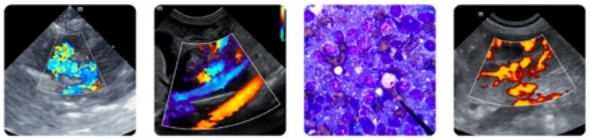


PATIENT

Zoey Carson

SPECIES

Canine

BREED

Shih Tzu

SEX

Spayed female

AGE

3 years

WEIGHT

6.2 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Dr. Stranzl

HOSPITAL NAME

Dakota VC

REFERRING VET

Dr. Stranzl

INVOICE

70847

DATE

1/21/26

PRESENTING CLINICAL SIGNS

- Chronic intermittent vomiting started Jan. 1, 2026, resolves with treatment but restarts as soon as meds stop
- PE: CBC, chemistry unremarkable; T4, allergy panel pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

The left kidney is normal in shape and size (3.26×1.69 cm). Cortical thickness measures 0.28 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 (3.46×1.79 cm). Cortical thickness measures 0.32 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

Both adrenal glands are normal in shape and echogenicity. The left adrenal gland measures 0.36 cm at the cranial pole and 0.34 cm at the caudal pole. The right adrenal gland measures 0.48 cm at the cranial pole and 0.42 cm at the caudal pole.

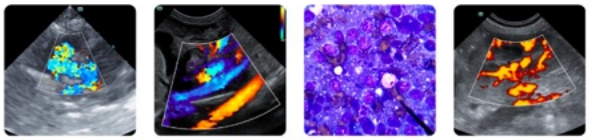
Spleen

Splenic thickness is 1.01 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.



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Gastrointestinal

The stomach is empty and folded, with a predominantly liquid luminal pattern. Gastric wall layering is preserved. Wall thickness measures approximately 2.34 mm at the gastric body and 1.69 mm at the fundus, where gas is present.

The pylorus is visualized; wall thickness measurement is not provided.

The duodenum measures approximately 2.45 mm in wall thickness.

The jejunum measures approximately 2.43 mm, with preserved wall layering. Individual layers measure as follows: mucosa 0.91 mm, submucosa 0.71 mm, and muscularis propria 0.34 mm.

The ileum measures approximately 1.33 mm in wall thickness, with preserved layering. The ileocecal junction wall measures approximately 1.62 mm.

No sonographic evidence of gastrointestinal inflammation, lymphangiectasia, ileus, or other abnormalities is identified.

The colon measures approximately 0.98 mm in the ascending colon (with semi-liquid contents), 0.71 mm in the transverse colon (with more pasty contents), and 0.81 mm in the descending colon, which contains a small amount of formed feces.

Pancreas

The visualized pancreatic regions show no sonographic evidence of inflammation.

Peritoneal Cavity

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

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Predominantly liquid gastric contents.

SECONDARY FINDINGS

- Small amount of biliary sludge (likely incidental).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The stomach contains predominantly liquid contents in a patient with a history of chronic vomiting. While nonspecific, this finding is not considered entirely incidental in this clinical context and may reflect altered gastric motility, delayed gastric emptying, or functional gastric disease. In the absence of

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mural thickening, loss of wall layering, or focal mass lesions, a primary structural gastric disorder is not identified.

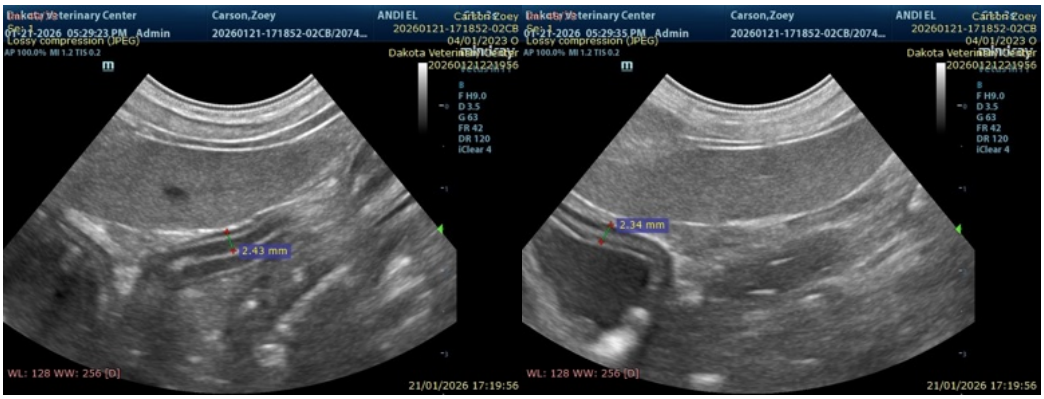
Importantly, the pyloric region—particularly the gastroduodenal junction—could not be adequately visualized. As a result, subtle pyloric dysfunction, early stenosis, or functional outflow abnormalities cannot be confidently ruled out based on this examination alone.

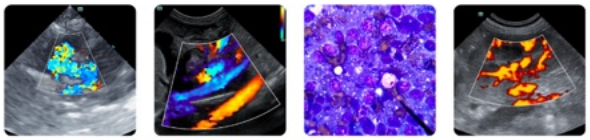
The remainder of the abdominal organs, including the liver, pancreas, kidneys, adrenal glands, urinary bladder, spleen, abdominal lymph nodes, and peritoneal cavity, are within normal limits. A small amount of biliary sludge is noted and is considered an incidental finding in the absence of hepatobiliary biochemical abnormalities.

Given the patient's signalment as a young Shih Tzu, a breed recognized for a predisposition to chronic vomiting and functional gastrointestinal disorders, and the history of clinical improvement with medical therapy followed by relapse upon discontinuation, the overall findings are most compatible with a functional, dietary-responsive, or early inflammatory gastrointestinal condition, rather than overt structural disease.

Recommendations

- Interpret the ultrasound findings in conjunction with clinical response to therapy, recognizing that the absence of structural abnormalities does not exclude functional or early inflammatory gastrointestinal disease.
- A dietary-responsive or functional gastropathy/enteropathy is a strong consideration; a strict dietary trial with a novel protein or hydrolyzed diet is reasonable if not already completed.
- If vomiting persists or recurs despite appropriate dietary and medical management, further gastrointestinal evaluation, such as upper gastrointestinal endoscopy with mucosal biopsies, should be considered, particularly to assess for microscopic inflammatory disease or pyloric pathology not detectable sonographically.





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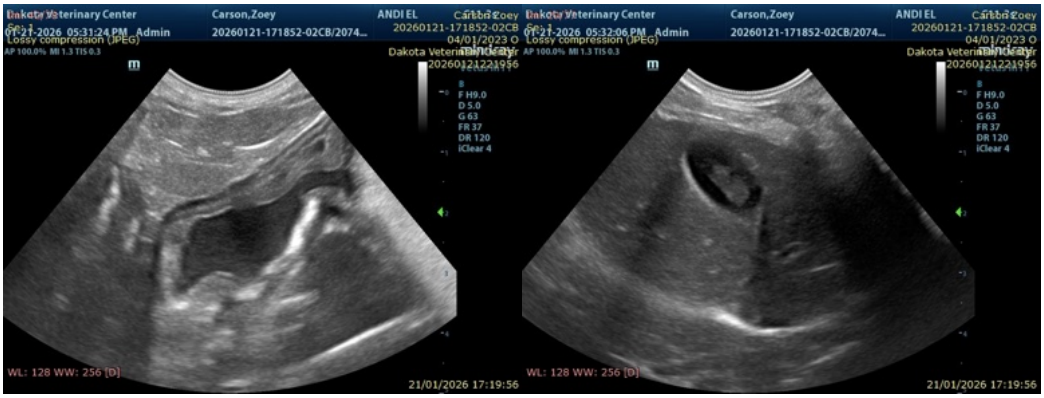

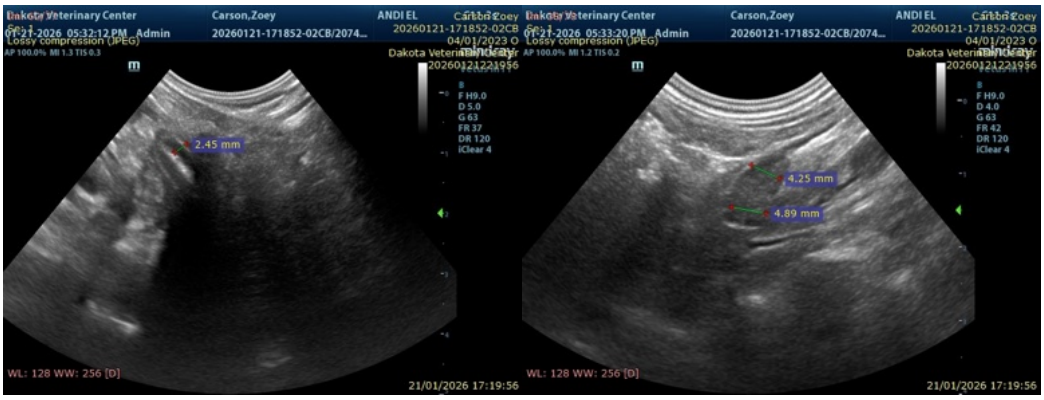

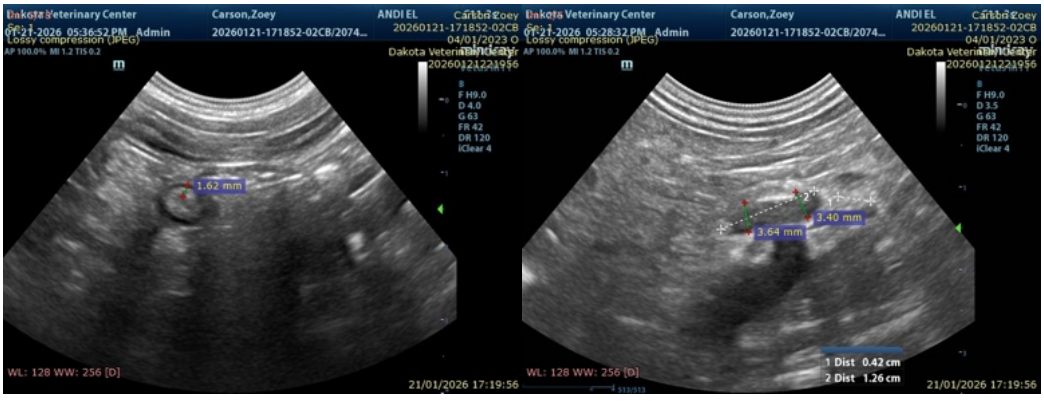

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.
MV Esp Ultrasound in Domestic and Wild Animals
info@SonoPath.com