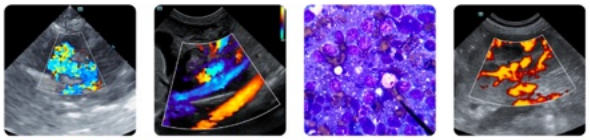


PATIENT

Luna Neff

SPECIES

Canine

BREED

Border Collie Mix

SEX

Spayed female

AGE

4 years

WEIGHT

57.5 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Justin Eckenrode, DVM

HOSPITAL NAME

Carlisle Small Animal VC

REFERRING VET

Dr. Morrison

INVOICE

68583

DATE

11/11/25

PRESENTING CLINICAL SIGNS

Major Medical Conditions : HGE intermittently, recovered hw disease Patient History : Had HW disease in 2024, was completely treated. Grade 2/6 murmur, last echo was 9/8/25 and mild mitral and tricuspid valve endocardiosis, history of atopy-controlled, history of intermittent HGE, possibly linked to stress but O would like to have abdominal u/s to r/o other issues. Primary concern or rule out: chronic pancreatitis, IBD
Abnormal PE/Chem/CBC/UA Results: RBC 7.22; HCT 52.9% WBC 7.1 Diff - WNL Plt 274,000 Glu 82 SDMA 11; Creat 1.0; BUN 11 ALT 28; ALKP 33 Anaplasma positive - chronic ACTH Stim (Pre 0.8; Post 8.2) Aug 2025

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder lumen is normally distended, and the wall of the urinary bladder appears thin and smooth. The urine is anechoic. Normal appearance of the proximal urethra and vesicoureteral junction. There are no calculi, and no evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size: 5.60x2.50 cm, and the thickness of the cortex is 0.40 cm, in the sagittal plane. The cortical is isoechogenic compared to liver parenchyma. The corticomedullary ratio is normal and the corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths or hydronephrosis. Doppler color shows normal pattern.

The right kidney is normal in shape and size: 5.89x3.15 cm, and the thickness of the cortex is 0.49 cm, in the sagittal plane. The cortical is isoechogenic compared to liver parenchyma. The corticomedullary ratio is normal and the corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths or hydronephrosis. Doppler color shows normal pattern.

Adrenal Glands

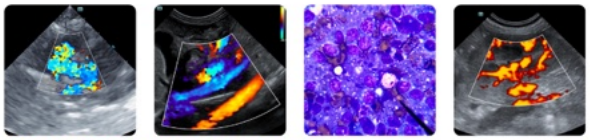
Both adrenal glands show normal shape and echogenicity. The left adrenal gland measures 0.49 cm at the cranial pole and 0.47 cm at the caudal pole. The right adrenal gland measures 0.50 cm at the cranial pole and 0.54 cm at the caudal pole.

Spleen

Splenic thickness is 1.90 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

Liver

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



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The gallbladder lumen is normally distended with anechoic content. A mild mucosal gland hyperplasia is noted. The common bile duct is within normal limits in diameter and appearance.

Gastrointestinal

The stomach is empty and folded, with normal mural thickness (2.70 mm) and preserved wall layering. The pyloric wall measures 4.34 mm, which is within normal limits for the patient's size.

Duodenum: 3.0 mm, Jejunum: 3.75 mm, Ileum: 2.14 mm. Layering and wall thickness are normal throughout the small intestine. No evidence of obstruction, ileus, or foreign material is observed.

The colon measures 1.06 mm in thickness, containing formed feces in the descending segment.

Pancreas

The pancreas could not be fully visualized, particularly in the region adjacent to the caudal duodenal flexure. The portions examined appear normal in echogenicity and architecture. No peripancreatic fat inflammation or mass effect is observed.

Peritoneal Cavity

No abdominal effusion or peritonitis is observed. The cranial mesenteric lymph nodes measure up to 5 mm in thickness and exhibit normal shape and echogenicity. The iliac trifurcation region is unremarkable.

ULTRASONOGRAPHIC FINDINGS

- Pancreas is incompletely visualized, but portions examined appear normal; chronic or low-grade pancreatitis cannot be fully excluded.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The abdominal ultrasonographic findings are essentially within normal limits.

The pancreas was not fully visualized, but no echogenic or peripancreatic abnormalities were seen in the accessible portions. Chronic pancreatitis cannot be definitively ruled out, but the absence of surrounding fat inflammation, ductal dilation, or parenchymal heterogeneity makes significant active disease unlikely.

The mild mucosal gland hyperplasia observed in the gallbladder wall is considered an incidental or reactive finding, likely secondary to prior corticosteroid administration or mild systemic stress.

Considering the patient's clinical stability, unremarkable laboratory findings, and intermittent gastrointestinal signs likely exacerbated by stress, the overall picture supports a diagnosis of a

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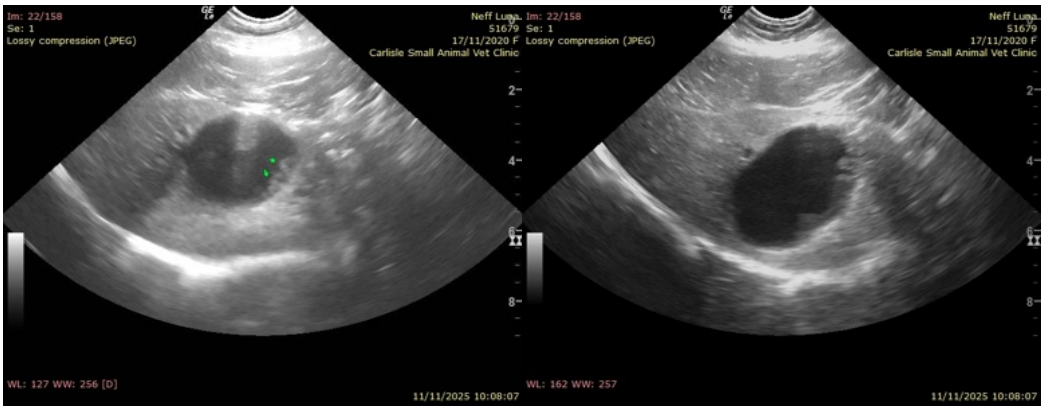
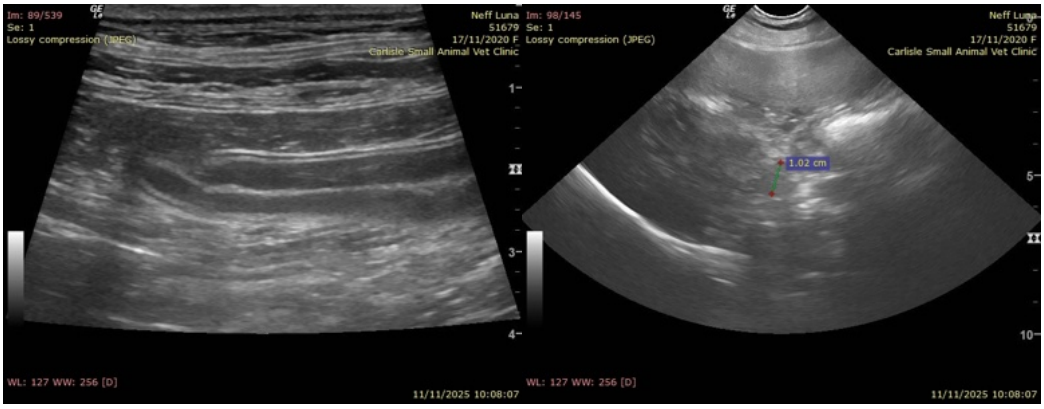
functional gastrointestinal disorder—such as mild stress-related or diet-responsive enteropathy—rather than a structural or chronic inflammatory disease.

Recommendations

- Consider measuring Spec cPL to rule out subclinical or chronic pancreatic inflammation.
- Strict dietary management.
- GI panel (cobalamin, folate, Spec cPL, and TLI) should be considered, as it would allow assessment of pancreatic function and small intestinal absorptive capacity.





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