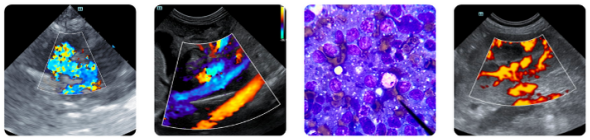


PATIENT

Millie Fayre

SPECIES

Canine

BREED

Chihuahua mix

SEX

Spayed female

AGE

11 years

WEIGHT

7.9 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Cathleen Whitcraft DVM

HOSPITAL NAME

Craig Road AH

REFERRING VET

Dr. Jansen

INVOICE

68586

DATE

11/11/25

PRESENTING CLINICAL SIGNS

History: Millie is a 11 yr 10 mo old FS Chihuahua Mix presenting for vomiting. O notes over the last couple of months P has been vomiting once weekly. Over the last week P has been vomiting 1-3 times daily. Patient presented after not eating for 2 days. Started on carafate and omeprazole. No improvement after a week.
Abnormal PE/Chem/CBC/UA Results: Bloodwork overall did not have major concerns; kidneys mildly elevated but not quite high enough for me to worry about CKD as cause of issues. We do have some elevations in her pancreatic factors so possibly pancreatitis

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder lumen is poorly 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: 2.94x1.81 cm, and the thickness of the cortex is 0.34 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.

The right kidney is normal in shape and size: 2.85x1.77 cm, and the thickness of the cortex is 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.

Adrenal Glands

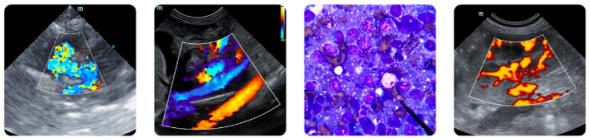
The left adrenal gland measures 0.33 cm at the cranial pole and 0.36 cm at the caudal pole. The right adrenal gland is only partially visualized and measures approximately 0.44 cm.

Spleen

Splenic thickness is 0.81 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture, with a small myelolipoma (3.05×3.6 mm) incidentally noted. The splenic capsule is smooth and regular.

Liver

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



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The gallbladder is normally distended, with a thin wall and anechoic contents containing a moderate amount of non-organized biliary sludge. There are no signs of biliary obstruction or mucocele formation. The cystic and common bile ducts are not dilated.

Gastrointestinal

The stomach is empty and partially folded, with mural thickness of 1.92 mm and preserved wall layering. The pylorus measures 2.61 mm, containing a small amount of luminal fluid.
The duodenum measures 2.73 mm, the jejunum 3.40 mm, and the ileum 2.16 mm. Wall layering is preserved throughout. No obstruction, ileus, or foreign material is identified.
A few intestinal loops exhibit a mildly corrugated pattern, suggestive of transient functional or inflammatory change.
The colon (transverse 0.86 mm, descending 0.74 mm) contains scant fecal material.

Pancreas

The right limb measures 7.21 mm and the left limb 5.52 mm. Parenchyma is mildly hypoechoic compared to the surrounding omental fat. No peripancreatic fat inflammation or fluid is evident.

Peritoneal Cavity

No abdominal effusion or peritonitis is observed. Cranial mesenteric lymph nodes are not visualized, but the surrounding regions appeared unremarkable. The iliac trifurcation is normal.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Mild pancreatic enlargement (right limb 7.2 mm; left limb 5.5 mm) with hypoechoic parenchyma, no peripancreatic fat reaction or effusion.
- Mildly corrugated small intestinal loops, with normal wall layering and no lymphadenopathy.

SECONDARY FINDINGS

- Gallbladder mildly distended with a small amount of biliary sludge, no ductal dilation.
- Small splenic myelolipoma (3×3.6 mm) – incidental finding.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The sonographic findings are most consistent with a mild pancreatitis, despite the absence of active peripancreatic fat inflammation. The pancreatic enlargement and hypoechogenicity support a chronic inflammatory or fibrotic process rather than acute edema. In small-breed dogs, chronic pancreatitis is

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common and may be intermittently symptomatic, often associated with vomiting, anorexia, and mild biochemical changes (such as the previously reported pancreatic enzyme elevation).

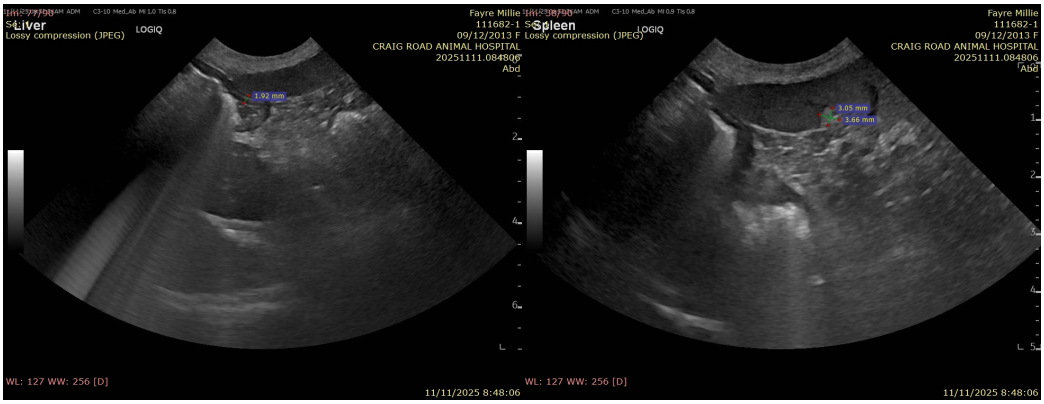
The mild corrugation of several small intestinal loops likely reflects reactive or functional intestinal changes secondary to adjacent pancreatic irritation or transient enteritis. The preserved layering and lack of lymphadenopathy make infiltrative disease (IBD, lymphoma) unlikely at this stage.

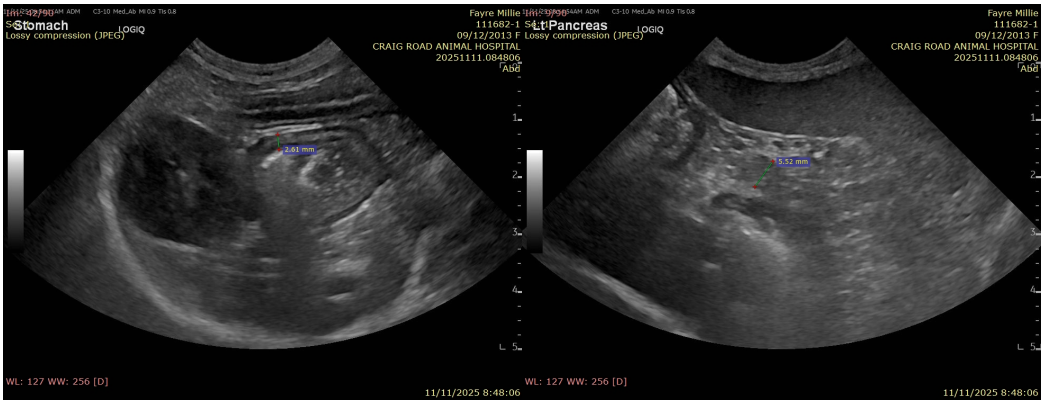
The small splenic myelolipoma and mild biliary sludge are incidental, benign findings with no clinical significance in this context.

Given the history of chronic intermittent vomiting and recent worsening, the findings support a flare of chronic pancreatitis, possibly with secondary gastrointestinal dysmotility.

Recommendations

- Perform canine-specific pancreatic lipase test to confirm pancreatic inflammation and assess disease activity.
- Initiate or maintain a highly digestible, low-fat gastrointestinal diet.
- Continue omeprazole and sucralfate short-term; Maropitant if nausea persists. Analgesia may be indicated if abdominal discomfort is present.
- If vomiting persists despite dietary and medical management, consider upper gastrointestinal endoscopy with mucosal biopsies to investigate a possible chronic gastropathy that may not show evident ultrasonographic or lymph node changes.





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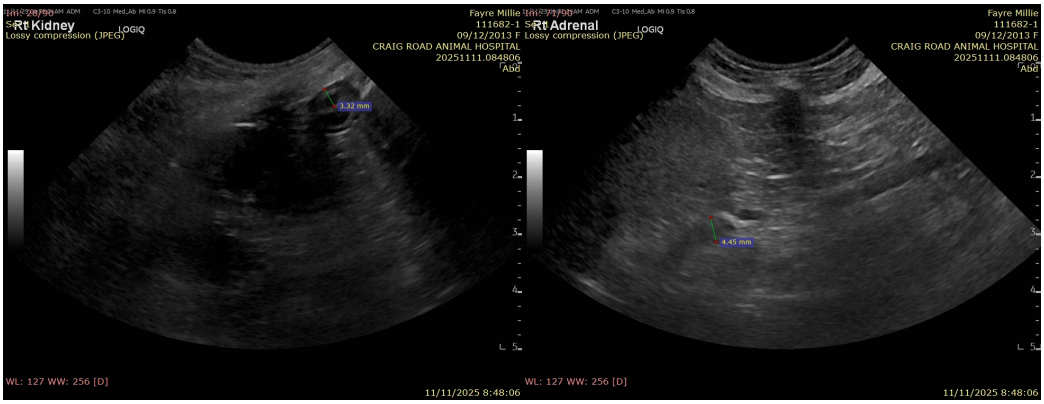

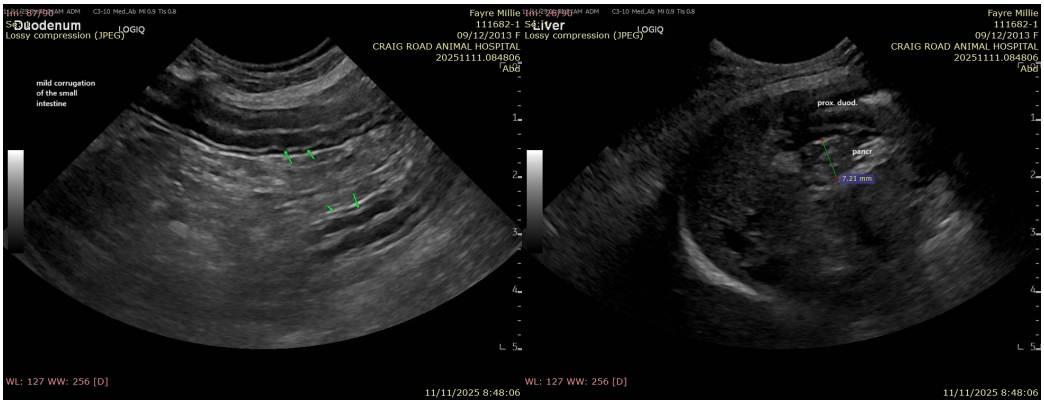

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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