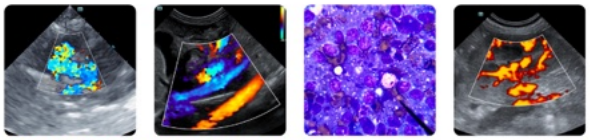




**PATIENT**

Oona Castle

**SPECIES**

Canine

**BREED**

Papillion

**SEX**

Spayed female

**AGE**

9 years

**WEIGHT**

25.5 lbs

**INTERPRETED BY**

Dr. Alicia Angosto Guerrero

**IMAGING PERFORMED BY**

Dr. Kurt Mychajlonka

**HOSPITAL NAME**

Craig Road AH

**REFERRING VET**

Dr. Kurt Mychajlonka

**INVOICE**

70906

**DATE**

1/22/26

## PRESENTING CLINICAL SIGNS

- Elevated liver values
- having some vomiting episodes randomly.
- 6/23/25 ALK phos 198 Bun/Creat 28 Albumin 2.8 ALP 198 total bilirubin 0.1 1/22/26 Bun 28.4 Phosphorus 4.6 Albumin 4 ALP 365 total bilirubin 0.6

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder is normally distended. The bladder wall is thin, smooth, and regular. Urine is predominantly anechoic with a small amount of suspended echogenic material. The bladder neck and proximal urethra appear normal. No uroliths or sonographic evidence of inflammatory or neoplastic disease are identified.

The left kidney is normal in shape and size, measuring 4.58×2.30 cm, with a cortical thickness of 0.34 cm in the sagittal plane. The renal cortex is isoechoic relative to the liver parenchyma. The corticomedullary ratio is normal, and corticomedullary differentiation is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

The right kidney is normal in shape and size, measuring 3.99×2.02 cm, with a cortical thickness of 0.31 cm in the sagittal plane. The renal cortex is isoechoic relative to the liver parenchyma. The corticomedullary ratio is normal, and corticomedullary differentiation is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

### *Adrenal Glands*

Both adrenal glands show normal shape and echogenicity. The left adrenal gland measures 0.55 cm at the cranial pole and 0.43 cm at the caudal pole. The right adrenal gland measures 0.52 cm at the cranial pole and 0.49 cm at the caudal pole.

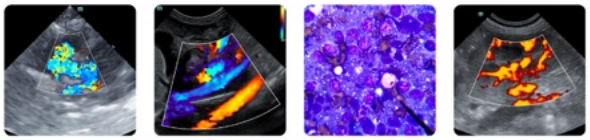
### *Spleen*

Splenic thickness measures 1.81 cm. The parenchyma demonstrates normal echogenicity and a fine, homogeneous echotexture without focal parenchymal lesions. 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 homogeneous and isoechoic relative to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is observed.

The gallbladder is normally distended, with a thin wall. Its contents a mild to moderate amount of biliary sludge. No sonographic evidence of dilation of the cystic duct or common bile duct is observed.





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### *Gastrointestinal*

The stomach is empty and folded, with preserved wall layering. Gastric mural thickness measures 3.65 mm, with the muscularis measuring 1.64 mm. The pyloric wall thickness is 3.57 mm.

Small intestinal measurements are as follows:

Duodenum: 3.82 mm: Mucosa: 2.74 mm, Submucosa: 0.84 mm, Muscularis propria: 0.46 mm

Jejunum: 2.99 mm: Mucosa: 1.58 mm, Submucosa: 0.54 mm, Muscularis propria: 0.27 mm

Ileum: 2.25 mm

Wall layering is preserved throughout the visualized segments. The ileocecal junction is not visualized.

The colon shows the following measurements: Ascending colon: 1.04 mm, containing semi-liquid content. Transverse colon: 1.73 mm, partially empty, with gas and a small amount of fluid. Descending colon: 1.01 mm, containing more formed fecal material.

### *Pancreas*

The right pancreatic limb measures approximately 7.03–7.44 mm in thickness. The pancreatic body and left limb appear normal. The pancreatic parenchyma is isoechoic relative to the adjacent omental fat. The pancreatic duct is not conspicuously dilated. No sonographic evidence of active pancreatitis or pancreatic neoplasia is observed in the evaluated areas.

### *Peritoneal Cavity*

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

## ULTRASONOGRAPHIC FINDINGS

- Biliary sludge without biliary duct dilation.
- Gastric and pyloric wall measurements at the upper range of normal, with preserved layering.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The only ultrasonographic finding of note is mild gastric and pyloric wall thickening, with relative prominence of the muscularis layer, which lies at the upper limits of normal for this patient's size. The remainder of the gastrointestinal tract is within normal limits, with preserved wall layering and no evidence of diffuse enteropathy or infiltrative disease. These findings are most consistent with a mild, likely functional or reactive gastric disorder rather than systemic gastrointestinal disease.

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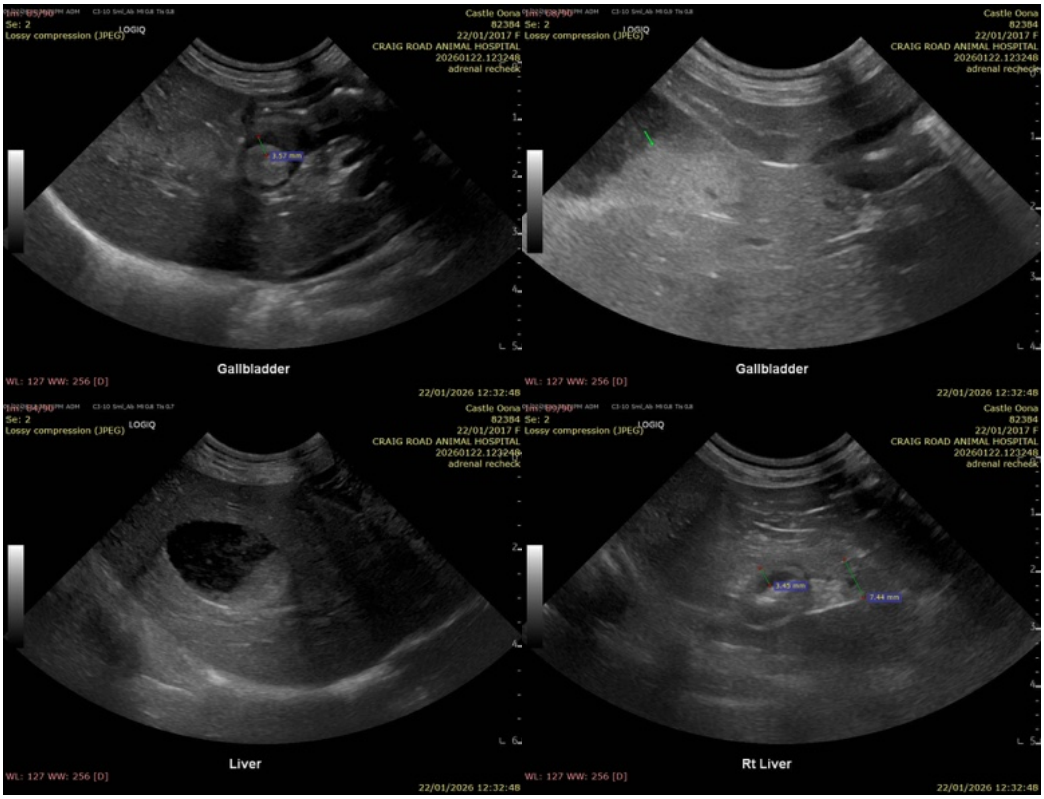
The liver demonstrates a normal size, contour, and homogeneous echotexture. A small amount of biliary sludge is present within the gallbladder, without associated biliary duct dilation. In this context, the findings are most consistent with mild biliary stasis or low-grade functional cholestasis, which may account for the documented elevation in alkaline phosphatase values in small-breed dogs, even in the absence of overt structural hepatic disease.

Given the absence of clinical signs consistent with endocrinopathy, normal adrenal gland size and morphology, and a normal hepatic ultrasonographic appearance, endocrine testing is not specifically supported by the current imaging findings.

Recommendations

Dietary and gastrointestinal management should be considered in light of the patient's intermittent vomiting and mild gastric/pyloric changes. Adjustment toward a highly digestible, low-fat diet may help reduce biliary stasis and gastric reactivity.



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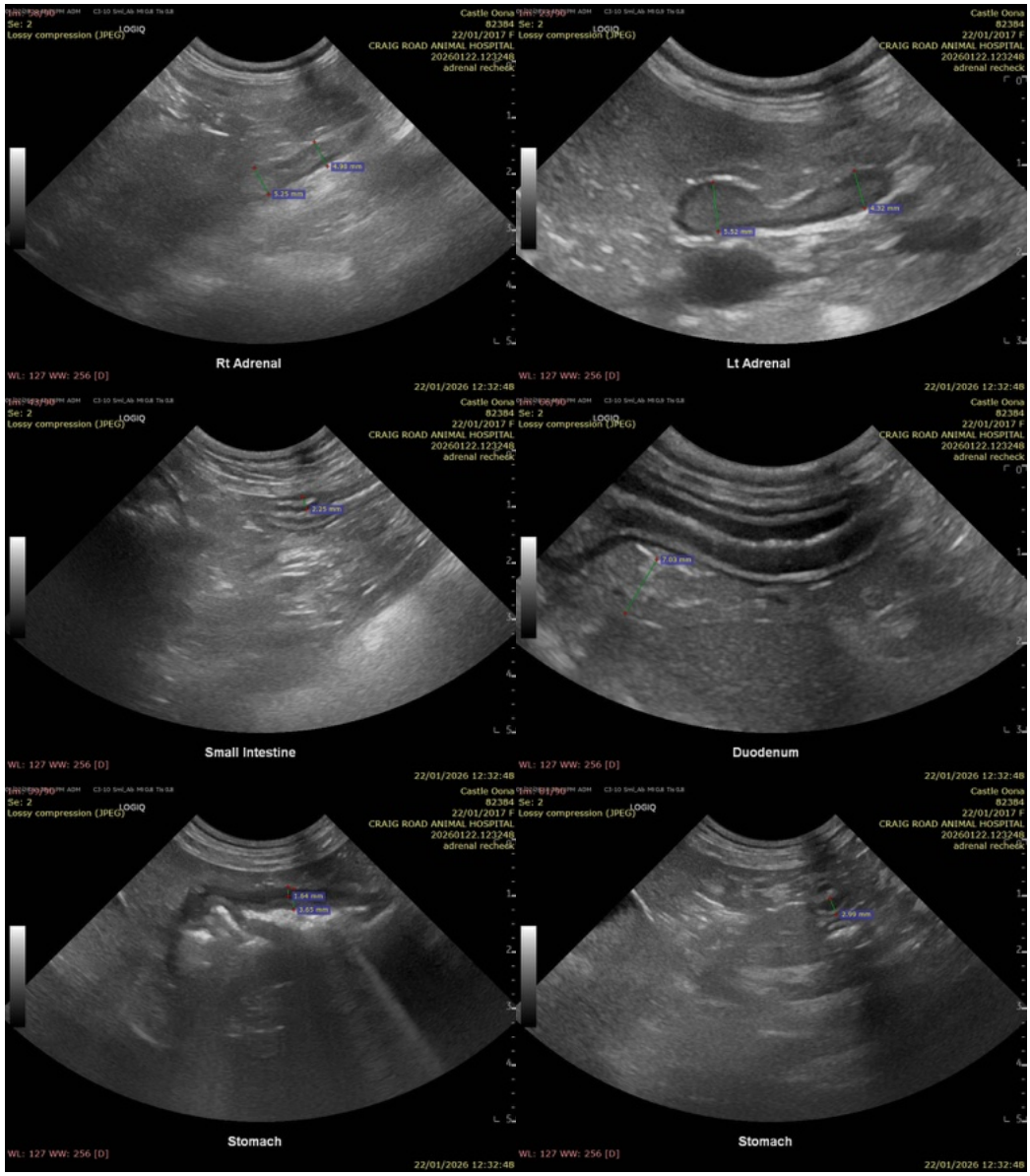


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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