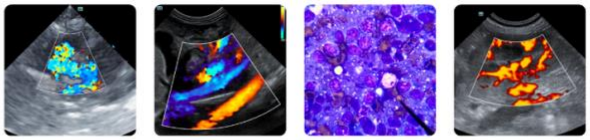


PATIENT

Darwin Parker

SPECIES

Canine

BREED

Siberian Husky

SEX

Neutered Male

AGE

13.5 Years

WEIGHT

50.9 pounds

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Dr. Stranzl

HOSPITAL NAME

Dakota Veterinary Center

REFERRING VET

Dr. Stranzl

INVOICE

13308

DATE

01/21/26

PRESENTING CLINICAL SIGNS

- weight loss
- chronic cough
- possible gastric reflux

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is markedly distended. The bladder wall is thin and smooth. The urine is anechoic. The bladder neck appears normal. The proximal urethra appears mildly dilated. No uroliths are identified, and there is no sonographic evidence of inflammatory or neoplastic changes affecting the urinary bladder. A short, fluid-filled structure is identified immediately dorsal to the urinary bladder. Its anatomic origin and termination cannot be determined on this examination, and no color Doppler flow is detected.

The left kidney is normal in shape and size (5.97×3.27 cm). Cortical thickness measures 0.55 cm in the sagittal plane. Cortical echogenicity is isoechoic to the liver parenchyma. The corticomedullary ratio is normal, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

The right kidney is normal in shape and size (6.12×3.12 cm). Cortical thickness measures 0.51 cm in the sagittal plane. Cortical echogenicity is isoechoic to the liver parenchyma. The corticomedullary ratio is normal, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

Adrenal Glands

The left adrenal gland measures 0.56 cm at the cranial pole and 0.58 cm at the caudal pole.
The right adrenal gland is not visualized.

Spleen

Splenic thickness is 1.24 cm. The splenic parenchyma demonstrates normal echogenicity and a fine, homogeneous echotexture without focal abnormalities. The splenic capsule is smooth and regular.

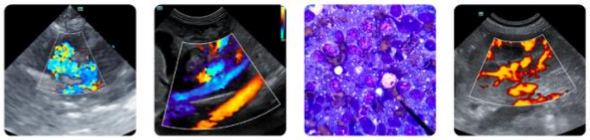
Liver

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

The gallbladder is normally distended. The wall is thin. Luminal contents are primarily anechoic with a small amount of biliary sludge. No dilation of the cystic duct or common bile duct is identified.

Gastrointestinal

The stomach is empty and folded, with a predominantly gaseous luminal pattern. Gastric wall thickness ranges from approximately 3.06–3.91 mm, with preserved wall layering.
The pyloric region is visualized, measuring approximately 6.05 mm in thickness.



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The duodenum is not visualized.
The jejunum measures approximately 3.10 mm in wall thickness, with preserved layering.
The ileocecal junction is not visualized.

No sonographic evidence of gastrointestinal inflammation, ileus, or foreign material is identified.

The colon measures approximately 1.06 mm in wall thickness and contains formed feces within the descending segment.

Pancreas

The visualized pancreatic regions show no sonographic evidence of inflammation.

Free Abdomen

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

PRIMARY FINDINGS

- Marked urinary bladder distension with mild proximal urethral dilation.
- Indeterminate fluid-filled structure dorsal to the urinary bladder.

SECONDARY FINDINGS

- Small amount of biliary sludge.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The stomach contains predominantly gas, with preserved wall layering and wall thickness within acceptable limits. There is no ultrasonographic evidence of primary gastric obstruction, infiltrative disease, or focal mass lesions. The pylorus is visualized and measured, with preserved wall layering and no focal mural abnormalities. As such, functional gastric disease or gastroesophageal reflux cannot be excluded, despite the absence of overt structural abnormalities.

The fluid-filled structure immediately dorsal to the urinary bladder cannot be confidently characterized based on the current examination. Importantly, no ureters are observed, and there is no evidence of pyelectasia or hydronephrosis (neither historical evidence of urinary incontinence). Therefore, congenital ectopic ureter is considered unlikely. An acquired bladder diverticulum related to chronic overdistension could be considered. However, the clinical significance of this finding remains uncertain.

The small amount of biliary sludge is considered an incidental finding in the absence of hepatobiliary abnormalities.

Recommendations

- Correlation with complete laboratory evaluation (CBC and serum biochemistry) if not already performed, is recommended, given the patient's age, weight loss, and absence of a definitive structural cause on abdominal ultrasound.

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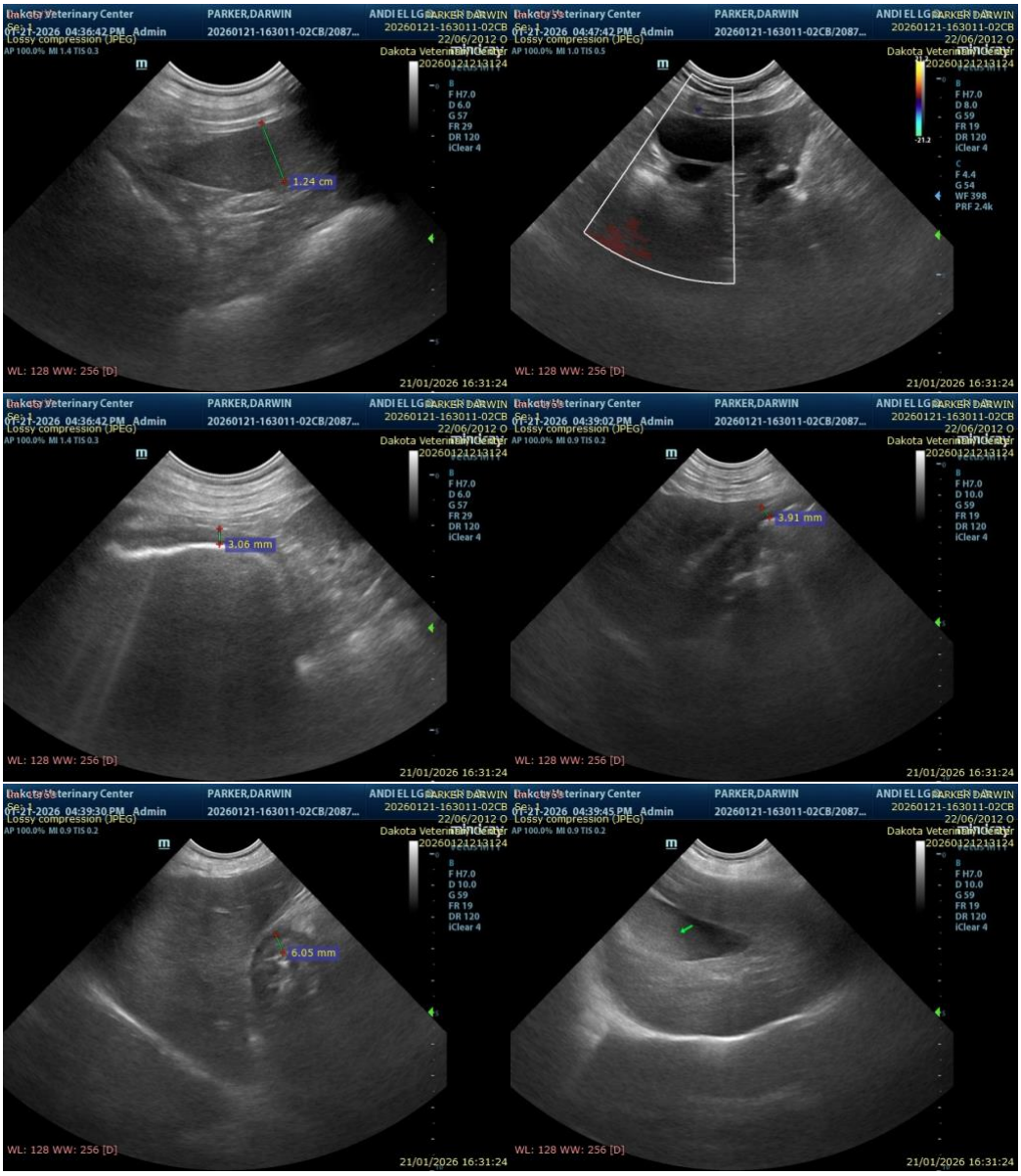
- Interpret suspected gastric reflux in the context of normal gastric wall architecture, recognizing that reflux and motility disorders are often functional and not ultrasonographically apparent.
- Given the patient's age, weight loss, and chronic cough, consider extra-abdominal causes (thoracic disease, systemic illness) as part of the diagnostic workup.
- Clinical correlation is recommended, including voiding history and evaluation for possible neurological deficits, before attributing pathological significance to the urinary bladder distension and perivesical structure.



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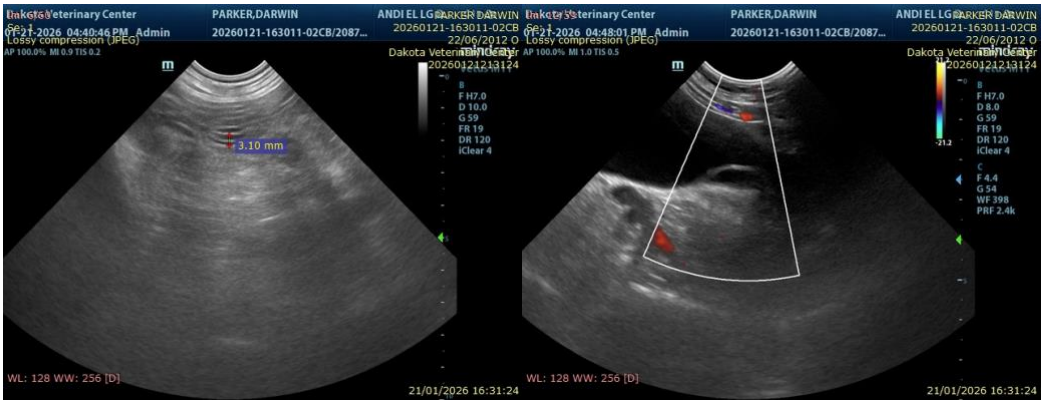

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Alicia Angosto Guerrero, DMV, PgDip, MSc.

info@SonoPath.com