



## PATIENT

Bella Barnette

## SPECIES

Canine

## BREED

Carin Terrier

## SEX

Spayed female

## AGE

12 years

## WEIGHT

20.4 lbs

## INTERPRETED BY

Dr. Alicia Angosto  
Guerrero

## IMAGING PERFORMED BY

Amy Isaac

## HOSPITAL NAME

Valley West & Elk  
ValleyVH

## REFERRING VET

Dr. Isaac

## INVOICE

68911

## DATE

11/20/25

## PRESENTING CLINICAL SIGNS

History: Owner reports chronic intermittent mucus in stool. Burps and has intermittent appetite. Eating duck based novel protein diet. Owner also reports slight attitude change, appears "grumpy", tried to bite owner yesterday. Senior labs last month show mild increase in AST and ALP over 900. Low dose dex suppression test negative for Cushing's.  
Abnormal PE/Chem/CBC/UA Results: mild dental tartar Slight abdominal distention but no overt abdominal tenderness

## 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: 4.25 x 2.22 cm, and the thickness of the cortex is 0.43 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: 4.63 x 2.40 cm, and the thickness of the cortex is 0.44 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

In the videos labeled as left adrenal, only the aorta, the cranial mesenteric artery, and the celiac trunk are visible, but the adrenal gland does not appear. In one of the kidney videos, it is partially visualized. Later, in the videos labeled as possible lymph nodes, the left adrenal gland is observed, measuring 0.59 cm at the cranial pole and 0.52 cm at the caudal pole. The right adrenal gland measures 0.47 cm at the cranial pole and 0.43 cm at the caudal pole.

### Spleen

Splenic thickness is 1.12 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 is isoechoic compared to the falciform fat, with an area approximately 2 cm in size that is slightly more hypoechoic than the surrounding hepatic parenchyma. 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. 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 and preserved wall layering. The pylorus: 3.96 mm.

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Carin Terrier

Duodenum: proximal 4.24 mm, distal 5.53 mm in diameter, with mucosa measuring 3.82 mm and a small amount of fluid within the lumen. Jejunum: 4.76 mm — Mucosa: 3.38 mm, Submucosa: 0.64 mm, Muscularis propria: 0.33 mm. Ileum: 1.83 mm. Normal wall layering.

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Colon: transverse 2.34 mm, empty; descending segment 1.29 mm with few feces.

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### *Pancreas*

The pancreas measured 6.01 mm. Pancreatic parenchyma is isoechoic to the adjacent omental fat. No signs of active inflammation or neoplastic disease are evident.

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### *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.

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Amy Isaac

### **ULTRASONOGRAPHIC FINDINGS**

The left adrenal gland appears within normal limits overall, with the cranial pole measuring at the upper end of the expected reference range for a dog of this size; the caudal pole and the right adrenal gland are normal.

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- Focal hepatic region ~2 cm mildly hypoechoic compared to surrounding parenchyma.
- Mild distal duodenal thickening with mild luminal fluid (>5 mm).
- Jejunal mucosal thickening.

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

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The adrenal glands are visualized asymmetrically; the left adrenal cranial pole measures at the upper end of normal (borderline) for a dog of this size, while the remaining poles are within normal limits. No nodules, irregular margins, or vascular invasion are identified, and the right adrenal gland appears normal. At this time, there is insufficient evidence to support a suspicion of hyperadrenocorticism based on ultrasonographic findings.

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The liver has normal echogenicity and architecture except for a small, homogeneous, mildly hypoechoic area that is likely incidental (hyperplasia, focal fatty sparing or perfusional variation). No biliary dilation or hepatic lymphadenopathy is present.



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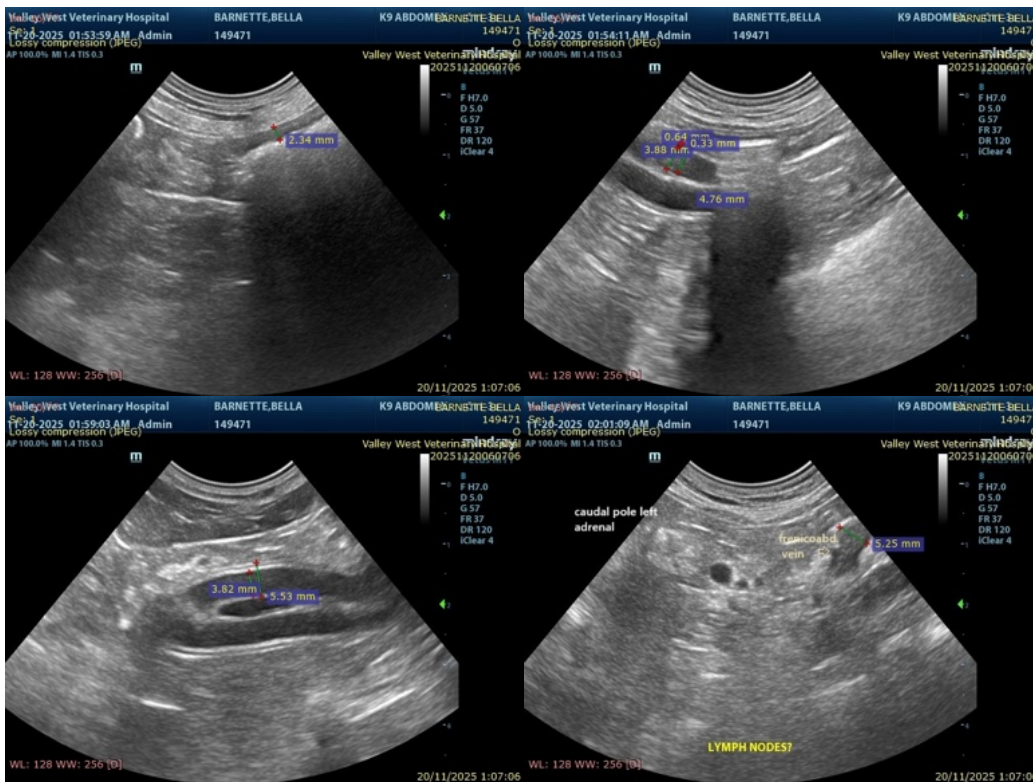
The gastrointestinal tract shows segmental thickening of the mucosal layer in the duodenum and jejunum but preserved wall layering, with no masses, obstruction, or loss of mural stratification. This pattern is most compatible with chronic enteropathy (inflammatory, dietary-responsive, or hypersensitivity-related). The colon is normal aside from mild thickening of the transverse segment.

The pancreas appears normal in size and echotexture with no duct dilation and no peripancreatic fat changes, arguing against clinically significant pancreatitis.

There is no abdominal effusion and no appreciable lymphadenopathy, aside from normal non-visualized mesenteric nodes.

### Recommendations

- GI panel (cobalamin, folate, fPLI).
- Consider a therapeutic trial for chronic enteropathy, including a highly digestible or hydrolyzed diet ± empirical antiparasitic therapy if not performed recently.
- Pain management may be appropriate if signs of abdominal discomfort or colic are present, at the discretion of the attending clinician.
- Monitor liver enzymes over time, and if they fail to improve or worsen despite hepatoprotective therapy, consider performing a hepatic FNA to further evaluate the hypochoic area observed and to rule out early vacuolar hepatopathy that may not yet be detectable on ultrasound.





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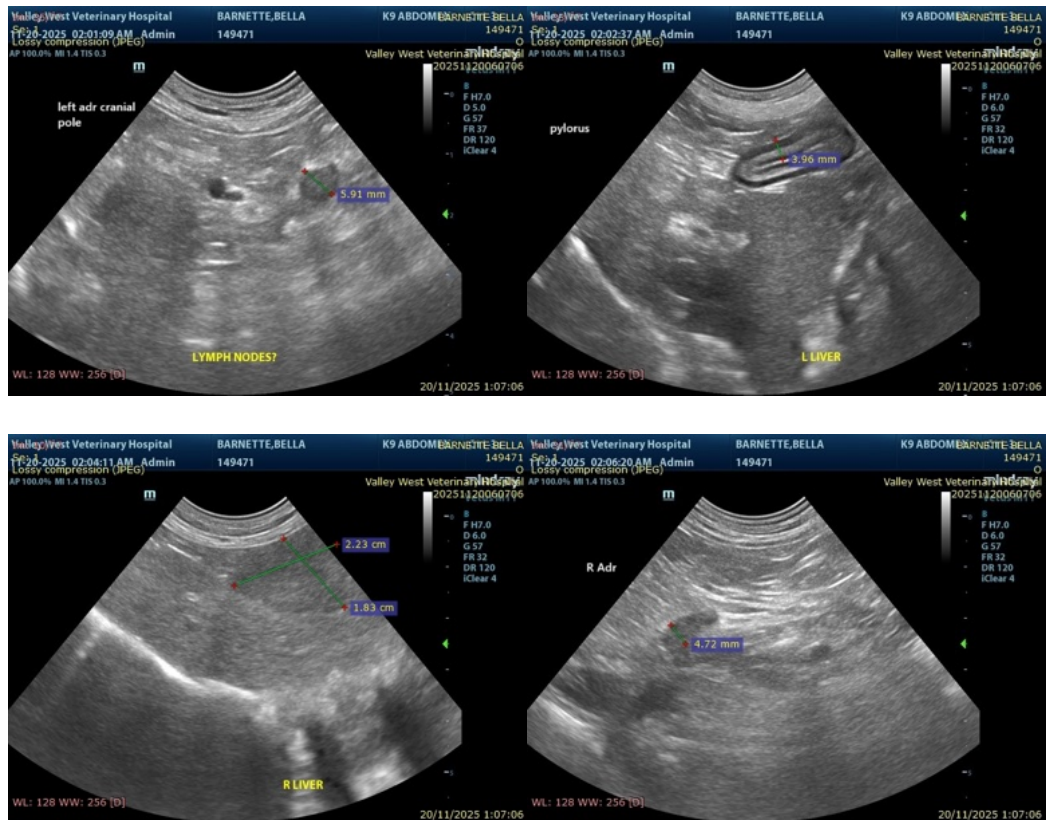
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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