



## PATIENT

Kobe Calderon

## SPECIES

Canine

## BREED

Pomeranian

## SEX

Neutered male

## AGE

6 years

## WEIGHT

8.92 kg

## INTERPRETED BY

Dr. Alicia Angosto  
Guerrero

## IMAGING PERFORMED BY

Dallas R

## HOSPITAL NAME

Lone Mountain AH

## REFERRING VET

Dr. Shoppa

## INVOICE

68624

## DATE

11/12/25

## PRESENTING CLINICAL SIGNS

History: Patient has been pacing, having abdominal discomfort, small amount of hematochezia and hyporexia since yesterday. He was treated for probable pancreatitis last month and has a history of chronic gastroenteritis.

Abnormal PE/Chem/CBC/UA Results: cPLI: normal CBC, Chem: BUN: 33, Hct: 55.5

## 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: 4.80×2.46 cm, and the cortical thickness is 0.44 cm in the sagittal plane. The cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. Medullary ring sign is present. There is no evidence of pyelectasia, nephroliths, or hydronephrosis.

The right kidney is normal in shape and size: 5.06×2.52 cm, and the cortical thickness is 0.39 cm in the sagittal plane. The cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths, or hydronephrosis.

The prostate measures 1.81×0.85 cm, small and hypoechoic, compatible with post-orchietomy atrophy.

### *Adrenal Glands*

Both adrenal glands show normal shape and echogenicity. The left adrenal gland measures 0.44 cm at the cranial pole and 0.44 cm at the caudal pole. The right adrenal gland measures 0.44 cm at the cranial pole and 0.42 cm at the caudal pole.

### *Spleen*

Splenic thickness is 1.58 cm. The parenchyma demonstrates 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 edges and a regular contour. The liver parenchyma is uniform and isoechoic compared to the falciform fat, with normal echotexture. No hepatic lymphadenopathy is observed.



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The gallbladder lumen is normally distended. The wall is thin, and the contents are primarily anechoic with a small amount of biliary sludge. No dilation of the cystic duct or common bile duct is observed.

### ***Gastrointestinal***

The stomach is empty and folded, with gas, mural thickness of 1.93–2.60 mm, and preserved wall layering. The pylorus measures 4.65 mm.

Duodenum: proximal 3.81 mm, distal 3.82 mm. Jejunum: 2.15 mm. Ileum: 1.64 mm. Normal wall layering. The ileocecal junction measures 2.27 mm. No signs of obstruction, ileus, or foreign material are identified.

Colon: ascending 1.17 mm, transverse 1.49 mm (both with scant soft content). Descending colon 2.10–3.13 mm, empty.

### ***Pancreas***

The pancreas measured 6.30–7.87 mm. The pancreatic parenchyma is isoechoic to the adjacent omental fat. No signs of active inflammation or neoplastic disease are evident.

### ***Peritoneal Cavity***

No abdominal effusion or peritonitis is observed. Cranial mesenteric lymph nodes: 3.80 mm thick, normal shape and echogenicity. Medial iliac lymph node: 0.97×0.50 cm, normal shape and echogenicity.

## **ULTRASONOGRAPHIC FINDINGS**

### **PRIMARY FINDINGS**

- Mild diffuse gastric and colonic mural thickening.
- Normal pancreas with no ultrasonographic evidence of active pancreatitis.

### **SECONDARY FINDINGS**

- Small amount of biliary sludge.
- Mild medullary ring sign in the left kidney.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The abdominal ultrasound reveals mild but clinically relevant gastrointestinal changes that correlate with the patient's acute presentation. Although overall wall thickness of the stomach and intestines remains within normal canine reference ranges, the pylorus is moderately prominent, and the gastric wall shows folding with intraluminal gas, changes commonly associated with gastritis or gastric irritation, particularly in a dog with recent abdominal discomfort and hyporexia.



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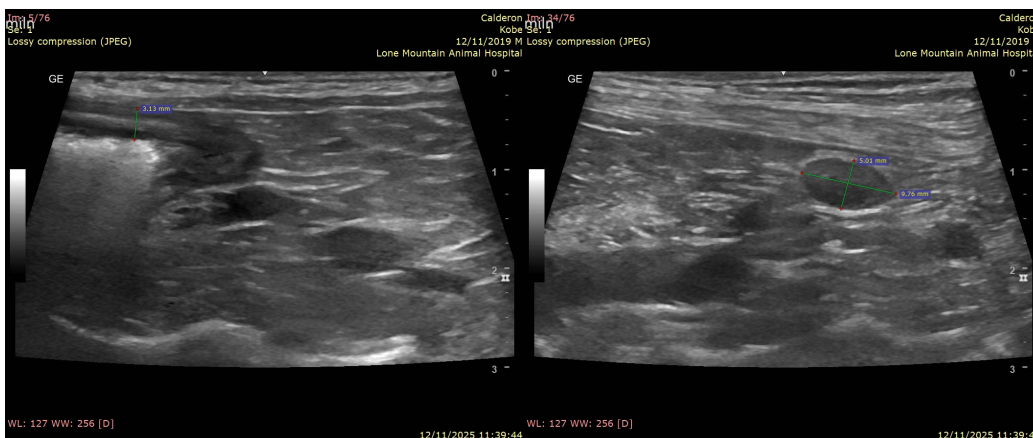
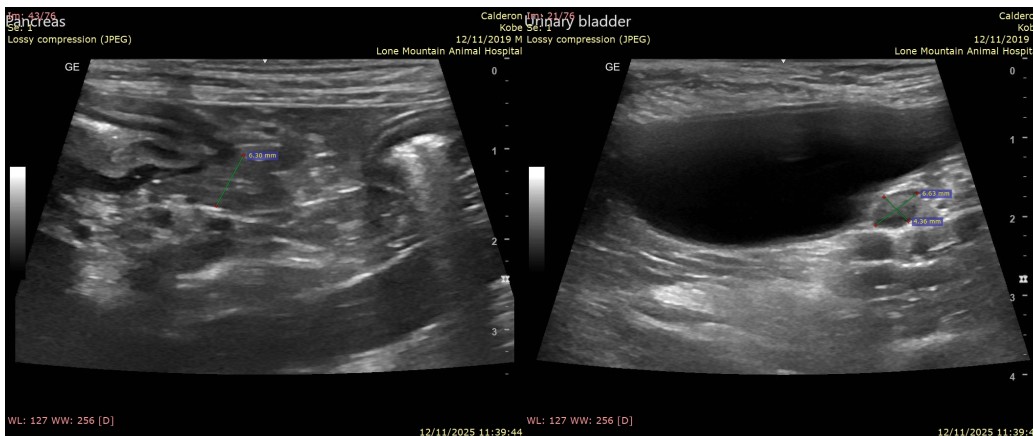
The descending colon is mildly thickened (2.10–3.13 mm) and empty, which, together with the patient’s hematochezia, is consistent with moderate colitis. The medial iliac lymph node is mildly enlarged (on the limit) but retains normal shape and echogenicity; it can occur as a reactive change secondary to colitis.

The pancreas is normal in size and echotexture, with no ultrasonographic evidence of active pancreatitis, which aligns with the normal cPLI provided. However, a normal pancreatic ultrasound does not entirely exclude mild or early pancreatitis.

The kidneys show normal size, shape, and corticomedullary definition, with a medullary ring sign on the left kidney; this is considered a benign and nonspecific finding, commonly associated with dehydration, concentration changes, or incidental early medullary mineralization.

## Recommendations

- Supportive management for possible gastritis/colitis flare. Ensure adequate hydration, as mild dehydration may contribute to the medullary ring sign.
- Fecal panel (parasites, Giardia, PCR).
- If recurrent vomiting or hematochezia continues, consider evaluating chronic enteropathy: cobalamin levels, GI panel, or diet trial.





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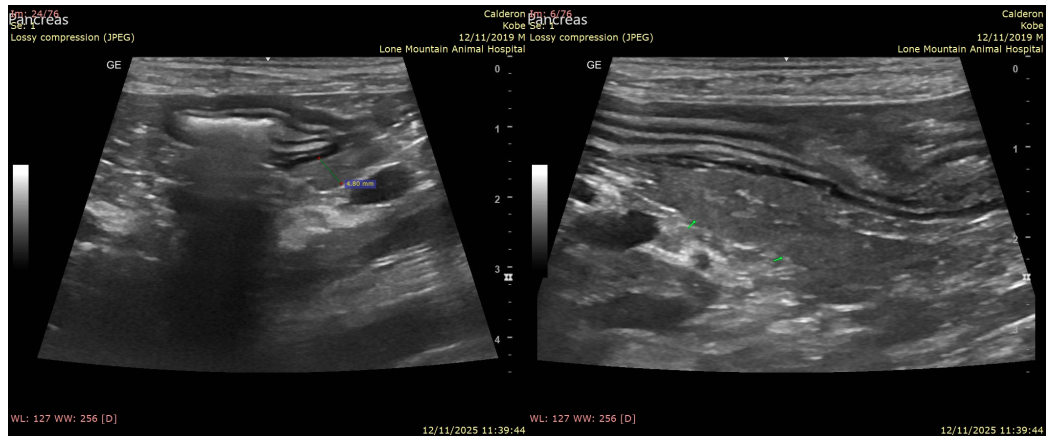
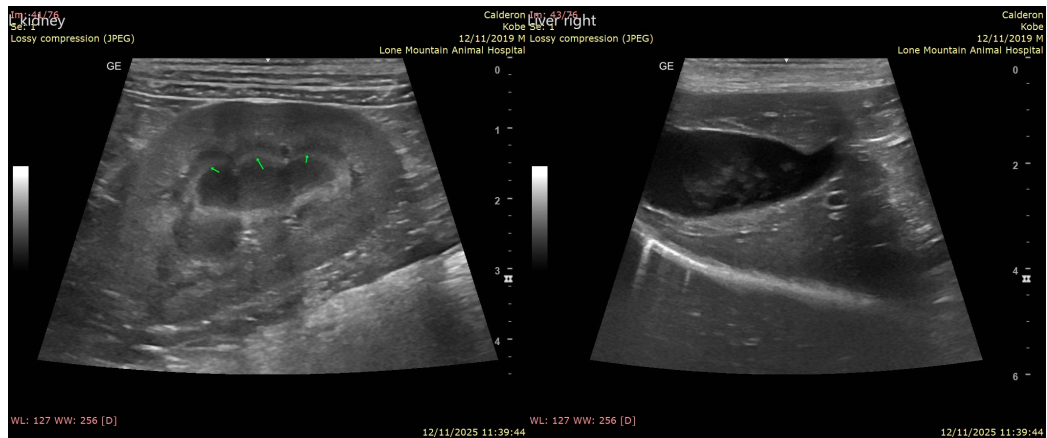
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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