



## PATIENT

LG Shadow Zieler

## SPECIES

Canine

## BREED

Terrier Mix

## SEX

Male

## AGE

9 Years 7 Months

## WEIGHT

19.8 pounds

## INTERPRETED BY

Alicia Angosto  
Guerrero, DMV,  
PgDip, MSc.

## IMAGING PERFORMED BY

Dr. Cameron Johnson  
DVM

## HOSPITAL NAME

Craig Road Animal  
Hospital

## REFERRING VET

Dr. Cameron Johnson  
DVM

## INVOICE

12384

## DATE

11/20/25

## PRESENTING CLINICAL SIGNS

LG Shadow is a 9 yr 7 mo old MN Shih Tzu Mix presenting for vomiting and bloody diarrhea. O notes a few days ago all of the dogs in the house developed diarrhea with some episodes of vomiting. O started all of them on chicken and rice which did get them to eat some, but are still low energy and reluctant to eat well. P has also been arching his back as if he is in pain. Past pertinent medical history: CKD

## 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: 4.32x2.28 cm, and the thickness of the cortex is 0.31 cm, in the sagittal plane.

The right kidney is normal in shape and size: 4.04x2.38 cm, and the thickness of the cortex is 0.32 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

Both adrenal glands show normal shape and echogenicity. The left adrenal gland measures 0.62 cm at the cranial pole and 0.41 cm at the caudal pole. The right adrenal gland measures 0.67 cm at the cranial pole and 0.48 cm at the caudal pole. (There is some uncertainty as to whether the videos and images labeled as the right adrenal actually correspond again to the left adrenal.)

### Spleen

Splenic thickness is 1.07 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 the contents are primarily anechoic. No evident dilation of the cystic duct or common bile duct is observed.

### Gastrointestinal

The stomach is empty and folded, with mural thickness (2.75 mm) and preserved wall layering.

Duodenum: 2.75 mm.

Jejunum: 2.91 mm.

Ileum: 1.87 mm.



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Normal wall layering.  
No signs of inflammation, ileus, or foreign material are identified.  
Colon: 1.10–1.89 mm, nearly empty.

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### *Pancreas*

The pancreas itself was not clearly visualized; however, the pancreatic regions that were assessed showed no evidence of inflammation or other abnormalities.

## BREED

Terrier Mix

### *Free Abdomen*

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.

## SEX

Male

## PRIMARY FINDINGS

All measurements in range.

## AGE

9 Years 7 Months

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, these findings do not support a primary structural cause for vomiting, bloody diarrhea, or abdominal pain. Functional gastrointestinal disease (infectious gastroenteritis, dietary indiscretion, inflammatory enteropathy, pancreatitis not yet structurally detectable, or HGE) remains possible despite normal imaging.

## WEIGHT

19.8 pounds

The pancreas appears normal in size and echotexture, with no peripancreatic fat changes, masses, or ductal dilation, making clinically relevant pancreatitis unlikely at this time.

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The gastrointestinal tract shows preserved layering and normal mural thickness throughout, with no evidence of obstruction, foreign material, or marked inflammatory change. The stomach is empty, which is compatible with fasting or recent vomiting.

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No abdominal lymphadenopathy, free fluid, or peritonitis is present.

### Recommendations

Dr. Cameron Johnson  
DVM

- Supportive Care (for vomiting, hemorrhagic diarrhea, abdominal pain)
- Fecal PCR panel (since other dogs in household are affected)
- CBC/chemistry in 24–48 hours to monitor for dehydration, hemoconcentration, progression of inflammation
- Renal monitoring

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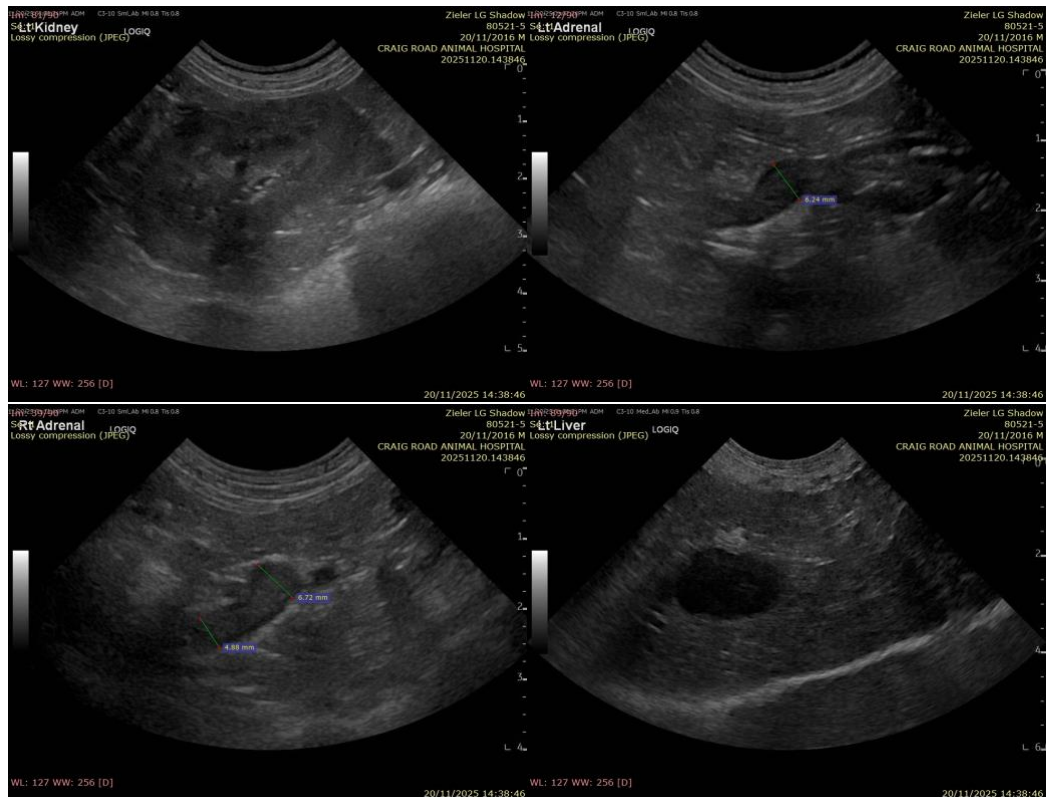
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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