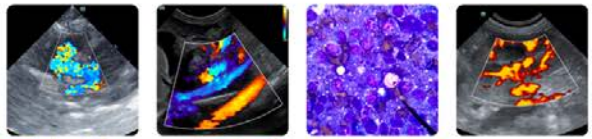


PATIENT
Lola Beauvais

SPECIES
Canine

BREED
Mini Schnauzer x

SEX
Spayed Female

AGE
10 Years

WEIGHT
14 lbs

INTERPRETED BY
Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY
Dr. Gavin Casper

HOSPITAL NAME
Hometown Animal Hospital – Florida

REFERRING VET
Dr. Gavin Casper

INVOICE
72064

DATE
11/21/25

PRESENTING CLINICAL SIGNS

Diarrhea since sunday w/ multiple episodes of vomiting over that time frame. Switched from Senior Hills OTC diet to chicken and rice and clinical signs did not improve

Abnormal PE/Chem/CBC/UA Results: Periodontal disease. Equivocal Grade 1 HM, resp ausc wnl. Abd palp- poss thickened bowel loops with gas, no pain or mass effect/fluid waves cbc - mild neutrophilia (12.96) - chem/lytes- mild hypernatremia (172) UA - SG 1052, ph 5, 0.3g/L proteinuria, pyuria, bacteriuria (rods) - Urine culture - PENDING cpli - ABNORMAL, 470 tt4- 2.7 cortisol - 4.66 fecal- pending Abd/Chest rads - mild, generalized, and homogeneous distension of the intestinal tract, splenomegaly, normal thorax

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 mildly turbid. 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: 4x2.48 cm, and the thickness of the cortex is 0.47 cm, in the sagital 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: 4.56x2.16cm, and the thickness of the cortex is 0.50 cm, in the sagital 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 0.49 cm at the cranial pole and 0.53 cm at the caudal pole. The right adrenal gland measures 0.53 cm at the cranial pole and 0.53 cm at the caudal pole.

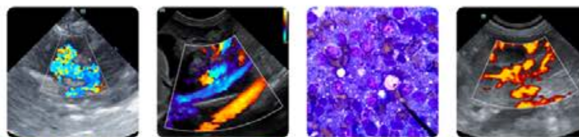
Spleen

Splenic thickness is 1.18 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 with a small amount of biliary 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 (3.73 mm) and preserved wall layering.
The pylorus measures 6 mm.

Duodenum: 4.49 mm (mucosa 3.04 mm; submucosa 0.80 mm; muscularis propria 0.36 mm).
Jejunum: 2.87 mm (mucosa 1.86 mm; submucosa 0.54 mm; muscularis propria 0.30 mm).
Ileum: 1.98 mm.

Wall layering is normal.

The ileocecal junction was not visualized. No signs of obstruction, ileus, or foreign material are identified.

Colon: transverse 1.86 mm; descending segment 2.52 mm. All segments empty.

Pancreas

The pancreatic regions surveyed did not display any ultrasonographic evidence of inflammation.

Free Abdomen

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.

PRIMARY FINDINGS

- Pyloric thickening (6 mm).
- Duodenal wall thickening (4.49 mm; mucosa prominent).
- Mild jejunal thickening.
- Colon mildly thickened.

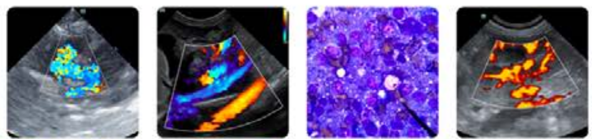
SECONDARY FINDINGS

- Mild turbid urine.
- Mild biliary sludge.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The primary abnormalities identified on this abdominal ultrasound are localized to the upper gastrointestinal tract, particularly the pylorus and duodenum, both showing mural thickening with preserved layering. This pattern is most consistent with acute inflammatory enteritis or gastroenteritis, especially given the history of vomiting and diarrhea. The duodenal mucosa is thickened, which is a common feature of acute duodenitis, dietary indiscretion, infectious/inflammatory enteropathy, or reactive change secondary to pancreatitis.

Although the pancreas appears normal on ultrasound, the cPLI is significantly elevated, which strongly supports clinical pancreatitis, even in the absence of ultrasonographic changes (which is common in early or mild diseases).



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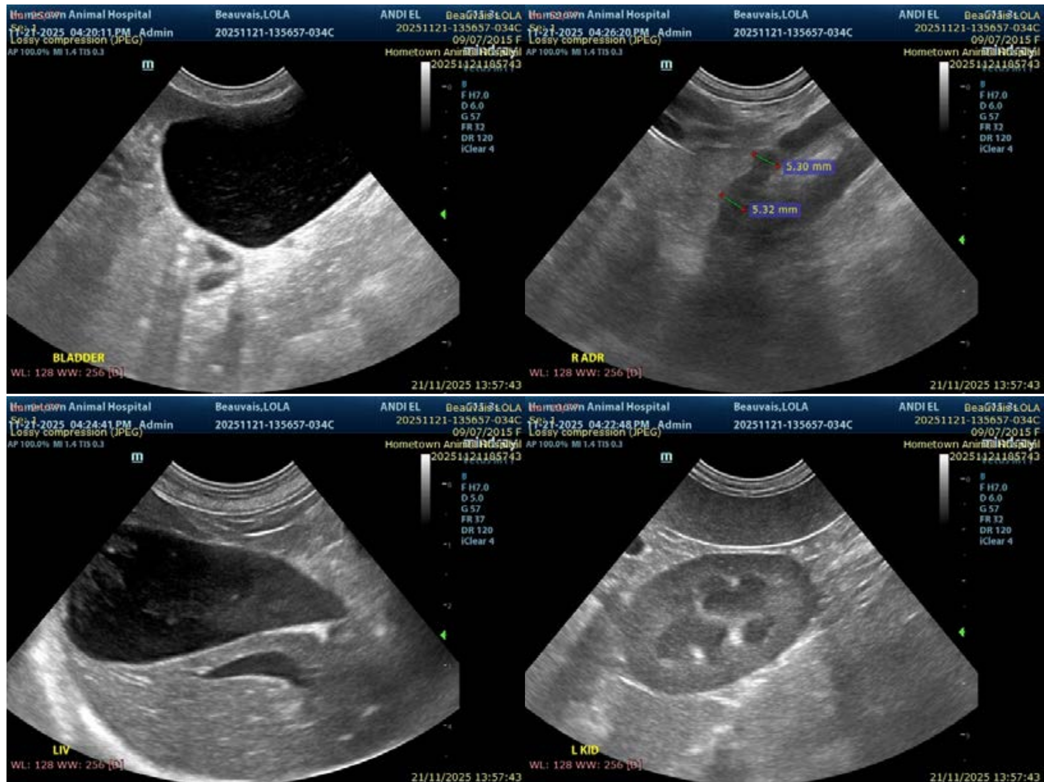
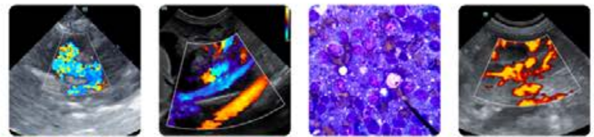
The colon displays mild mural thickening, consistent with colitis, often seen with acute GI upset or dietary indiscretion.

The biliary sludge is mild and commonly incidental, and no bile duct dilation is present.

- Empiric treatment for pancreatitis/gastroenteritis:
- Pending fecal results → consider metronidazole or a targeted antimicrobial only if indicated.
- UA shows pyuria + bacteriuria (rods) → culture pending.
    - Empiric antibiotics may be considered if clinically warranted.
    - Adjust therapy based on culture and sensitivity results.
- Repeat cPLI and chemistry panel in 5–7 days.





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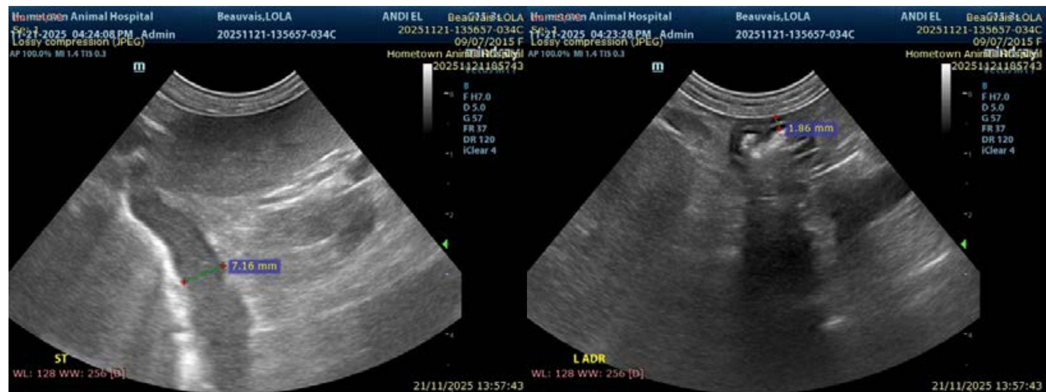

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

info@SonoPath.com