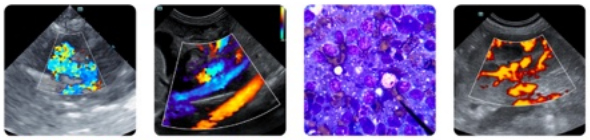


PATIENT

Chloe Crinnion

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Spayed female

AGE

14 years

WEIGHT

5.8 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Tiffany Brady, DVM

HOSPITAL NAME

Shiloh VH

REFERRING VET

Dr. Brady

INVOICE

71039

DATE

1/28/26

PRESENTING CLINICAL SIGNS

- Several month history of intermittent GI issues (lip licking, decreased appetite and diarrhea for 2-3 days that resolves spontaneously, sometimes hematochezia)
- Bloodwork at ER on 1/8/2026 CBC/Chem largely unremarkable. P responded to supportive care but symptoms have returned
- weight loss
- 1/8 HCT 64.4%, BUN 44.9. Otherwise normal

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

The left kidney is normal in shape and size, measuring 3.02×1.83 cm. Cortical thickness is 0.28 cm in the sagittal plane. The renal cortex is isoechoic relative to the hepatic parenchyma. The corticomedullary ratio is within normal limits, and corticomedullary definition is preserved. No pyelectasia, nephroliths, or hydronephrosis are identified.

The right kidney is normal in shape and size, measuring 2.98×1.24 cm. Cortical thickness is 0.26 cm in the sagittal plane. The renal cortex is isoechoic relative to the hepatic parenchyma. The corticomedullary ratio is within normal limits, and corticomedullary definition is preserved. No pyelectasia, nephroliths, or hydronephrosis are identified.

Adrenal Glands

The adrenal glands were not visualized.

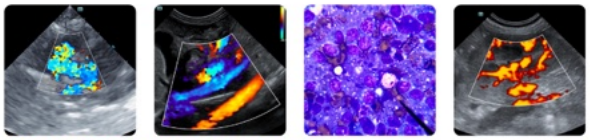
Spleen

Splenic thickness measures 0.97 cm. The splenic parenchyma has normal echogenicity and a fine, homogeneous echotexture, without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

Liver

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

The gallbladder lumen is normally distended, and the gallbladder wall is thin. Within the lumen, there is a rounded, homogeneous structure measuring 1.15×0.85 cm. Its attachment to the gallbladder wall cannot be clearly identified. The structure appears to move toward the dependent portion of the



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gallbladder with changes in patient positioning. These findings are compatible with organized biliary sediment, although a gallbladder wall-associated lesion cannot be definitively excluded based on ultrasonography alone. No dilation of the cystic duct or common bile duct is identified.

Gastrointestinal

The stomach is empty and moderately folded, with gas present. Gastric wall thickness measures 2.22 mm, with preserved wall layering. The pylorus measures 2.70 mm and contains a small amount of ingesta.

Duodenal wall thickness measures 2.25 mm. Jejunal wall thickness ranges from 2.58–2.79 mm. Ileal wall thickness measures 1.58 mm. Wall layering is preserved throughout the small intestine.. No hyperechoic stippling or linear hyperechoic bands are present within the mucosa. No ileus or foreign material is identified.

The colonic wall measures 0.90 mm. The colon is largely empty throughout its course, with a small amount of gas present.

Pancreas

The evaluated portions of the pancreas do not show ultrasonographic evidence of overt inflammation.

Peritoneal Cavity

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

ULTRASONOGRAPHIC FINDINGS

- Rounded intraluminal gallbladder structure most consistent with organized biliary sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Abdominal ultrasonography does not identify structural gastrointestinal abnormalities that would explain the patient's chronic, intermittent gastrointestinal signs or weight loss. Intestinal wall thickness and layering are preserved throughout the evaluated segments, and there is no evidence of mass formation, infiltrative disease, or regional lymphadenopathy.

The presence of a rounded intraluminal gallbladder structure is most compatible with organized biliary sediment, as it appears to change position with patient repositioning. However, a gallbladder wall-associated lesion cannot be definitively excluded on ultrasound. There is no associated biliary duct dilation or secondary hepatic changes.

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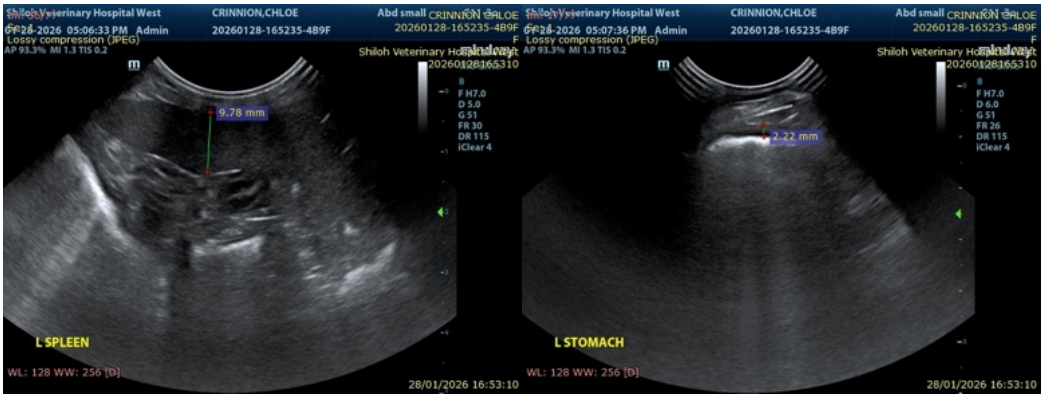
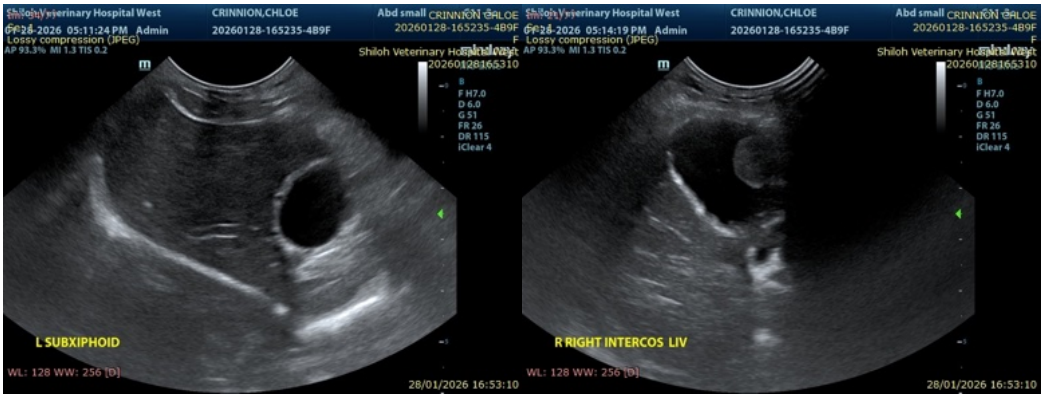
Overall, this examination is largely unremarkable from a structural standpoint. Functional gastrointestinal disease or early-stage inflammatory or infiltrative conditions that are below the resolution of ultrasonography remain possible, and normal ultrasonographic findings do not exclude clinically significant gastrointestinal pathology.

Recommendations

- Clinical management focused on chronic intermittent gastrointestinal disease, including dietary trials and medical management as indicated.
- Given the chronic, intermittent gastrointestinal signs and the absence of structural abnormalities on ultrasonography, a gastrointestinal panel is a reasonable next diagnostic step to assess for malabsorption or pancreatic insufficiency.
- Consider gastrointestinal biopsy if clinical signs persist or progress despite appropriate empirical therapy, recognizing that ultrasonography may be normal in early or low-grade disease.
- Follow-up ultrasonographic evaluation of the gallbladder to assess stability or resolution of the intraluminal structure if clinically warranted.





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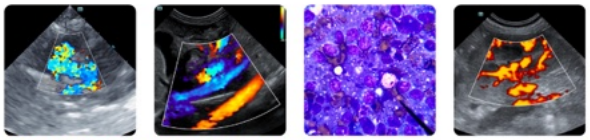

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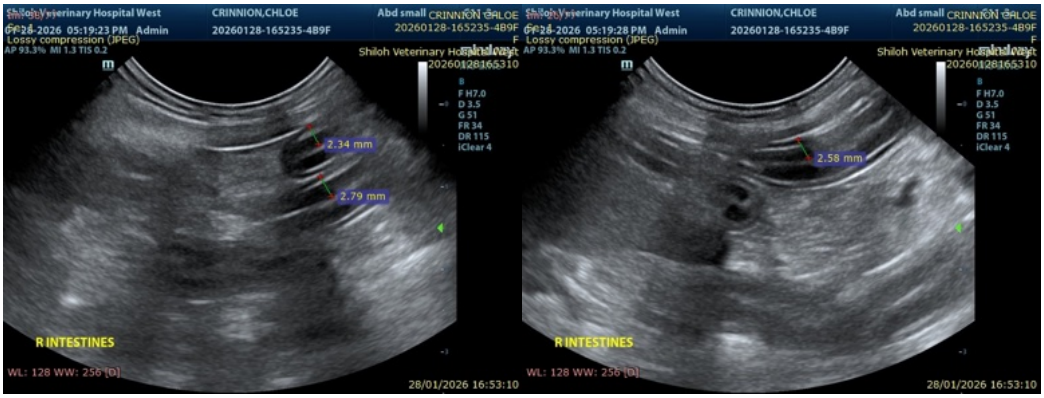

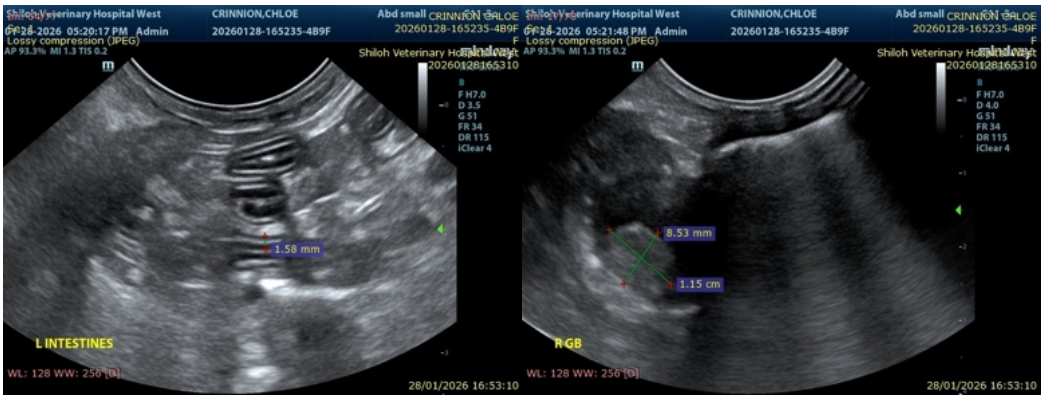

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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