



PATIENT

Minnie Keister

SPECIES

Canine

BREED

Yorkshire Terrier Mix

SEX

Spayed female

AGE

13 years

WEIGHT

3.38 lbs

INTERPRETED BY

Dr. Alicia Angosto
Guerrero

IMAGING PERFORMED BY

Amanda Hockenbrock

HOSPITAL NAME

Lewisburg VH

REFERRING VET

Dr. Huepenbecker

INVOICE

68615

DATE

11/12/25

PRESENTING CLINICAL SIGNS

History: P has been V+ several times a day for about a month now. O said it started halfway through a course of doxycycline but it continued after the course was finished. It is typically a clear thick mucus with little undigested food.

Suspect nutritional deficiencies on chicken/beef only diet. Bun- 40 (range 2-27) Amylase- 438 (range 500-1500) slightly anemic on CBC

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: 2.69x1.47 cm, and the thickness of the cortex is 0.24 cm, in the sagittal plane. The cortical is isoechoic 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: 2.84x1.55 cm, and the thickness of the cortex is 0.26 cm, in the sagittal plane. The cortical is isoechoic 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 0.31 cm at the cranial pole and 0.32 cm at the caudal pole. The right adrenal gland measures 0.35 cm at the cranial pole and 0.36 cm at the caudal pole.

Spleen

Splenic thickness is 0.50 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.

The gallbladder lumen is normally distended. The wall is thin, and it contains heterogeneous, organized echogenic material consistent with inspissated bile or organized sludge. No evident dilation of the cystic duct or common bile duct is observed.



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Gastrointestinal

The stomach is empty and folded, with mural thickness (3.6–3.77 mm) and preserved wall layering. The pylorus measures 4.71 mm, with preserved layering and a small amount of fluid in the lumen.

Duodenum: 2.58 mm; jejunum: 2.51 mm – both with normal wall layering. No signs of inflammation, corrugation, ileus, or foreign material are identified.

Colon: 0.86 mm, with formed feces in the descending segment.

Pancreas

The pancreas appears normal in size. The parenchyma is isoechoic to the adjacent omental fat. No signs of active inflammation of the peripancreatic fat are 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

- Gastric wall thickening with luminal fluid
- Gallbladder: organized/inspissated sludge; no wall thickening or duct dilation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The abdominal ultrasound reveals gastric wall thickening, with measurements well above normal limits for a small-breed dog, and intraluminal fluid accumulation. Although wall layering remains preserved, the degree of thickening is pronounced and highly suggestive of significant gastric inflammation. This pattern is most compatible with moderate to severe gastritis. No discrete ulcers are visualized; however, ulceration cannot be ruled out, as small or early ulcers may not be sonographically apparent.

There is no perilesional fat inflammation, no perigastric effusion, and no visible pancreatic changes in this oment.

The gallbladder contains organized, inspissated bile, a common finding in small-breed dogs, and potentially worsened by chronic vomiting or reduced motility. However, the gallbladder wall is thin, and the bile ducts are not dilated.

Recomendations

- In-hospital medical management for acute gastritis.
- Review NSAID exposure, foreign material ingestion, dietary indiscretion.
- If vomiting persists despite therapy, perform a gastroscopy with biopsies to assess chronic gastritis, ulceration, Helicobacter, or infiltrative disease.



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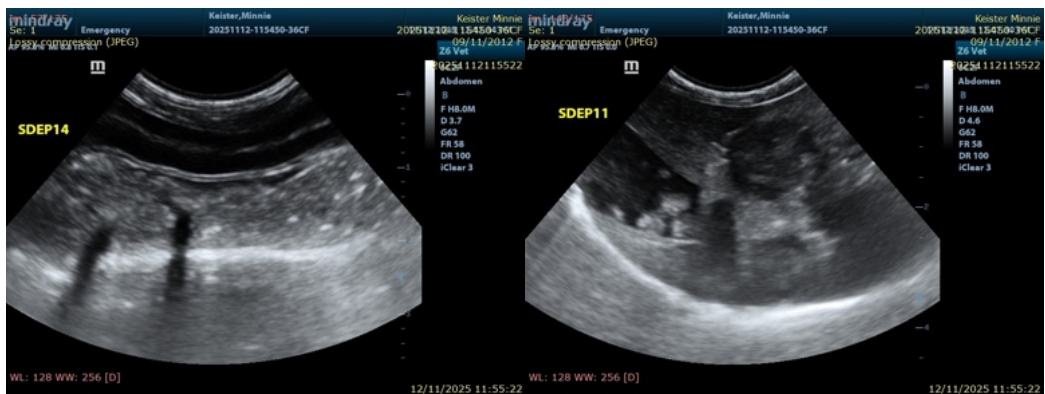
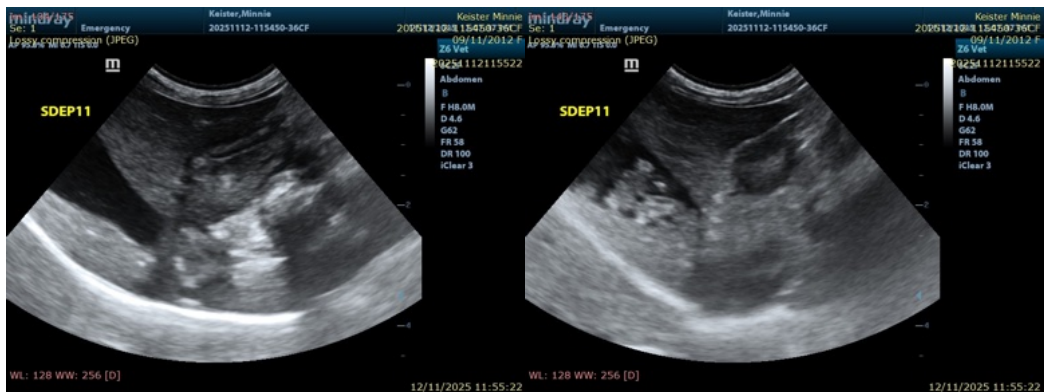
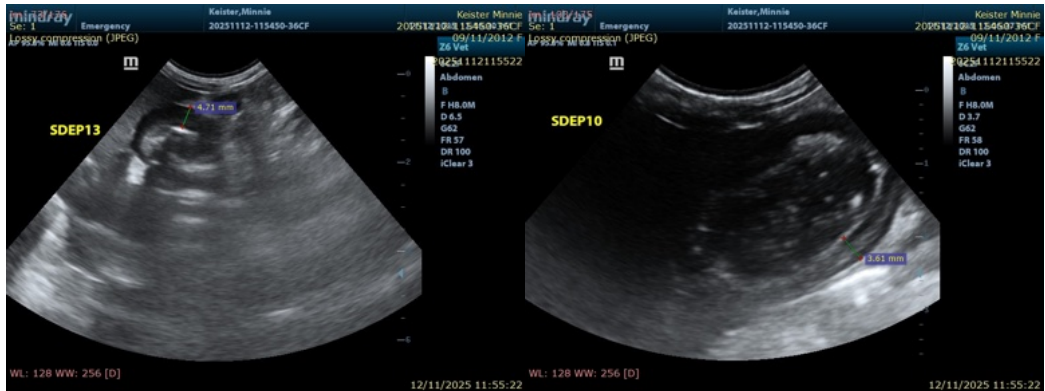
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- Recheck abdominal ultrasound if clinical signs worsen or if poor response to therapy due to, in the early stages of pancreatitis, abdominal ultrasound can be falsely negative, as structural changes may take hours to days to become apparent. Another option if clinical suspicion for pancreatitis persists, is performing a canine-specific pancreatic lipase test to reliably rule in/out pancreatic inflammation.





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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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