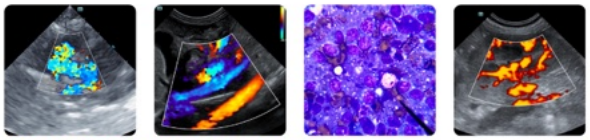


PATIENT

Douglas Iannello

SPECIES

Canine

BREED

Beagle

SEX

Neutered male

AGE

13 ½ years

WEIGHT

33.1 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Dr. Arms

HOSPITAL NAME

Gilbertsville VH

REFERRING VET

Dr. Reist

INVOICE

68904

DATE

11/20/25

PRESENTING CLINICAL SIGNS

History: Vomit / diarrhea 3 weeks ago - diarrhea was intermittent with diet changes but ultimately resolved. Hyporexia and picky appetite has persisted with some recurrence of diarrhea temporarily with diet changes. progressive weight loss since 11/3/2025
Abnormal PE/Chem/CBC/UA Results: 11/5 - normal labwork including PLI, no urine or tick screening done. tried multiple diets but will sometimes eat initially then will refuse.

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: 5.44 × 2.99 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 the corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths, or hydronephrosis.

The right kidney is normal in shape and size: 5.58 x 2.63 cm, and the cortical thickness is 0.49 cm in the sagittal plane. The cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio is normal and the corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths, or hydronephrosis.

The prostate measured 2.41×0.8 cm with small, homogeneous, hypoechoic, compatible with post-orchiectomy atrophy.

Adrenal Glands

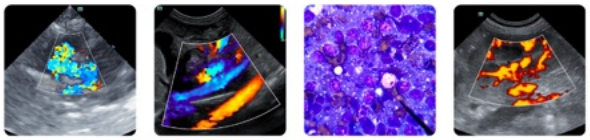
The left adrenal gland measures 0.48 cm at the cranial pole and 0.64 cm at the caudal pole. The right adrenal gland measures 0.49 cm at the cranial pole and 0.57 cm at the caudal pole.

Spleen

Splenic thickness is 1.38 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 0.5 × 0.5 cm and 0.6 × 0.9 cm hyperechoic foci.



PATIENT

Douglas Iannello

SPECIES

Canine

BREED

Beagle

SEX

Neutered male

AGE

13 ½ years

WEIGHT

33.1 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Dr. Arms

HOSPITAL NAME

Gilbertsville VH

REFERRING VET

Dr. Reist

INVOICE

68904

DATE

11/20/25

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

Gastrointestinal

The stomach is empty and folded, with gas and a small amount of ingesta in the pyloric region, mural thickness (2.90 mm) and preserved wall layering. The pylorus (4.34 mm). Duodenum: 2.83 mm. Mucosa: 1.81 mm. Submucosa: 0.63 mm. Muscularis propria: 0.18 mm. Jejunum: 3.02–3.15 mm. Mucosa: 1.82 mm. Submucosa: 0.83 mm. Muscularis propria: 0.65 mm. Ileum: 1.91 mm. Normal wall layering. No signs of overt inflammation, alterations in peristalsis, or foreign material are identified.

Colon: ascending colon empty and folded. Transverse colon 1.69 mm, descending colon 0.97 mm, with semi-formed feces in the lumen.

Pancreas

No increase in size or changes in echogenicity are observed. The pancreatic parenchyma is isoechoic to the adjacent omental fat. No signs of active inflammation of the peripancreatic fat are evident. In two of the videos, a 1.35 × 0.93 cm anechoic rounded structure is observed in the right pancreatic lobe, without other associated alterations.

Peritoneal Cavity

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

ULTRASONOGRAPHIC FINDINGS

- Liver: Two small hyperechoic hepatic foci.
- Gallbladder: Small amount of biliary sludge.
- Pancreas: Presence of an anechoic, rounded structure within the right pancreatic lobe.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The prostate is small, homogeneous, and hypoechoic, a typical appearance for expected post-orchiectomy atrophy, and of no clinical concern.

Two small hyperechoic foci in the liver most likely represent benign parenchymal changes, such as hyperplasia, minimal fibrosis, or age-related nodular alterations, which are common in geriatric dogs and not accompanied by changes in hepatic size, architecture, or biliary dilation.

A small amount of biliary sludge is present, but the gallbladder wall is thin and the biliary ducts are not dilated, making this an incidental, clinically insignificant finding in this case.

PATIENT

Douglas Iannello

SPECIES

Canine

BREED

Beagle

SEX

Neutered male

AGE

13 ½ years

WEIGHT

33.1 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Dr. Arms

HOSPITAL NAME

Gilbertsville VH

REFERRING VET

Dr. Reist

INVOICE

68904

DATE

11/20/25

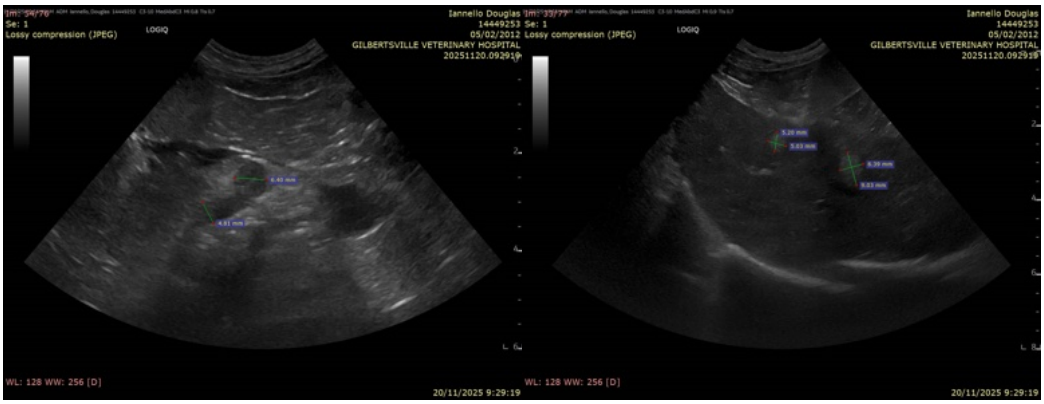
The gastrointestinal tract demonstrates normal wall thickness for a dog of this size, with preserved layering, normal appearance of the mucosa, and no evidence of motility abnormalities, or inflammatory changes. These findings do not indicate structural gastrointestinal disease.

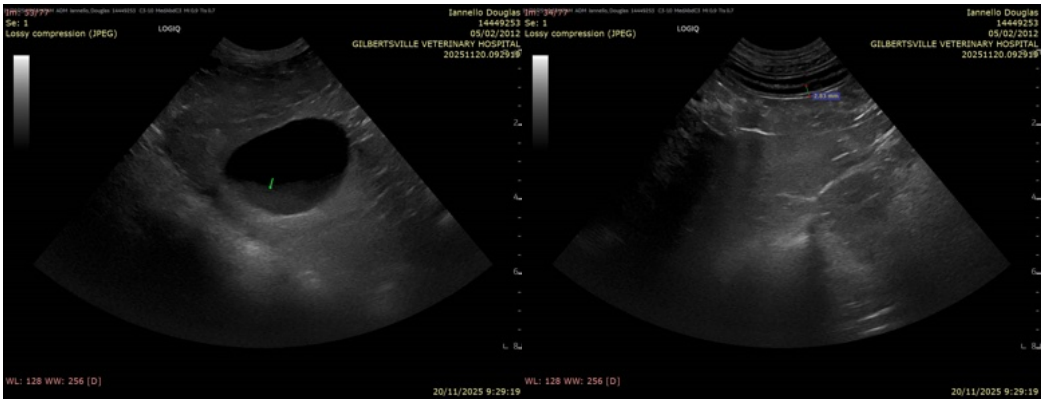
Within the right pancreatic lobe, a single, well-defined, anechoic cystic structure is present, measuring 1.3×0.93 cm. The lesion has a thin, smooth wall, with no internal septations, debris, or mural nodules identified. No regional peripancreatic inflammation, fat changes, or adjacent organ involvement are observed. Differential diagnosis include:

Most likely: congenital (true) pancreatic cyst, chronic/resolving pancreatic pseudocyst, or focal ductal/retention cyst.
Less likely: cystic pancreatic neoplasia (serous or mucinous), given the small size and lack of complex features.

Recommendations

- Test for exocrine pancreatic insufficiency, as weight loss and chronic intermittent diarrhea may be compatible (even though the pancreatic cyst is *not* typically associated with EPI).
- GI-focused diagnostic workup (cobalamin, folate, fecal PCR panel, diet trial, or chronic enteropathy protocol).





PATIENT

Douglas Iannello

SPECIES

Canine

BREED

Beagle

SEX

Neutered male

AGE

13 ½ years

WEIGHT

33.1 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Dr. Arms

HOSPITAL NAME

Gilbertsville VH

REFERRING VET

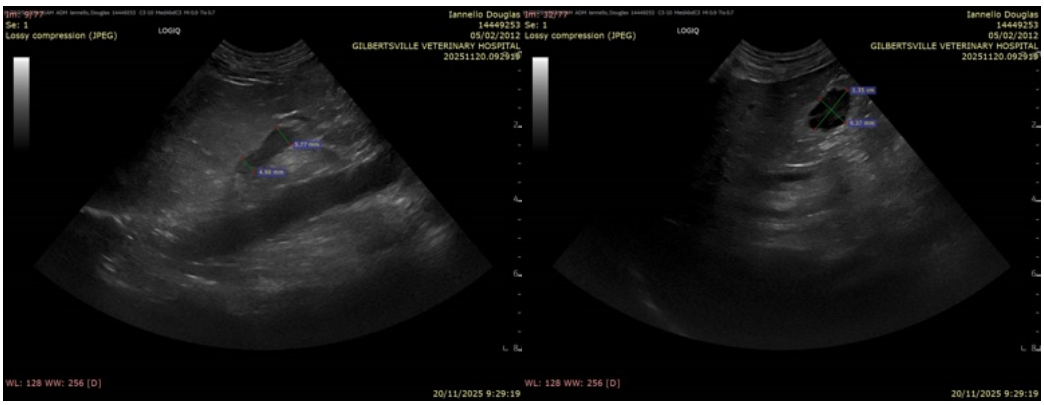
Dr. Reist

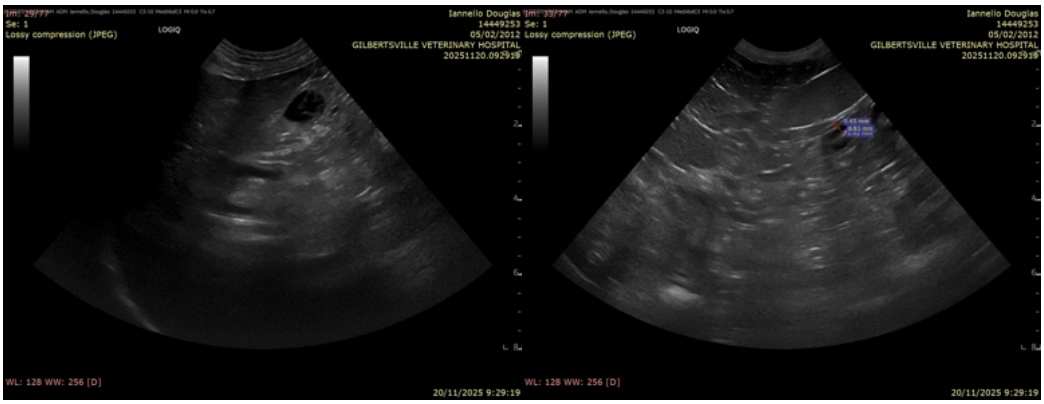
INVOICE

68904

DATE

11/20/25





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