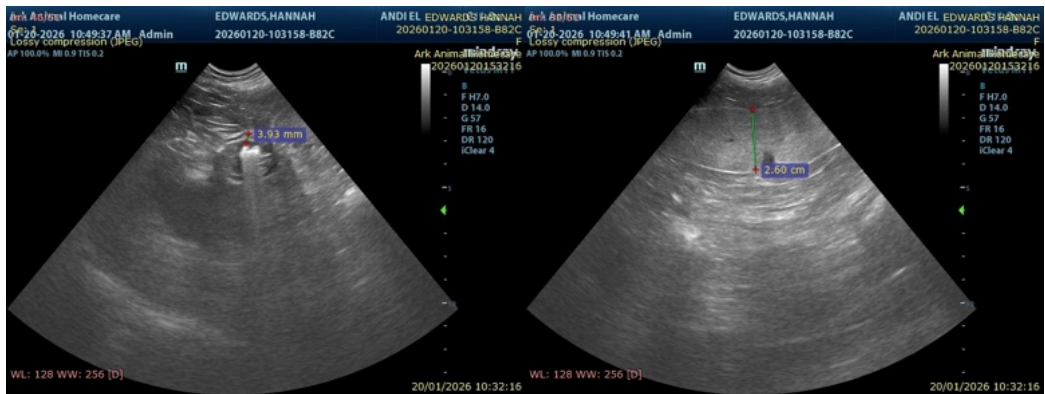
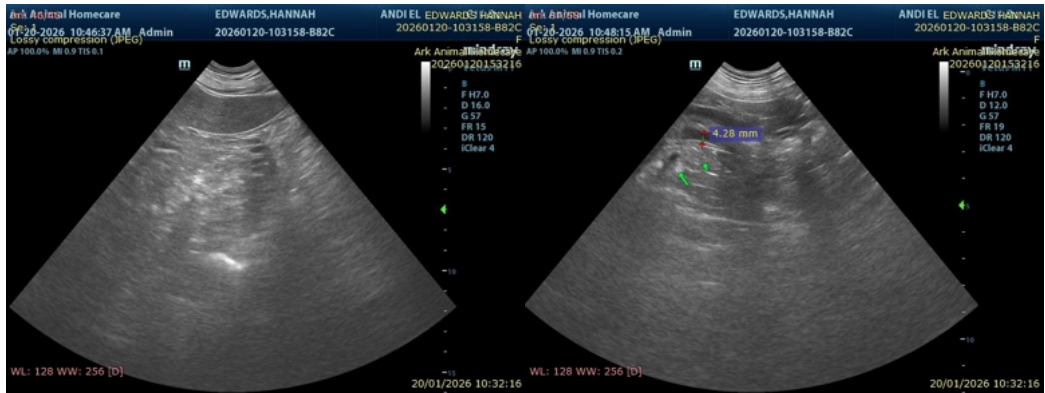
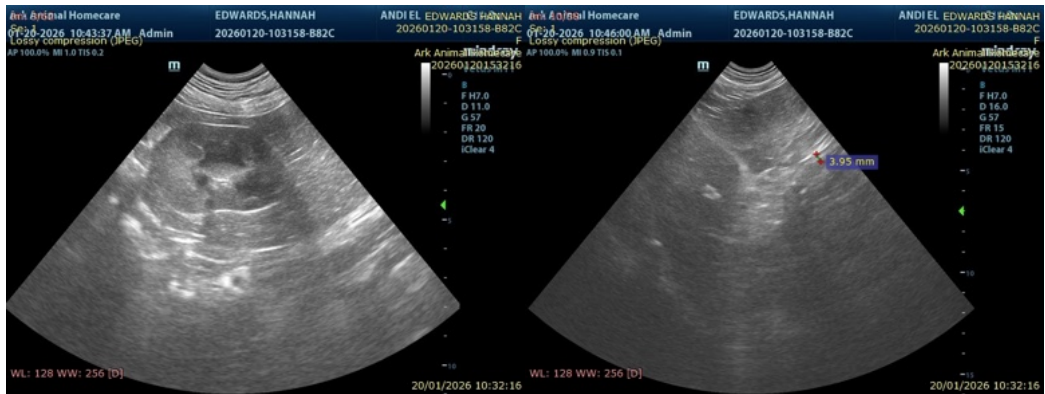
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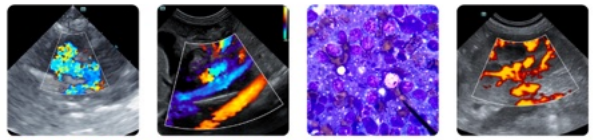
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



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can be of any further assistance please contact me.

Alicia Angosto Guerrero, DMV, PgDip, MSc.

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MV Esp Ultrasound in Domestic and Wild Animals

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